



10-1-2018

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DOI: 10.15453/2168-6408.1484

Recommended Citation

Mineo, Bernadette; Hathaway, Beth; and Kadkade, Monali (2018) "International Occupational Therapy Faculty Perceptions Regarding Doctoral Level Education," *The Open Journal of Occupational Therapy*: Vol. 6: Iss. 4, Article 9.
Available at: <https://doi.org/10.15453/2168-6408.1484>

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International Occupational Therapy Faculty Perceptions Regarding Doctoral Level Education

Abstract

Over the past decade a debate has ensued in the US regarding the clinical doctorate in occupational therapy (OT) and whether to require a doctorate to become an occupational therapist. Little discussion has occurred regarding the potential implications on the global community of occupational therapists, and there have been no attempts to ascertain the views of international OT faculty and practitioners. This study surveyed international OT faculty regarding their perceived need for and value of graduate education, particularly at the doctoral level, for OT faculty and practitioners in their countries. Fifty-three OT faculty from WFOT approved programs in eight countries participated. Most of the respondents felt that a doctorate should not be required to enter the profession and that it was unlikely their countries would follow suit if the entry-level in the US was a clinical doctorate. Some participants commented that the US would isolate itself with this requirement and that research doctorates, particularly in disciplines other than OT, are necessary for faculty development. While the results of this survey should be viewed as preliminary given the limited sample, further surveys of OT faculty and practitioners worldwide are recommended, especially in consideration of international occupational therapists who might immigrate to the US.

Comments

The authors report no conflicts of interest to disclose

Keywords

practice doctorates, education, international, occupational therapy

Cover Page Footnote

The authors wish to thank all those who participated in the survey.

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In April 2014, the Board of Directors of the American Occupational Therapy Association (BoD-AOTA) issued a position statement regarding their perceived need for the entry-level degree for occupational therapists in the US to be at the doctoral level, effective in 2025 (American Occupational Therapy Association [AOTA], 2014a). The reasons they cited for their position were: (a) to have a single point of entry to the profession to avoid confusing all stakeholders, both those inside and outside of the profession; (b) to implement and maintain more rigorous standards for the profession, including the capacity to deliver evidence-based care in a wide variety of service delivery systems and assess its effectiveness and cost-benefit; (c) to prepare professionals who can have greater autonomy and who are more ready and able to assume leadership roles; (d) to address the burgeoning content and credit load of entry-level occupational therapy (OT) programs due to advances in health care, inter-professional collaboration, and specialized areas of practice; (e) to match the trend of other health professions in the US to move to the doctorate as the entry to their professions; and (f) to “best position the profession to meet the growing needs of society and fulfill its potential in the 21st century” (AOTA, 2014b, p. 19).

The issuance of the BoD-AOTA 2014 position statement came on the heels of more than two decades of advocacy and debate about the doctor of occupational therapy degree (most often referred to as the OTD) by leaders of the OT profession in the US (Coppard & Dickerson, 2007; Fisher & Crabtree, 2009; Griffiths & Padilla, 2006; Reed, 2000; Reistetter & Royeen, 2001; Royeen & Lavin, 2007; Royeen & Stohs, 1999; Runyon, Aitkin, & Stohs, 1994; Smith, 2007) and after the move by several other allied health professions in the US, including audiology, physical therapy, and pharmacology, to the doctoral level as their required point of entry to their professions (American Academy of Audiology, 2014; American College of Clinical Pharmacy, 2012; American Physical Therapy Association, 2011). Following issuance of the BoD-AOTA position statement, the AOTA leadership made the decision, based on feedback from concerned stakeholders throughout the profession, to conduct a yearlong survey of assorted stakeholders in the US that would be impacted by such a move (AOTA, 2015a).

