

So You Help People Get Jobs?: A Qualitative Look At Public Perceptions Of Occupational  
Therapy

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“When you and your friend go to a concert, you do not each hear the same thing. We do not expect people to hear the same thing; in fact, we feel enriched by the different perceptions, the different experiences people have, in the same place at the same time” (Stake, 2010, p. 66). The opinions we have about different subjects, whether right or wrong, have an effect on how we perceive things. Today, our knowledge is influenced by a virtual world. Public perceptions are influenced through the internet, television, social networks, media, and large corporations and affect individuals of all ages. In particular, career outlooks can be affected by how the public views an occupation. Occupational therapy is an emerging profession that may have varying amounts of awareness among the general public. Public perceptions of occupational therapy vary from person to person and may have an indirect effect on the occupation’s prestige. The researchers are first year occupational therapy students. As such, each of the researchers has encountered many aspects of how the public perceives occupational therapy.

A source that can provide substantial information about public perceptions on occupational therapy is Facebook. Everyday millions of individuals log on to this social networking website and share their opinions about various subjects. Using Facebook allows access to the general public in order to gain information about how they perceive occupational therapy. The purpose of this qualitative study is to explore the public’s perception of occupational therapy. The working definition of public perception is the public’s knowledge and opinions of the OT profession. The phenomenon will be studied from the perspective of the Facebook friends of the researchers. The overarching research question is how does the general public perceive occupational therapists?

## **Literature Review**

Occupational therapists have long recognized the need to define for the public exactly what our profession does. Occupational therapy is challenged by the fact that “our name is not yet associated by the public with the services we provide” (Johnson, 1973, p. 196). The public does not realize the many problems that are important in our society that occupational therapy can address (Johnson, 1973). This is because a “gap exists between our perception of our services and the public’s ability to recognize those services as being provided by occupational therapy” (Johnson, 1973, p. 196). Furthermore, it has been found that the public identifies us by our media more than our services; which, contributes to the misunderstanding of our profession (Johnson, 1973). “One of our greatest challenges is to clearly identify our product or services for ourselves and the public, particularly if we wish to achieve success in marketing them” (Johnson, 1973, p.196). Recently, the president of the American Occupational Therapy Association stated that she has a “desire to challenge the fuzzy definitions of our profession held by clients, coworkers, and consumers” (Clark, 2012). This theme has continued throughout the history of the profession.

Limited information exists in the field of sociology about the public perception of occupational therapy. Occupational prestige is an important concept in sociology. Occupational prestige is a ranking of the admiration, respect, perceived value, and worthiness of a particular occupation. According to Davis, Smith, Hodge, Nakao, and Treas (1989), occupational therapy had a prestige score of 55.97. Figure 1 provides a sampling of prestige scores near occupational therapy for comparison. Educational and vocational counselors had higher scores than occupational therapists. The researchers found this interesting because many people believe that occupational therapists essentially provide vocational counseling. It is also very telling that

therapist not elsewhere classified was significantly higher than occupational therapists.

Furthermore, although occupational therapists have more training and are more qualified to help children with disabilities than special education teachers they still had a higher prestige score. In addition, speech therapists and physical therapists were both higher in prestige than occupational therapists. This finding is interesting because many similarities exist between occupational therapy and these two fields.

Figure 1.

Data taken from Davis, J.A., Smith, T.W., Hodge, R.W., Nakao, K., & Treas, J. (1989). General Social Survey.

51.23	Administrators and Officials, Public Administration
53.66	Administrators, Protective Service
54.42	Librarians
54.93	Teachers, Prekindergarten and Kindergarten
55.61	Dietitians
55.97	Occupational Therapists
56.69	Counselors, Educational and Vocational
58.94	Financial Managers
60.76	Speech Therapists
61.45	Physical Therapists
62.36	Therapists, n.e.c.
62.99	Inhalation Therapists
64.08	Teachers, Elementary School
65.06	Teachers, Special Education
66.37	Teachers, Secondary School
66.48	Registered Nurses
68.32	Pharmacists

The main focus of current occupational therapy research on perceptions of the profession has been on improving occupational therapy's standing among other healthcare professions. The field of occupational therapy has the most information on how the public perceives occupational therapy. However, this information is extremely limited and much of this information is anecdotal from the therapists' experience. The leaders in the field of occupational therapy have called for actions to improve public awareness of the role of occupational therapy. The American Occupational Therapy Association is working toward the goal that by 2017, occupational therapy will be a "powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs" (American Occupational Therapy Association, 2007, p. 613). However, in order to succeed in this initiative it is imperative to have a more complete understanding of what exactly the public thinks occupational therapy is. Successful marketing of a product to a consumer is dependent upon understanding the consumer, which includes understanding what they believe the product offers. In order to gain this understanding, there needs to be research done from the perspective of the public. This research project addresses this need by exploring what people think occupational therapy is in their own words.

