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## Attitudes of Occupational Therapists and Occupational Therapy Assistants Toward the Entry-Level Bachelor's Degree for OTAs

### Abstract

Discussions at the local, state, and national level often focus on the value of and prospect for a change from the current entry-level master's degree to the doctorate degree as the required entrance degree for occupational therapists (OTs). While this debate is not without merit, what appears to be lacking is comparable attention to and consideration of the entry-level bachelor's degree for occupational therapy assistants (OTAs). The present study examined the attitudes and opinions of OTs and OTAs in regard to the entry-level bachelor's degree for OTAs. Responses from 144 OTs and 77 OTAs to a postal mailed survey found the majority of the participants did not agree with the profession moving to the entry-level bachelor's degree for OTAs. However, they varied significantly in responses as to whether such a move would result in OTAs being paid more or being more current in evidence-based practice/research. Further, respondents were diverse in their opinions as to whether the bachelor's degree would become the entry-level degree for OTAs in the near future. The results of this study support the need for an open national debate combined with applied research into the worth and option of moving to the entry-level bachelor degree for OTAs.

### Keywords

Attitudes, Professional Degree, Health Care Professionals

### Credentials Display

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Members of the occupational therapy (OT) profession have been engaged in a significant debate in recent years regarding the entry-level degree requirement for occupational therapists (OTs) and a less pronounced debate regarding the entry-level degree requirement for occupational therapy assistants (OTAs). Currently, the Accreditation Council for Occupational Therapy Education (ACOTE®) requires that all OT programs be offered at the postbaccalaureate level in order to receive or maintain accreditation status. OT educational programs, once approved, may function at the master's or doctoral level with separate accreditation standards for each (American Occupational Therapy Association [AOTA], 2015). ACOTE mandates that OTA programs function exclusively at the associate degree level (AOTA, 2015). However, discussions have now centered on a potential move to the entry-level doctorate (OTD) as the singular approved degree for OTs and the entry-level bachelor's degree for OTAs.

Though limited in number, opinion pieces and research articles published over the past few decades have examined the value of the clinical doctorate in general, and the OTD specifically, as the entry-level degree for OTs (Case-Smith, Page, Darragh, Rybski, & Cleary, 2014; Griffiths & Padilla, 2006; Pierce & Peyton, 1999; Royeen & Lavin, 2007; Royeen & Stohs, 1999; Runyon, Aitken, & Stohs, 1994; Smith, 2007). The research does not appear to support a move to the entry-level doctorate for the profession as a whole. For example, Smith (2007) surveyed alumni of a Midwestern university and found that fewer than one-quarter of the respondents were in favor of

pursing a postprofessional doctorate. Similarly, in their survey of OT program directors across the United States, Griffiths and Padilla (2006) alluded to limited resources and a lack of demand as negatively impacting development of OT doctoral programs.

Royeen and Lavin (2007) however, boldly predicted that, "...within less than a generation, the majority of health care practitioners in allied health...will be degreed at the level of clinical doctorate" (p. 105). Further, Case-Smith et al. (2014) presented a "rationale for the development of professional occupational therapy doctorate (OTD) programs" (p. e55), presenting their belief that "...the development of professional OTD programs will better prepare occupational therapy graduates to address emerging health care trends and population changes" (p. e59), essentially promoting the OTD over the master's degree as the compulsory entry-level degree.

Definitive statements for OT programs, however, have originated at the national level. The first is the recently published position statement by the AOTA Board of Directors (AOTA, 2014a), in which the Board states,

In response to the changing demands of higher education, the health care environment, and within occupational therapy, it is the position of the American Occupational Therapy Association (AOTA) Board of Directors that the profession should take action to transition toward a doctoral-level single point of entry for occupational therapists, with a target date of 2025.

The second comes from an ad hoc committee report to the AOTA Representative Assembly (RA) (Burke et al., 2013). In that report on the “Future of Occupational Therapy Education,” the committee recommended that “AOTA adopt a mandate that entry-level degree for practice as an occupational therapist be a doctorate by 2017 with a requirement for all academic programs transition to the doctorate by 2020” (Burke et al., 2013, p. 5). While the board’s position statement and the ad hoc committee’s report carry no formal weight or directive, these statements do intensify and direct the debate for the entry-level degree for OTs. Unfortunately, these pronouncements do not directly address the entry-level degree for OTAs.

