



# Report of the Professional Issues Forum on Workforce Retention in Occupational Therapy Ottawa, ON CAOT Conference 2009

---

## Introduction

The CAOT Professional Issue Forum on Workforce Retention in Occupational Therapy was held on June 5, 2009 at the CAOT conference in Ottawa Ontario. There were approximately 40 participants in attendance. This number included the speakers and invited representatives of CAOT constituent and stakeholder groups, and other delegates to the CAOT conference.

The retention of Occupational Therapists in Canada is a long-standing concern of many stakeholders, including CAOT. In 1993 the CAOT task Force on the Retention of Occupational Therapists (funded by Employment and Immigration Canada) completed an assessment of retention within the Canadian occupational therapy workforce. While manpower shortage continues as an ongoing theme since this assessment 16 years ago, and since much of the landscape has changed (level of preparation, number of programs, supply and demand, competing demands between public and private practice, changes to typical work environments, etc.) a current national examination of the status of retention, an understanding of the related issues and contributing factors, opportunity to share promising strategies and to develop a current retention agenda for CAOT is warranted.

## Format

The forum consisted of presentations from panel members, break-out sessions in which 5 groups (associations, regulatory bodies, employers, academic programs and individual OT's) discussed and formulated responses to the same set of questions and large group discussion.

## Facilitator

Jo Clark, Regional Allied Health Practice Director, Vancouver Coastal Health Authority

## Panelists

- Kathy Van Benthem, CAOT Director of Policy and Standards
- Sharon Eadie, Association of Canadian OT Regulatory Organizations
- Hilary Drummond, President BCSOT, private practice OT (therapist, owner and operator) and Life Coach
- Robyn Hastie, Researcher, University of Toronto

## Objectives of the Forum

1. Highlight factors associated with current retention issues and trends
2. Identify promising OT retention practices, strategies and innovations
3. Increase awareness with decision and policy makers regarding OT retention
4. Gather feedback to inform recommendations and an action plan

5. Gather recommendations for a research agenda to address the issues
6. Provide information on OT retention in order to inform a position statement to promote a CAOT action plan and research agenda

## **Presentations**

**Jo Clark** introduced the session and reviewed background information on the high job vacancy rate (unfilled clinical positions) internationally and the notion that this is attributed to a shortage of Occupational Therapists in Canada, rather than turnover or attrition. Studies on job satisfaction suggest that professional support and supervision, continuing education and client contact top the list of satisfiers, while location, inability to work flexible hours, working for multiple employers, isolation and disillusionment with the profession contributes to job dissatisfaction.

This presentation also described a workforce plan for Occupational Therapy that was developed for the Vancouver Coastal Health Authority for the years 2007-2010. With only one small OT academic program in BC, graduates largely migrating to work in urban areas and many new graduates immediately entering private practice, 76% of the OT workforce in BC is imported from out of province. The workforce plan analyzed demographic data on the age, life phases, grade level and location of the workforce and vacancies. With new demand for OT services growing, an analysis of supply and demand was completed and the recommended actions to mitigate demand while enhancing supply through recruitment and retention strategies were presented. Innovative retention tactics included annual OT research and education retreats, developing float pools and rotations, continuing education bursaries and career development opportunities to include mentoring.

**Kathy Van Benthem** presented and compared findings from CAOT's 1993 assessment of OT retention to a 2009 survey of Canadian OT's on the same topic. The 1993 results suggested that Canadian OT's were satisfied with their career choice, their employers and their ability to use their creativity in a helping profession, while dissatisfied with lack of advancement, recognition for expertise, and limited salary range. For comparative purposes, the 2009 online survey largely emulated the questions of the 1993 survey. The participation rate for the 2009 survey was 4.4% with 166 responses from OT's in facility and community based work environments and from nine of the ten provinces. While the majority of respondents reported high belief in OT intervention, those in age groups 26-35 and 56-65 reported only 50-60 percent satisfaction with their current employment. Of the respondents 14% indicated an intention to leave the OT workforce for reasons other than retirement; of this group 12 participants were between the ages of 22 and 45. Respondents were largely satisfied (greater than 70%) with OT roles and intervention, autonomy and clinical decision making, moderately satisfied with (less than 70%) salary, continuing education, workload and benefits and somewhat unsatisfied with (less than 50%) recognition, prestige of the profession, opportunities for advancement and relationships with senior facility leadership. Analysis of survey results also seems to indicate that of the age group 26-45; only approximately 58% would choose OT as a career a second time. Further research into contributing factors to profession satisfaction and work related satisfaction is required.