After the collection, analysis, and review of all of the data, the Accreditation Council for Occupational Therapy Education (ACOTE) determined in August 2015 that the entry-level for occupational therapists would remain at the post-baccalaureate level, as described in Resolution J passed in 1997 (AOTA, 2015b). That is, ACOTE, the only credentialing body that can determine the minimum education standards for the profession of OT in the US, made the decision that the entry-level degree for the occupational therapist would remain at two points of entry, at the masters and the doctoral level. The reasons ACOTE stated for not moving to the single doctoral level entry point at that time were: (a) limited outcomes differentiate master’s and doctoral prepared graduates; (b) the academic infrastructure of many institutions is not sufficient to meet the OT doctorate standards, especially with respect to faculty resources and institutional support; (c) the readiness and capability of institutions to deliver quality fieldwork and experiential components of the program is constrained; and (d) retaining two entry levels allows for flexibility of the profession to assess and address the changing health care needs of individuals and populations (AOTA, 2015b, para. 25).

The situation has, however, recently changed. At the end of August 2017, ACOTE reversed their 2015 decision when the council determined that the move to the entry-level doctorate as the single point of entry to become an occupational therapist would be required by the year 2027 (AOTA, 2017). While the debate in the US about the value of the entry-level doctor of occupational therapy (OTD) degree has thus been decided by ACOTE, and a similar debate has been initiated in Canada (Brown, Crabtree, Wells, & Mu, 2016), minimal attention has been paid in the US to the impact that such a

change could have on the international OT community worldwide, especially those occupational therapists who might wish to, or otherwise find themselves needing to, immigrate to the US (Brown, Crabtree, Mu, & Wells, 2015; Wells & Crabtree, 2012). This gap is what originally prompted the present research, a study that was initially conceived during the period between the BoD-AOTA issuance of its 2014 position statement and ACOTE's 2015 decision to not move forward to the single point of entry. It should also be noted that while the US and Canada require postbaccalaureate level education for one to become an occupational therapist, and a number of master's level programs have been developed in some countries outside of North America, the entry-level requirement throughout the rest of the world continues to remain at the bachelor's level or its equivalent (World Federation of Occupational Therapist [WFOT], n.d). If OT is to be a globally connected profession, as was stated in the Centennial Vision (AOTA, 2006), then consideration should be given to the perceptions and values of occupational therapists worldwide regarding educational trends.

To begin to address this identified gap in the literature, the present study was conducted to gather some views from the international OT community directly. As faculty are the primary gatekeepers in any profession, insofar as bearing responsibility for deciding who is to enter their respective professions, we elected to start with a survey of international OT faculty. The aim was to illuminate international OT faculty's perceived needs and values of graduate education, particularly at the doctoral level.

Method

International OT faculty from 10 countries were surveyed in 2016 to determine their perceptions regarding the need for and value of doctoral education in their countries (see Table 1).

Participant Recruitment

The recruitment of faculty to participate in this survey entailed a multistep process. The first step included identification of the WFOT approved entry-level OT programs that were listed on the WFOT website in 2015. Inclusion and exclusion criteria of the WFOT approved programs were based on the following: (a) that the OT education program was offered in a country where English was the predominant first language or (b) that the program of study was delivered predominantly in English and website information about the program was available in English.

After the list of the WFOT approved programs was compiled, the researchers emailed all of the identified OT education programs using the primary contact information as listed on the WFOT website in 2015. This step was completed in order to request verification that the program director and/or department head listed could be confirmed as a reliable email source. Fifty-eight OT program directors and primary contacts responded to this verification email, which became the total number of international OT programs whose faculty would potentially be invited to participate in this study's survey. These 58 WFOT approved programs included programs in the following 10 countries: Australia, Brazil, Canada, India, Ireland, Israel, New Zealand, Philippines, South Africa, and the United Kingdom (see Table 1).

For the survey proper, all 58 program directors and department heads (hereafter referred to as primary contacts) were sent emails between April and June 2016. These emails included the invitation to participate, an explanation of the study, and a URL link to take the survey electronically via Survey Monkey. This same email also included links to: (a) the BoD-AOTA 2014 position statement recommending the move to a doctoral level as the single point of entry into the profession of OT in the US (AOTA, 2014a) and (b) the decision made by ACOTE one year later to not do so (AOTA, 2015b). These additional links were provided to contextualize the survey for prospective participants and to

inform them of and provide easy access to the then current debate in the US. In addition, in this same email, the 58 programs' primary contacts were asked to forward this email invite to OT faculty associated with their education programs.