Like those for OTs, the educational requirements for OTAs have undergone significant modification. The history of the professional development of the OTA, including a focus on the certification requirements, has been well highlighted and summarized by Cottrell (2000). The author describes the growth of the OTA profession from its beginnings, and its targeted increase in practitioners in psychiatric settings through the development of 12-week educational programs, along with a brief overview of previously available career mobility options (e.g., career laddering).

In 2008, the AOTA’s RA formally recognized the associate degree as the singular degree for OTA entry to the profession when it passed a motion stating that “the Representative Assembly (RA) established that the official position of the AOTA is one that supports the associate

occupational therapy assistant” (AOTA, 2013, p. 5). In 2011, a motion was offered at the annual meeting of the RA to expand the level of education for the OTA, specifically that OTA educational programs be permitted to offer an entry-level bachelor’s degree coexisting with associate degree level programs (AOTA, 2011). The proposal, however, was resoundingly defeated.

Recently, the RA, initiating discussion of the merits of the bachelor’s degree for OTAs, charged a RA ad hoc committee to “...investigate the strengths, weaknesses, opportunities and threats of changing the occupational therapy assistant entry-level degree from the current associate degree to either 1) include both the associate degree and bachelor’s degree as options for OTA education, or 2) elevate the entry-level degree exclusively to the bachelor’s degree” (AOTA, 2014b, p. 2). Results from a general survey by that committee of the AOTA membership were reported at the 2014 AOTA Academic Leadership Councils and Academic Fieldwork Coordinators Forum joint meeting and subsequently released (Kalahar et al., 2014). The participants comprised several “key internal constituent groups,” including OTA program faculty, OTA students, OTA practitioners, and employers of OTAs. The majority of the participants from all groups, with the exception of the employers, were against a change in entry-level degree requirements. Some of the major findings generated by that committee included: credit loads for OTA associate degree programs tend to exceed that of most other associate degree programs; the majority of OTA programs are housed in state-funded academic institutions that do not support

bachelor's degree programs; transitioning to an entry-level bachelor's degree program would likely have no impact on student diversity; graduating with an entry-level bachelor's degree would likely have no major impact on salary; students would likely experience increased college costs; and, other professions, including nursing, physical therapy assistant, and respiratory therapy, are known to be exploring the consequences of moving to a bachelor's entry-level requirement (Kalahar et al., 2014). Finally, in its summative report, the ad hoc committee recommended that the entry-level degree requirement for OTAs remain at the associate degree level for the present.

While the findings of this RA ad hoc committee appear to represent the only available published examination of opinions on the entry-level bachelor's degree for OTAs, the study failed to include one major group of stakeholders: OTs. The AOTA guidelines specify that OTAs must receive supervision from an occupational therapist to deliver OT services (AOTA, 2014c), making the opinions of OTs essential in evaluating this issue. The present study was designed to assess the attitudes and opinions of both OTs and OTAs regarding a potential change from an entry-level associate degree to an entry-level bachelor's degree for OTAs, and to include both members and non-members of the national association by randomly selecting names of participants from state licensure boards rather than from the AOTA membership listings.

## Methods

### Participants

A total of 1,200 therapists, including 600 OTs and 600 OTAs, whose names and addresses were randomly selected from OT licensure boards in two northeastern states with comparatively large numbers of licensed OTs and OTAs, were surveyed to assess their perceptions and attitudes toward the bachelor's degree as the designated entry-level degree for OTAs.

### Instrument

The survey instrument was a multi-page survey that included a series of 16 item statements focusing on a move to the entry-level bachelor's degree for OTAs. The researchers asked the participants to rate each item using a 5-point Likert style scale ranging from 1 = strongly disagree to 5 = strongly agree. The survey also included one yes/no question asking the participants whether they believed the OT profession should move to the entry-level bachelor's degree for OTAs, followed by a request to explain and clarify the reasons behind their responses, two open-ended questions asking the participants to list some of the potential strengths and weaknesses of a degree change, and a brief set of demographic questions.

### Procedure

After receiving approval from the university IRB, the researchers obtained a listing of the OTs and OTAs from each state's OT professional licensure board. From these, the researchers generated a random selection of OTs and OTAs. All of the participants were postal mailed survey packets that included a cover letter explaining the nature of the study, a multi-page survey instrument

with closed and open-ended questions addressing attitudes regarding the entry-level bachelor's degree for OTAs, and a postage paid return envelope. Following a four-week return period, the researchers analyzed all completed responses.

