

Short Report

Using a mixed methodology, this study investigated the effectiveness of the College of Occupational Therapists' careers video in increasing the knowledge of six careers advisers about the profession and obtained their views of the video as a promotional tool. To quantify the advisers' knowledge, a pre-test post-test questionnaire was used before and after viewing the video. A short qualitative interview then ascertained their impressions of the video. Despite a high baseline knowledge, viewing the video was effective in increasing it. The advisers had mixed opinions about the video, suggesting that it could be improved and clarified.

Careers Advisers' Opinions of the College of Occupational Therapists' Careers Video

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Introduction

Recruitment to occupational therapy has long been of concern and studies, principally from North America, have identified the factors influencing career choice so that the shortfall of applicants may be addressed. Studies at Brunel University in London have provided United Kingdom data, with the most recent study (Craik and Zaccaria 2003) summarising the views of 444 first-year students. This found that only 7% of students first heard about the profession through a school careers adviser and that the most frequently reported method of discovering the profession was through work in health care (Craik and Zaccaria 2003). In a national survey by the College of Occupational Therapists (COT 2002), 25% of 1117 first-year students cited school careers staff as the most influential source of careers advice, making it the third in importance, with friends and family and the university prospectus being more influential.

The pledges of the Department of Health to increase the number of funded education places in the United Kingdom (DH 2000a, 2000b, 2002) may be of limited use if divorced from a sustained campaign to increase the public profile of occupational therapy.

A recruitment strategy (Craik and Ross 2003) between Brunel University and the COT, funded by the North East London Workforce Development Confederation, offered the opportunity to obtain the views of careers advisers. The study aimed to establish the level of knowledge of careers advisers about occupational therapy; to investigate whether the COT's careers video, which centres on the work of community occupational therapists with their clients and on students in an educational setting, was effective in increasing that knowledge; and to elicit the careers advisers' opinions of the video.

Method

A mixed methodology was employed in a single study design. First, quantitative data were obtained to test the relationship between the video and knowledge about occupational therapy. Using a pre-test post-test dependent design, the participants completed two questionnaires. With each participant acting as his or her own control, a baseline of knowledge was established and any increase after viewing the video was measured. In the absence of a valid published tool, a questionnaire was designed to obtain demographic data, information about careers services and knowledge about occupational therapy, using closed tick-box questions derived from sources external to the video.

Next, a semi-structured interview, with open questions about content, perceptions of occupational therapy, effectiveness, future use and recommendations, was used to elicit the more subjective perceptions of the effectiveness of the video as a promotional tool.

Following approval by the Brunel University Ethics Committee, a pilot study resulted in minor amendments to the wording and layout of the questions. The potential participants were careers advisers in London, excluding those who had previously seen the video. Access was organised by writing to the 34 offices identified and explaining the study, including participant selection, what participation entailed, the duration, data security, anonymity and confidentiality. Individuals were assured of the right to ask questions and to withdraw from the study. The term 'health profession' rather than 'occupational therapy' was used. Enclosed with the letter were an information and consent sheet and a stamped addressed envelope. Twelve offices responded, nominating an adviser, and six were selected using random sampling. The advisers selected for

the study were contacted to arrange an appointment and confirm access to a video player.

Having reiterated the procedure, the pre-test questionnaire was administered in a private quiet room at the participant's workplace. The video was shown, followed by completion of the post-test questionnaire, and then the interview was conducted and tape-recorded. The procedure took approximately 40 minutes. Descriptive statistics categorised nominal and ordinal data and content analysis identified the themes in the qualitative data. The data were stored in a secure room and were computer data password protected.