Table 1
Participant Recruitment

Country	# WFOT Accredited OT Programs That Met Inclusion Criteria	# OT Programs Who Responded to Initial Electronic Contact for Verification	# Faculty Who Responded to Survey
New Zealand	2	1	1
Brazil	4	1	0
Ireland	5	4	5
Israel	5	2	2
Philippines	6	1	0
South Africa	8	3	3
Canada	11	11	23
Australia	18	11	9
India	20	3	3
United Kingdom	21	21	5
Did not specify	0	0	2
Totals	100	58	53

Survey Design and Data Collection Procedures

The survey questions included open-ended, multiple choice, and Likert-scaled questions. The survey questions aimed to target the following topics: perceived value of and need for advanced level education among occupational therapists in their countries as well as personally; potential impact in their countries if the entry-level degree were to move to the doctoral level in the US; interest in obtaining an advanced degree; and demographic information, including years of experience as faculty, years of experience in clinical background, and current educational credentials.

Data collection began in April 2016 and was completed when the survey was closed at the end of July 2016. The 58 programs' primary contacts were sent the email invite at three designated intervals: an initial survey invite (April 2016), one month post-invite (May 2016), and a final invite approximately two months after the initial email was sent (June 2016).

Results

Fifty-eight email invites to participate in the survey were sent electronically to international OT department heads and directors as the primary contacts. Fifty-three faculty took the survey via Survey Monkey. Given that the primary contacts were encouraged to share the email invite with other OT faculty involved with their programs, it is not possible to determine the number of secondary contacts or the overall percentage of return/response rate. The 53 participants who responded represented OT faculty from eight out of ten countries, with 43% of the respondents reporting Canadian residence (see Figure 1). Survey questions that were skipped or left unanswered were considered when calculating and reporting the results.

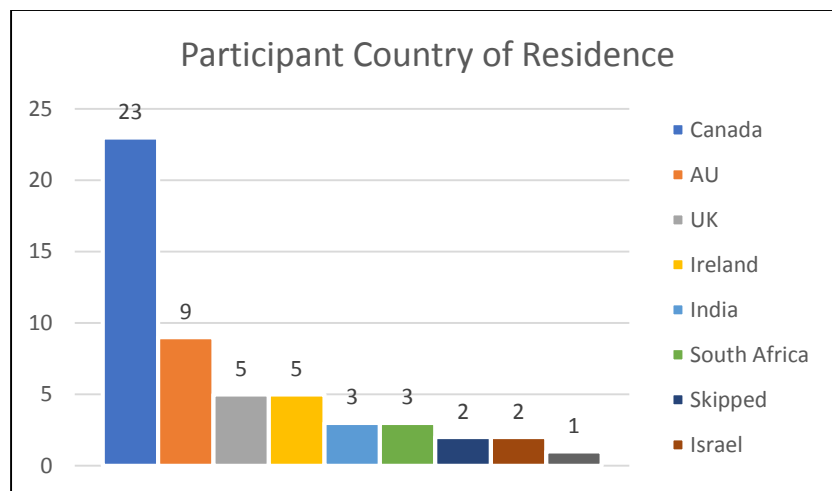


Figure 1. Participants' country of residence.

Demographic information was gathered through open-ended, multiple-choice, and Likert-scaled questions. The overall average years as an occupational therapist for the participant pool was 21 to 25 years. The average number of years practicing as an occupational therapist ranged from 1 to 5 years to more than 30 years, with the majority (40%) falling in the more experienced category. Years of experience as an OT faculty also varied widely, with the largest percentage (21%) reporting 21 to 25 years and an overall average for the sample of 11 to 15 years (see Figure 2). When asked about current academic position, the majority (79%) reported being full-time faculty. Academic rank ranged from lecturer to full professor, with the largest percentage (36%) of the participant pool reporting a rank of associate professor.