### **Data Analysis**

Quantitative data, including responses from rating scales, the yes/no question, and the general demographic data, were entered into a statistical software package (SPSS®) and analyzed for descriptive and comparative inferential statistics. Qualitative data, including responses to the yes/no question and responses to perceived strengths/weaknesses of moving to the OTA bachelor's degree, were assessed and content analyzed for key terms, lists, and themes.

### **Results**

Of the 1,200 surveys, 222 (18.5%) completed surveys were returned, including 144 (65% of the total returned) by OTs and 77 (35% of the total returned) by OTAs. The average age of the participants was 44 years ( $SD = 12$ ), with a range of 22 to 77 years of age. The mean number of years in professional practice was 17 years ( $SD = 11$ ), ranging from just under one year of practice to 56 years of practice. Two-thirds of the respondents indicated that they had been practicing between five and 27 years, suggesting a wide variety of professionals adequately representative of the profession as a whole.

The researchers asked the respondents to indicate both their entry-level degree and their current degree. The numbers of entry-level degrees were: associate degree (87), bachelor's degree (86), master's degree (48), and doctorate degree (1). The numbers for current degree varied slightly: associate degree (58), bachelor's degree (88), master's degree (71), doctorate degree (4), and no response (1). This indicates that approximately one-fourth (26.6%) of these professionals attained a higher degree in some academic area following their original entry into the profession. As expected, the current degrees were allied with professional position, such that the OTAs held all 58 associate degrees, the OTs held the majority (68) of the 88 bachelor's degrees, and the OTs held all 71 master's degrees and all four doctorate degrees. The participants were asked if at some point in their careers they had transitioned from being an OTA to an OT. Of the 144 OTs, 13 (9.03%) indicated that they had initially entered the profession as an OTA.

A series of statements were presented to the participants, and they were asked to rate their degree of agreement with each on a 5-point Likert style scale ranging from 1 = strongly disagree to 5 = strongly agree. Overall, mean responses and standard deviations ( $SD$ ) for statements, as well as a breakdown of responses by professional status, are presented in Table 1.

**Table 1**

*Mean Agreement Ratings (M) and Standard Deviations (SD) for Survey Items Regarding the Entry-Level Bachelor's Degree for the OTA*

	OTs		OTAs	
	M	SD	M	SD
1. The profession of OT should move to the OTA bachelor's degree as its entry-level degree for the OTA.	1.94	1.07	1.99	1.18
2. It is of positive benefit to the OT profession to have more OTAs graduating with OTA bachelor's degrees.	2.69	1.25	2.41	1.28
3. An increase in the number of OTAs with OTA bachelor's degrees nationally would help reimbursement rates for OTA services nationally.	2.45	1.07	2.51	1.22
4. OTAs holding an OTA bachelor's degree would likely be paid more than those holding an associate degree.	2.98	1.08	2.99	1.32
5. OTAs holding an OTA bachelor's degree would be more qualified for advanced practice positions in OT settings than those holding an associate degree.	3.24	1.03	3.08	1.32
6. An increase in the number of OTAs with OTA bachelor's degrees would elevate public perceptions of OTAs.	2.85	1.02	2.80	1.34
7. An OTA with an entry-level OTA bachelor's degree would be more current in new and innovative evaluations and treatment interventions than would an OTA with an associate degree.	2.80	1.04	2.55	1.26
8. If PT Assistants would move to the bachelor's degree as their entry-level degree, then OTAs should move to the bachelor's degree as their entry-level degree.	2.69	1.10	2.96	1.24
9. An increase in the number of entry-level OTAs with OTA bachelor's degrees would increase professional respect for OTAs among other health care professionals.	2.87	1.04	2.88	1.27
10. If some OTA programs offered an entry-level OTA degree while others offered the entry-level associate degree, a two-level system of OTA practitioners would be created.	3.65	0.76	3.56	1.03
11. A graduating OTA holding an OTA bachelor's degree would likely be hired over a graduating OTA holding an associate degree.	3.03	1.02	3.10	1.06
12. An OTA with an entry-level OTA bachelor's degree would likely be more current in evidence-based practice/research than would an OTA with an associate degree.*	3.13	1.05	2.63	1.23
13. Moving to the OTA bachelor's degree as the required entry-level degree for OTAs would hurt the profession.	3.06	1.03	3.08	1.15
14. An OTA bachelor's degree is primarily for those who want to eventually become OTs.	3.05	0.93	2.86	1.01
15. The task of elevating the knowledge and skill of new OTAs to meet the challenges of today's health care needs requires a bachelor's level education.	2.61	0.96	2.63	1.26
16. The OTA bachelor's degree will be the entry-level degree for OTAs in the near future.	2.97	0.90	3.04	1.18

*Note.* 1 = strongly Disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree. No significant differences between the two groups (except for item 12, indicated below) – all  $p$ 's > .05.