Results

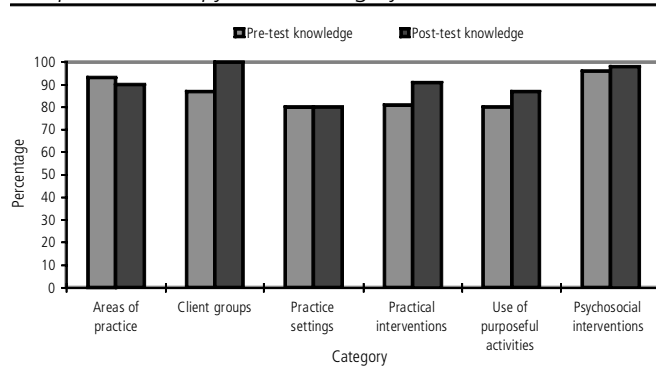
Information about the careers advisers

The three male and three female careers advisers identified themselves as white/European. All worked in offices providing services for people aged 13-19 years, their parents/guardians and clients with disabilities, although there were individual differences in the services provided.

Knowledge about occupational therapy

The pre-test questionnaire revealed an overall knowledge of occupational therapy of 85.3%, which increased to 90% post-test, as presented in Fig. 1. In areas of practice, overall knowledge decreased due to a reduction in knowledge of social problems. Knowledge of other practice areas increased or remained static. In relation to practice settings, overall knowledge remained the same; however, only three participants understood that occupational therapists do not work in job centres and the knowledge that occupational therapists do not work in fitness clubs decreased.

Fig. 1. Pre-test and post-test level of knowledge of occupational therapy in each category for six careers advisers.



Overall, the participants agreed or strongly agreed with the statement on the core skills of occupational therapy. For four advisers, the video presented clear information about the entry requirements. Five advisers perceived that occupational therapists had good employment prospects in the United Kingdom but three did not know about opportunities for career advancement. All advisers knew more about occupational therapy after watching the video.

Opinions about the careers video

From the interviews, positive comments about the video related to the variety of work settings, cross-section of clients and provision of information. One adviser commented:

I think knowledge does tend to stick a little bit more when you're shown things through real case studies.

However, another felt that the video was limited:

I didn't think it was broad enough ... I still don't think I could answer the question of where they would work ... because it just showed one person in one role in the community.

One adviser thought that the video omitted the occupational therapy process:

There wasn't much about the process ... I think that's probably where occupational therapists find their creative outlet isn't it – not actually taking the equipment around to clients.

For three advisers, their perceptions had not changed; however, two advisers had been unaware of intervention with children and another was unaware of work in mental health. Two advisers still had difficulty in differentiating between occupational therapy and physiotherapy.

The video was considered to raise awareness of a low-profile profession, to depict the diversity of its work, to convey challenge and to demonstrate, with the exception of physiotherapy, its difference from other health professions. Two advisers noted the rewarding aspects of the work.

Seeing students in context would appeal to potential recruits because, as one adviser stated, 'if you're thinking of becoming a student that's what you're interested in'. To be more effective, job opportunities and prospects needed to be addressed in the video.

There was felt to be a lack of dynamism in the video, particularly in relation to a younger audience. One commented, 'they like things like *Casualty* ... you need that bit more'. The lack of a male occupational therapist was noted and it was felt that the image portrayed was limited:

The occupational therapists in the video were very similar ... similar age, sort of white middle class background ... that's not going to do a lot for ... attracting younger people or people from ethnic minorities.

One adviser commented that the occupational therapist was seen in isolation:

It looks more attractive if it looks as though it's linked to medicine ... it looks as though it's more a community carer at work [rather] than an actual professional.

While five advisers linked future use of the video to career talks, none would use it due to practical reasons such as a lack of facilities in the workplace. However, advisers based in schools had the potential to use it in health and social care group sessions, with one commenting:

When it comes to occupational information we have computer packages, we have written information, we have library

information. The nature of the video – it's loud, it's distracting – we're more likely to take it into schools.

All but one adviser suggested a greater mix of people from different backgrounds in the video and showing younger students learning. The inclusion of more settings was recommended, as was 'a day in the life of an occupational therapist'. Three advisers recommended that entry requirements be clearer.