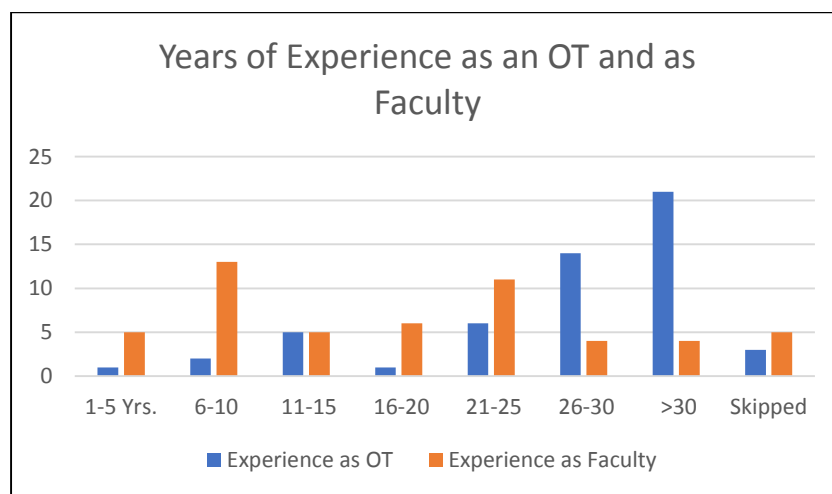


Figure 2. Years of experience as an occupational therapist and faculty member.

The primary aim of the survey was to learn the participants' perceptions regarding the following topics: the value of earning a doctoral degree personally and professionally, when advanced education should be required or undertaken, the likelihood that their countries would follow suit if the US made entry-level education a doctorate degree, and their personal interests in earning a doctoral degree. This

section of the survey included a combination of a 4-point Likert scale and multiple choice and open-ended questions.

The participants were asked how they would rate the value of advanced graduate education, such as the doctorate, both personally and in the profession of OT in their countries. Using the categories of definite value, some value, little value, or no value, nearly half (49% of the 52 respondents to this question) indicated they saw definite value in earning a doctoral degree on a personal level (see Figure 3). However, that percentage dropped to only 30% when the respondents were asked about the perceived value for the OT profession in their countries. Further examination and comparison of the respondents' answers to both questions (personal value as compared to value for the profession) revealed that 63% (n = 33) did not change their ratings between personal and professional value of the doctoral degree, 35% (n = 18) indicated less value professionally than personally, and only 2% (n = 1) indicated an increase in value professionally versus personally (see Figure 4).

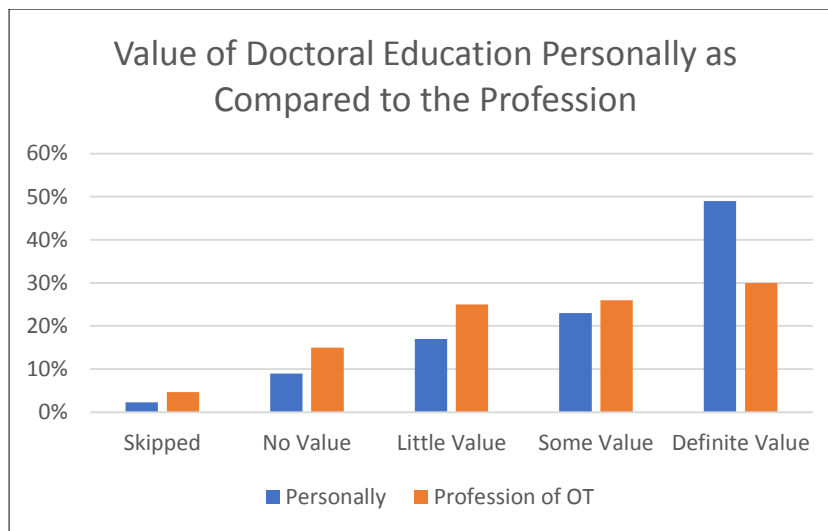


Figure 3. Value of doctoral education personally as compared to the profession.