\* Significant difference between OTs ( $X = 3.13$ ) and OTAs ( $X = 2.63$ ) ( $t(220) = 3.230$ ,  $p = .001$ ) for item 12.

The majority of the OTs (58.1%) and the OTAs (55.1%) disagreed or strongly disagreed that “the profession of OT should move to the OTA bachelor's degree as its entry-level degree for the OTA.” However, the OTs and the OTAs varied in opinion as to whether “The OTA bachelor's degree will be the entry-level degree for OTAs in the near future,” with a near equal split for agree and disagree, combined with more than one-third of

each group indicating neutral (i.e., uncertain).

Further, one-half (50.0%) of the OTs and slightly over one-half (56.5%) of the OTAs disagreed with the statement that “It is of positive benefit to the OT profession to have more OTAs graduating with OTA bachelor's degrees”. These ratings by percent response for each group are presented in Table 2 (OTs) and Table 3 (OTAs) below.

**Table 2***Agreement Ratings by OTs for Select Items by Percent*

	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>
1. The profession of OT should move to the OTA bachelor's degree as its entry-level degree for the OTA.	24.5%	33.6%	18.2%	21.0%	2.8%
2. It is of positive benefit to the OT profession to have more OTAs graduating with OTA bachelor's degrees.	19.4%	20.6%	13.1%	20.8%	9.0%
3. The OTA bachelor's degree will be the entry-level degree for OTAs in the near future.	4.9%	25.5%	42.0%	25.9%	2.8%

Note. 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

**Table 3***Agreement Ratings by OTAs for Select Items by Percent*

	<b>SD</b>	<b>D</b>	<b>N</b>	<b>A</b>	<b>SA</b>
1. The profession of OT should move to the OTA bachelor's degree as its entry-level degree for the OTA.	29.5%	25.6%	14.1%	15.4%	15.4%
2. It is of positive benefit to the OT profession to have more OTAs graduating with OTA bachelor's degrees.	32.1%	24.4%	21.8%	14.1%	7.7%
3. The OTA bachelor's degree will be the entry-level degree for OTAs in the near future.	14.1%	14.1%	35.9%	25.6%	10.3%

Note. 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree

Of significant interest were the responses of the OTs with a bachelor's degree versus the OTs with postbaccalaureate degrees. Specifically, the OTs with a bachelor's degree ( $M = 2.15$ ,  $SD = 1.11$ ) tended to disagree that the profession should move to the entry-level bachelor's degree for OTAs, while the OTs with postbaccalaureate degrees ( $M = 2.72$ ,  $SD = 1.14$ ) were closer to neutral in their responses ( $t(140) = -3.008$ ,  $p = .003$ ). In addition, the OTs with postbaccalaureate degrees were neutral to slightly agree ( $M = 3.12$ ,  $SD = 1.16$ ) that it is of positive benefit to the OT profession to have more OTAs graduating with bachelor's degrees, while the OTs with bachelor's degrees tended to disagree ( $M = 2.46$ ,  $SD = 1.19$ ) with the statement ( $t(140) = -3.377$ ,  $p = .001$ ). These results suggest a noted disparity existing between the degree categories of the OTs.

The combined responses of the OTs and OTAs showed significant variation in ratings of

item statements related to the evaluation and respect of OTAs by the public and by other professionals, such that moving to the entry-level bachelor's degree would not necessarily elevate public perceptions of OTAs (disagree/strongly disagree = 45.0%, neutral = 23.4%, agree/strongly agree = 30.6%) or increase professional respect for OTAs by other health care professionals (disagree/strongly disagree = 41.4%, neutral = 25.7%, agree/strongly agree = 32.9%). On the one hand, most did disagree/strongly disagree (54.3%) that such a move would help increase reimbursement rates for OTA services nationally. On the other hand, there was no clear overall agreement by the participants that those holding an entry-level bachelor's degree would be paid more (disagree/strongly disagree = 36.11%, neutral = 23.0%, agree/strongly agree = 40.1%) or be more current in evidence-based practice/research (disagree/strongly disagree = 39.7%, neutral = 20.7, agree/strongly agree =

39.7%) than those holding an associate degree. Finally, a slim majority (50.2%) did tend to agree/strongly agree that OTAs holding an OTA bachelor's degree would be more qualified for advanced practice positions in OT settings.