Discussion

It was planned to exclude the advisers who had already seen the video but, at interview, three participants stated that they had seen it. Appointments had been made in advance and, since the information sheet stated that the video related to a health profession, managers may have nominated advisers familiar with this area. This was a consequence of preserving the integrity of the study while providing participants with adequate information to give consent. However, it was decided to proceed with the interviews. Discarding the quantitative responses of these advisers was considered but, despite all advisers possessing a high baseline knowledge of occupational therapy, there was a small overall increase of 5% in knowledge, demonstrating the effectiveness of the video.

Changes in knowledge were demonstrated objectively and experienced subjectively. The greatest increase was in the awareness of occupational therapy in mental health and with children and adolescents, but the awareness of the role with people with social problems decreased. As social problems are noted as a key area of practice in the *Directory of Occupational Therapy Courses* (COT 2001), a clearer explanation in the video would have been beneficial.

Variety and challenge have been noted as major factors attracting recruits (Craik and Zaccaria 2003) and, although this was evident in the case studies, the video may have focused too narrowly on community aspects. Presenting solutions rather than processes, the results of treatment rather than the reasoning behind decisions, may not have illustrated the creative challenge of the work (Craik and Zaccaria 2003). The altruistic factors drawing recruits to the profession (Craik and Naphthine 2001) were depicted.

There was confusion about whether occupational therapists might be employed in fitness clubs or in job centres, probably attributable to the portrayal of a young woman and her occupational therapist in a gymnasium with the voiceover stating:

Occupational therapists have shown Terri new ways to tackle the everyday tasks that most of us take for granted. Terri can now drive a car, use a computer and is getting specialist careers guidance.

It may have been interpreted that occupational therapists specialise in careers guidance. It is perhaps a failing of the video that it does not distinguish more clearly what occupational therapists do. If careers advisers are confused about what is unique about occupational therapy, what hope

do those seeking their advice have? Concentrating on core aspects of the profession, which are not open to interpretation, and providing an explanation of what occupational therapy is not may help to dispel common misconceptions.

Occupational therapy was seen in isolation in the video and linking with other professions in a medical environment was recommended. However, confusion between occupational therapy and physiotherapy was salient in both sets of data.

Occupational therapy students are predominantly white females (Craik and Zaccaria 2003) and minority groups are underrepresented in the allied health professions (DH 2000a). The preponderance of white, female, middle-aged therapists in the video was unrepresentative of the larger community; a greater diversity in the therapists depicted and more emphasis on student education to engage a younger audience were recommended.

Limitations of the study

Half of this small sample from London had already seen the video and their high level of baseline knowledge prevents generalisation of the findings. Qualitative interviews reflect individual opinions and the views expressed are not necessarily representative of a larger population. Nevertheless, combining methods adds weight to the findings and provides a useful specialist view. The question about future amendments to the video may have encouraged the participants to emphasise its limitations rather than its strengths.

Recommendations

Despite the number who had previously seen the video, this viewing did increase knowledge and would probably have been even more effective with a less knowledgeable audience.

If the video is to be used with schoolchildren, as the careers advisers suggested, then schools could be targeted concurrently with targeting careers advisers. Occupational talks by advisers usually take place in year 10, when pupils have chosen their subjects. To maximise the effect of the video, it should be viewed before they select their options. Using an occupational therapist to show this video would give an opportunity to clarify any misconceptions and to explain the core skills, job prospects and challenges of the work, which were the identified limitations of the video. Alternatively, a fact sheet accompanying the video could supplement it.

The production of a future video needs consideration and research to determine its use across careers services. The views of young people and graduates about its effectiveness would be particularly useful. A future video should place occupational therapy in the context of health and social care services, using a multidisciplinary team to demarcate core skills. The use of non-traditional visual images of occupational therapy may attract a more heterogeneous pool to the profession.

The study has extended knowledge about the effectiveness of the methods used to promote occupational therapy as a career and the findings may be useful to those developing future recruitment materials. However, the major studies of recruitment in the United Kingdom have shown that

students first hear of the profession through work in health care (Craik and Zaccaria 2003) and are mainly influenced in their career choice by friends and family (COT 2002). This emphasises the importance of occupational therapists encouraging recruitment to the profession in both their professional and their personal life.

Acknowledgements

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