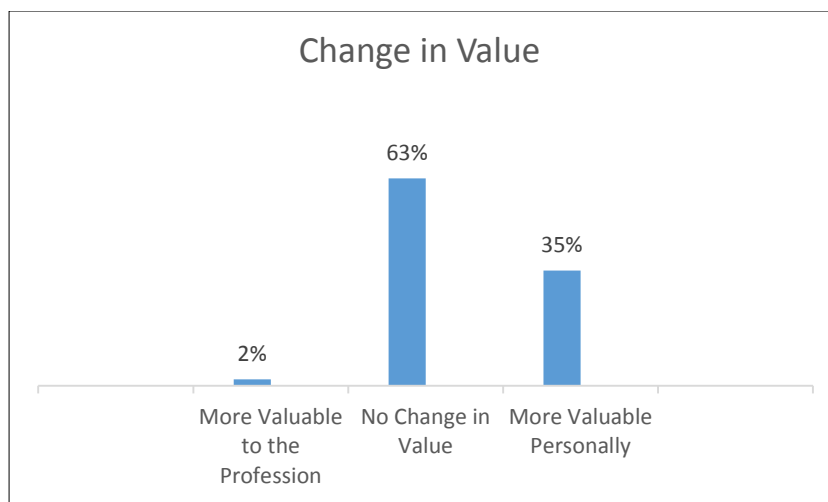


Figure 4. Change in value assigned personally versus to the profession.

When asked to explain their answers regarding their perceived value of the doctorate for the OT profession, the respondents' comments included a range of viewpoints. Positive comments included: "I have a DOT and it has GREATLY enhanced my clinical reasoning skills and aptitudes as an OT, researcher, and faculty member" and "the developing focus of OT's being creators of research as well as consumers of research requires higher level research skills." Comments less in favor included: "the move to a master's entry-level was a hard sell in some provinces. I can't imagine a doctoral degree being accepted," while another participant expressed concern that a move to an entry-level doctorate in his or her country would represent "a pure expression of credentialism, which would reduce access to OT services, without really producing benefits for the population."

The participants were also asked if graduate level education, such as the OT doctorate, should be required. Fifty-one percent reported that a doctoral degree should not be required, 40% indicated that doctoral education should be at the postprofessional level, and only 9% believed a doctorate should be required to enter the OT profession (see Figure 4). The participants were also asked how likely practicing occupational therapists in their countries would be to pursue advanced degrees if the US were to move toward requiring a doctoral degree to enter the profession. Over half of the respondents (55%) indicated that educational trends in the US would not likely impact trends in their countries. One of these respondents indicated that such a move would possibly further isolate the US from the rest of the OT community worldwide. Out of all of the respondents, only one believed that his/her country would most likely follow US trends. The participants' comments explaining why a doctoral degree should not be required included: "we need entry-level therapists to be generalists – not a doctoral level, but a doctorate would be appropriate for later specialization;" "high level researchers are needed in OT, but should not be required for clinical practice;" and "while it [doctoral education] would be beneficial, it would be difficult to implement."

Finally, the participants were asked to rate their level of interest in earning a doctoral degree in the future and what type of degree or field of study they would pursue. Of the respondents who did not already have a doctorate who answered this question (n = 13), nearly all (n = 12) indicated that they had interest in furthering their education. Of those who identified interest, half (n = 6) specified fields of study outside of OT, including disciplines such as gerontology, health sciences, education, rehabilitation sciences, and anthropology. Of the others, three indicated interest in advanced OT education, and three did not specify an area of interest.

Discussion

Through this study, the authors aimed to get a snapshot of international OT faculty perceptions regarding the value of doctoral education. Close to half of the participants who answered the survey saw definite value in a doctoral education personally; however, they were also all OT faculty for whom a higher-level degree is most likely required or more highly valued. In addition, most of the participants reported having earned a doctoral degree themselves, further indicating a high value for them professionally. Of note, though, is that for about one third of the respondents, their perceived value of a doctoral degree decreased when asked to rate the value from the standpoint of the practice of OT in their countries in general.