The two groups varied in their ratings regarding the impact a hypothetical move by physical therapy assistants (PTAs) to the entry-level bachelor's degree would have on OTA entry-level degree ("If PT Assistants would move to the bachelor's degree as their entry-level degree, OTAs should then move to the bachelor's degree as their entry-level degree"), with no clear majority of either group agreeing or disagreeing with the statement (OTs – disagree/strongly disagree = 45.9%, neutral = 27.8%, agree/strongly agree = 26.4%; OTAs – disagree/strongly disagree = 37.7%, neutral = 22.1%, agree/strongly agree = 40.3%).

Comparative analyses between the OTs with bachelor's degrees and the OTAs with bachelor's degrees found some differences between those groupings. For example, the OTAs with bachelor's degrees were more likely than the OTs with bachelor's degrees to indicate that OTAs with entry-level bachelor's degrees would be paid more (OTA bachelor  $X = 3.32$ ; OT bachelor  $X = 2.78$ ), and that OTAs with entry-level bachelor's degrees would more likely be hired over OTAs holding an associate degree (OTA bachelor  $X = 3.32$ ; OT bachelor  $X = 2.90$ ). The postbaccalaureate OTs were more likely than the OTs with bachelor's degrees, however, to agree that OTAs with entry-level bachelor's degrees would be paid more than those with entry-level associate degrees

(postbaccalaureate OTs  $M = 3.16$ ; bachelor's degree OTs  $M = 2.78$ ).

All of the participants were next asked to respond to the statement "If the OTD becomes the entry-level degree for OTs, then the OTA bachelor's degree should become the entry-level degree for OTAs" in a YES/NO format. While roughly one-third (36.4%) indicated "Yes," that the OTA bachelor's degree should then become the entry-level degree, and two-thirds (63.6%) responded "No," suggesting that for the majority of these participants a change for OTs should have no impact on a change for OTAs. They were then asked to provide a response as to why they answered as they did. Sample quotes reflecting the perceptions of those who indicated "Yes" were:

- "We need to raise the bar for OTA treatment interventions, documentation, professionalism, peer interactions with other health care workers, ability to be innovative, and to understand/participate in evidence based practice and research."
- "School already requires you to take pre classes followed by 2 years of OTA classes which can result in a 4-year program."
- "May get more people doing research and come up with more OT standardized tests."

Responses from those who answered "No," the entry-level degree for OTAs should not be the bachelor's degree even if OT moves to the entry-level doctorate, were more frequent in number.

Typical examples include the following:

- “Increased cost and more education does not increase people skills for the patient. Therapists learn and increase their knowledge by working with patients.”
- “The OTAs I have worked with seem very capable with the education they have (associate degrees). They are continually keeping current through CEU’s.”
- “Why does a COTA need a bachelor’s degree to teach a patient to get dressed, wipe, propel a wheel chair, and put their socks on? Seriously?”
- “If you want to increase knowledge, change coursework to reflect the needs of industry. Not require students to go longer to school.”
- “This is OVERKILL in my opinion, driven by universities to make more money. The economy does not support this concept.”
- “Your clinical experiences and hands-on is what makes you a better therapist.”

Finally, the participants were asked to list some of the potential strengths or positive points and some of the potential weaknesses or negative points of moving to the entry-level bachelor’s degree for OTAs. A listing of possible strengths was often lacking from those respondents disagreeing with the degree change, who tended to either leave that section blank or replied with the single word “none”. However, those who did present responses summarized the strengths as: increased knowledge of treatment rationale; increase prestige/respect for COTAs; serve as a basis for advancement to the OTR; and, could support clinical specialties.