**Sharon Eadie**, illustrated the regulator's perspective from the College of OT of Manitoba. Three key career events were examined: mentoring, re-entry and use of title. Newly qualified have been enabled through mentoring, as a means to transfer and translate knowledge, provide a stronger professional identity and consolidate skills. Re-entry has been enabled by individualizing learning over time, with an emphasis on re-entry to practice (demonstrated competency) as well as a re-entry to the workforce. Use of title examples promoted distinctions between OT practice and job titles for increased clarity for OT's practicing in less traditional job functions.

**Hilary Drummond** described personal factors in the retention of Occupational Therapists. While professional and/or organizational factors may influence retention or departure from the profession, focusing on one's own meaningful occupation will promote personal, professional and work related satisfaction. Occupational integrity, or the extent to which a person lives within their values (things or qualities of intrinsic worth, beliefs and standards), strengths and meaning, will impact their satisfaction and professional fulfillment. Lack of support, or work environments that create values conflict may lead to decreased retention if Occupational Therapists do not gain insight into enhancing their personal influence. Occupational integrity is a matter of increasing one's circle of influence in your circle of concern within domains of profession, world and self. Learning to focus energy and choice on appreciative inquiry and problem solving will enhance satisfaction and empower retention.

**Robyn Hastie** shared her research on factors that influence the Occupational Therapy labour market (supply and demand) in Ontario. Using the COTO registration database as the source, a data analysis looking at stickiness (retention) and inflow (percentage of new additions to the same work setting), as well as survival and withdrawal behaviour within the profession was completed. Age demographics of licensed OT's in Ontario has remained reasonably similar over several years with 60% of the workforce under 40, and approximately 85% under the age of 50. Data indicated approximately 15% new inflow each year and high retention rates of approximately 93% in the years 1997-2006. Hospital settings continue to be the largest employer, at approximately 50%, along with self-employed they also demonstrate the highest degree of retention. Survival analysis suggests that:

#### **Most likely to leave**

- casual and part-time staff
- those with multiple employers and mixed funding
- Masters degree
- those entering after 1997

#### **Least likely to leave**

- age group 40-49
- Bachelor's degree
- those entering before 1997
- self employed and hospital based

Overall it was determined that the OT profession in Ontario is a relatively young profession and compared to other health professions in that province, had a strong ability to retain individuals in the profession.

### **Break-out Session Discussion**

Participants self-selected into one of 5 representative groups (associations, regulatory bodies, employers, academic programs and individual OT's) and addressed the following questions:

1. From the perspective of your group, what are some of the most promising retention strategies and innovations?
2. What should we implement and action?
3. What further areas of investigation, inquiry and research do we need?

After an hour of discussion on the proposed questions, groups were asked to theme their responses and report back on their top 3 recommendations for CAOT.

### **Summary of Discussion**

See Appendix A

Important Issues and Considerations for CAOT

See 'Top 3' in Appendix A Table

Report Submitted by: Jo Clark, Facilitator

Appendix A - Summary of Break-Out Group Discussion

Associations Regulator Employer Academic/Education Individual Occupational Therapists  
Promising Retention Strategies and Innovations

- Association specifically working to look at "context specific" questions
- Work to get OTs at the decision making tables
- Active recruitment to all levels of OTs
- Support to be a leader and have influence

Problems:

- MoH Bursaries promote instability
  - o Damage to position because not filled by OTs who stay
- Understanding generational patterns/values/"what makes them tick" – supports
- Regulatory scheme supports + tools are inclusive of all roles (not creating unintended consequences that exclude)
- Explore regulatory schemes (collaboration with employers and others) i.e. in PQ where admin/manager must be a regulated professional