Regarding if or when a doctoral degree should be required, a little over half of the participants believed that it should not be required at any level, and most of the remaining responses indicated it should be pursued at the postprofessional level only. While most international faculty surveyed saw value in earning an advanced degree overall, they thought that it should be a personal decision based on

professional goals rather than be a requirement for entry into the profession. The reasons offered to not require a doctoral degree to enter the profession of OT included: a lack of need for that level of education to enter the field for clinical practice; such a requirement may prohibit individuals from pursuing a career in OT, thus reducing the pool of available clinicians; and such a requirement could reduce diversity of practitioners in the field to those who could afford the education. There were, however, several respondents with strong contrasting views, including expression that requiring an advanced degree postprofessionally would result in clinicians who would be well-versed in evidence-based practice and possibly contribute to the further evolution of the profession through research; who would promote specialized skills; and who would position the profession as more competitive in a changing health care market where other professions are moving toward requiring doctoral level education. One participant's comment offers an apt summary of where the opinion of most faculty surveyed seemed to be along the continuum of the debate:

I think that OT would hugely benefit from more people with higher degrees to better be able to undertake clinical research, articulate the case for OT, and advocate for the profession.

However, this should not be the threshold qualification . . . and ideally occur once the person has some clinical experience, to make the research and 'thinking power' more useful and applied.

The participants were also asked about their level of interest in earning a doctoral degree. Nearly three-quarters of those surveyed indicated they already held an advanced doctoral degree. Many of the respondents, both those with and those yet to complete advanced degrees, commented that their interest in continuing their education was directly related to the requirement for a doctoral degree to be a faculty member or a desire to conduct research. In general, there also appeared to be perceived value in diversification of educational backgrounds to meet professional goals.

Limitations

It should also be noted and underscored that this study had several limitations, the most significant being the method used to recruit the participants, the relatively small sample and its composition, and the restriction of the participants to faculty from English speaking countries and/or programs where English is the language used principally for instruction. The results, therefore, should only be viewed as preliminary and not as representative of all OT faculty or practitioners worldwide. Also of note is the fact that two-fifths of the respondents were from Canada. The Canadian response rate was the highest of the countries surveyed, possibly due to Canada's proximity to the US. Given the limited response rate of the other nine countries, however, it is not possible to make any specific comparisons among Canadian occupational therapists and occupational therapists in other countries.

Conclusion

The debate in the US regarding whether to require a doctorate for entry-level OT practice has been a long and heated one. In August 2015, ACOTE decided to continue to maintain two entry points to the profession. Then, in August 2017, ACOTE rescinded this decision and chose to move forward with a single point of entry at the doctoral level, effective July 1, 2027 (AOTA, 2017). The ramifications of this decision on the international OT community have not been thoroughly considered or investigated. While the results of this small preliminary study should be interpreted with caution, most of the faculty who participated believed that a doctoral degree should not be required at the entry level. The reasons given for both sides of the debate appear to mimic positions that have been advanced over the years in the US. In addition, several of the participants indicated that their countries would be unlikely to follow suit with US trends, and that the US OT community would further isolate itself from

the international OT community. Many reported that a doctoral degree is required for academics and research but not for clinical practice.

The debate on the place of doctoral education, both domestically and abroad, points to the need for clearly defining the value and role of doctoral education in the profession. In the US and abroad, a more general debate in higher education about the value and place of practice-based doctorates is also underway, given how the appearance and expansion of such degrees over the last 10 to 15 years seems to be influencing the landscape of doctoral education in higher education in general (Costley, 2013; Council of Graduate Schools, 2007; Seegmiller, Nasypany, Kahanov, Seegmiller, & Baker, 2015; Zusman, 2013; Zusman, 2017).

Future studies specific to OT education are recommended, including surveying other stakeholders, especially OT practitioners internationally, and comparing their values and beliefs to what the faculty in this study reported. A larger sample of faculty and comparison by country could provide further information to inform future educational trends in the US and internationally.

Given that ACOTE has made the decision for the entry-level doctorate to become the single point of entry into the profession in the US, the OT community in the US needs to consider and address the impact of this decision on the international occupational therapists who may immigrate to the US.

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