Weaknesses provided by these respondents regarding a move to the entry-level bachelor’s degree for OTAs were abundant, including: a degree change would attract fewer applicants; the change would attract a different type of applicant; it would increase debt or cost of college; increase the time to attain the degree; offer less opportunity for certain groups to attain an associate degree (e.g., minorities, single mothers); result in pay that would not be aligned with the degree; likely drive up the cost of services; and, would be an issue for community colleges who typically do not bestow bachelor’s degrees.

### Discussion

The present study examined the opinions and attitudes of OTs and OTAs toward an entry-level bachelor’s degree for OTAs. The majority of the participants were clearly against a move, although approximately two out of ten OTs and three out of ten OTAs were in favor of moving to the entry-level bachelor’s degree for OTAs. In general, members of both groups did not see the degree as being beneficial to the profession, nor one that would increase public recognition or professional prestige. The breakdown of responses of OTA practitioners disagreeing, neutral, and agreeing with an OTA bachelor’s degree in the present study were comparatively similar to that found in the RA ad hoc committee report, with a slight majority against a degree change.

The potential benefits identified by those in favor of the move included a belief that it is well suited for advanced practice positions, that those graduating with OTA bachelor’s degrees would likely be hired over OTAs with associate degrees,

and, as suggested by the OTs, graduates would also be more current in evidence-based practice. The OTs, more so than the PTAs, felt it would be a better degree for those who eventually want to become an OT.

Suggested weaknesses resulting from a move to the entry-level bachelor's degree for OTAs were abundant, often centering on the prospective OTA student. The respondents suggested that the cost would be more exorbitant for students because of the increased duration of the academic program, thus leading to greater postgraduate debt, and that the student population demographics would change from the current descriptors (though no specifics were offered other than fewer minorities and single mothers). Further, the respondents tended to believe that graduates would not be more current in new or innovative evaluation and treatment protocols, and that pay would not reflect their increased education.

Regardless of their attitudes toward the entry-level bachelor's degree, the respondents' opinions were mixed as to whether it would become the entry-level degree for OTAs in the near future, reflecting perhaps a prevailing uncertainty in the profession as a whole. No clear majority was found for either agreeing or disagreeing that it would soon become the entry-level degree for OTAs. Unlike the responses of program directors in the Griffiths and Padilla (2006) study, a hypothetical move to an entry-level bachelor's degree for PTAs did not seem to influence respondents' decisions that a similar move should be undertaken for OTAs. The OTs, on the one hand, were more likely to disagree that the entry-level degree for OTAs should change to a

bachelor's degree if the entry-level degree for PTAs changes to a bachelor's degree. The OTAs, on the other hand, were essentially evenly split regarding the effect of a degree change for PTAs on their agreement ratings that OT should also make the degree transformation.

Perhaps one noteworthy finding was the discrepancy between the OTs with bachelor's degrees and the OTs with postbaccalaureate degrees in regard to whether the profession should move to the OTA bachelor's degree as the entry-level degree for OTAs. The results indicate that while the OTs with bachelor's degrees clearly disagreed with a degree change for OTAs, the postbaccalaureate OTs disagreed less, approaching a more neutral rating. The response variations between these two OT groups on this and additional items tends to suggest that there is substantial disagreement among the OTs, aside from the PTAs. Thus, it would be of considerable value to assess the perceptions of OTs on these issues with consideration to their academic degree alongside the perceptions of PTAs.

### **Limitations**

An issue with the present study was the low return rate. The low return rate was likely due to the number of questions in the study and/or perhaps the increased demand on OTs and PTAs to participate in survey research studies. A second issue was the demographics of the targeted population. While a strength of this population is that it included OTs and PTAs, whether or not they were members of the national association, it did focus exclusively on two northeastern states, potentially unveiling a regional response bias.

## Conclusions

Given that the OT profession is one that prides itself on moving to a science-driven and evidenced-based practice (AOTA, 2006; AOTA, 2014d), there unfortunately appears to be a near absence of research investigations aimed at assessing the need for an OTA entry-level bachelor's degree. It is possible that many of the fears and apprehensions currently held toward a move to an entry-level bachelor's degree for the OTA are without merit; however, it is also possible that those perceived strengths or positive arguments favoring such a move are without support, pointing to the clear need for an increase in the breadth of national debate and a corresponding increase in evidentiary support on this issue. Suggestions for future research would be to expand the depth of the study by including a wider population, potentially from all states, as well as a variation in the questionnaire format to include additional questions generated by the responses to the open-ended questions in this study.

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