- Retention bonuses within contracts
- Education funding – advocacy with Ministries
- Decrease competition by increasing supply
- Early connection and ongoing mentorship/career planning
- Expansion in OT programs
- Most important retention strategy is recruitment
- Recruiting students in university
  - Start recruiting in high schools. In Quebec decisions have to be made very early due to education system.
  - The applicants really need to know what they are getting into
- (Issue) BC - high cost of recruiting from outside of the province and unstable workforce as a result (many return to home provinces)
- University based programs for internationally educated OTs to integrate into practice
- Build better community – OT specific
- Generate “communities of practice”
  - OT specific, social element, clinical interests
- How to – champion professional, respect colleagues – and do job (eliminate public vs. private conflicts)
- Name the elephant in the room – name adversarial issues amongst therapists
- Utilize resources across country to build community
- Fractioning, reinventing throughout the system – every system (clinical, professional)
- OT practice leader network – internet group
- List serves
- Continuing education (needs to be accessible cost): communication leadership skills
- Younger demographic – line employee not participating in professional development forums
- Way to ensure – indoctrination of professional behaviour
- Ongoing mentorship – even into leadership roles
- Professional obligation to mentor and be mentored
  - Build our community
- Support ourselves throughout the systems

### **What to Implement and Action**

- CAOT & ACOTRO collaboration on use of title paper
- Continue to dialogue with funders (National & Provincial & Municipal/Regional)
- Targeted influence to decision makers.
- Demonstration projects
- Explore OT schools in non-urban areas to promote recruitment/retention into underserved areas
- Uniformity/congruency x – country (increase labour mobility + increase professional title consistency)
- Use of title paper (Canadian consistency – message + info)
- Sharing at provincial level
- National support
- Advocating to government (BC) to increase seats (showing comparative, cost of training)

- CAOT filling in the gap in Quebec (since it doesn't have a provincial association)
- Use of media in provinces to increase seats
- In Quebec the expansion has increased OT over PT due to manpower shortage situation

### **Further Research Required**

- Context specific data
  - o Geographical distribution
  - o Different practices
- Demonstration projects to provide information about services
- Schools, regulators and associations and employers working together to learn where new grads go and where/why people leave
- Looking at comparisons to other health professions (promote as strategy)
- National unique identifier project
- Research projects to explore country of origin and province of origin data on individuals who cancel registration
- Health professions survey by CIHI – coming soon!
- Explore why OT's in admin/etc do identify strongly as an OT
  - o Myth-busting? Focus on strengths/learning from those that do see themselves as an OT
- Are OT's leaving certain areas of practice more than others?
- Comparison with other professions e.g. engineering, teaching etc.
- What are the key factors of retention?
- Comparative data
- Alumni information
- Providing the government with data – survey regarding increasing seats in BC
- Investigate population ratios to seats and OT's
- Why are the vacancy rates so high in Quebec with the population ratio of seats so high
- Look at emerging roles – more opportunities

### **Top 3**

1. Lobby to stop doing what doesn't work i.e. Northern Bursaries
  2. CAOT & ACOTRO develop use of the title paper and dissemination
  3. Explore "context specific" research i.e. rural, urban etc. collaboration with colleges to research those who have left!
- 
1. Use of title - "wear" the profession with pride regardless of job or role
  2. Research – follow-up with non-registered
  3. Develop standard retention metrics province to province. Is there a retention problem?

### **Further research required.**

1. Retention bonuses in contracts
2. Increase supply (seats, re-entry and internationally educated)
3. Support mentorship and career planning

1. Advocate for and expand seats (BC)
2. Educate prospective students so there is a good fit between students and profession
3. Develop recommended OT and seats to population ratios:
  - a. research
  - b. what the population needs are
  - c. the impact of OT on health of the population
  - d. the impact of not having OT
  
1. Build OT collegial community throughout practice continuum: sharing, cooperative
2. Explore differences/lack of support. Right person, right place, doing the right thing at the right time.
3. Fractioning of services (Provincial), when do people consider becoming an OT?