### **Methodology**

The purpose for this qualitative research was mainly to explore how the public perceives occupational therapists. The rationale for choosing a qualitative research design is to gain insight into public knowledge and opinion of the profession from the perspective of the Facebook community; giving respondents anonymity. The research question was designed to enhance and investigate the misconceptions or stereotypes of how occupational therapy is perceived by

general public including people that have never had a close experience with occupational therapist. The researchers used a purposive sampling method in which the Facebook friends of the researchers were chosen as being members of the general public.

The study was a sixteen question media survey presented on Facebook. Using a social media website allowed the researchers to sample attitudes of the public in a convenient format that offered privacy and flexibility to respondents. The link was viewable and sharable by Facebook members and was available for one week using Google spreadsheets allowing participant self-selection for the study and the ability to complete the questionnaire at their own pace. The survey included three demographic questions asking about the gender, ethnic affiliation and profession. The next thirteen questions pertained to opinions about occupational therapy asking questions such as, “what do you think an occupational therapist does?”; “do you have any experience with occupational therapy?”; “how do you imagine an occupational therapist?” The instructions for the survey specifically asked participants to answer all of the questions and avoid researching definitions. The respondents were able to type their responses into the field provided under each question, thus allowing respondents to reflect on their responses and provide their own definitions of occupational therapy. Therefore revealing the respondent’s perceptions and not those that could be found on Wikipedia or online dictionaries.

Thirty-three participants self-selected themselves to participate in the study. The age of the participants ranged from eighteen to eighty-three with twenty-five female and eight male respondents. The ethnic background of the respondents was predominantly Caucasian. Professional affiliations of the participants included: journalism, publishing, software engineering, sales, retail, teaching, students, construction management, document controller,

attorney at law, unemployed, professional gamer, customer service, legal clerk, and endocardiographer.

The data collected was in survey form and collected in a one week period. The survey took approximately ten minutes to complete. The survey was available to be taken online from December 12, 2012 until December 19, 2012. The last survey entry was made on December 13, 2012. The statement of confidentiality of the responses was given in the description of the link of Facebook. The purpose of the study was not explained in the beginning of the survey as it would influence and bias the responses of the participants. All acquired data has been held securely in password protected Google folder and only members of the research team had access to the results.

### **Data Analysis**

Data were organized based on demographics, knowledge of occupational therapy, whether or not a participant had accurate knowledge of OT, if the participant had any personal interactions with an OT, types of settings participants thought OTs could practice in, and how much education participants thought OTs needed to practice. Of the thirty-three participants, eighteen of them had no personal interaction with an occupational therapist, even if they had knowledge of what an OT did. Data was also organized based on a participant's profession.

We analyzed the data in order to know the ages of the participants so we could determine if those of a certain age knew more about occupational therapy than other ages. In regards to demographics, twenty-five participants were female and eight were male. The majority of the participants were in the age range of twenty-six through thirty. Nine of the participants were between the ages of eighteen and twenty-five and another twelve participants were over the age of thirty. Age appears play a nominal role in a participant's knowledge of OT. Instead it relates

to a person's career or their personal or family experience with OT. For example, Participant Eight thought that OTs were "a therapist that deals with stress with herbal healing." and the participant was not in a medical field and had no personal experience with OT. Those in a medically related field had more knowledge about OT than those in other professions; however, even those in the medical field had a limited knowledge of OT on the average. An example of this is Participant Twenty-eight who was in the medical field as an echocardiographer and said "Retrains people, or teaches people how to do a skill they once did but are no longer able to do from injury or illness. That skill being linked to a job performance." This quotation is also an example of a quote that would go in both the 'knowledge of occupational therapy' and the code for 'has accurate knowledge of OT.' Participant Twenty-eight knew that OTs worked to retrain people but thought of it as being only related to job performance and did not know that OTs also work on training ADL skills.

We asked about the settings participants thought OTs could work in because it would help us determine if people thought OT was like vocational counseling or rehabilitation another profession. Many participants listed hospitals or rehabilitation facilities as places where OTs could work, even if they had limited knowledge on the actual job description of OTs. The data was analyzed by what kind of education a participant thought an occupational therapist needed for the profession because it allowed us to know if the participants thought it was professional, technical, or a medical career. Knowing how much education is required for an OT may increase someone's confidence in the OT profession.

We coded the data initially in a way that was similar to our organization, demographics, the specific survey questions, and also the answers the participants gave. If a participant gave an answer saying they knew what OTs did, they went into that code. If their knowledge about OT



was correct or partially correct, they went into another code. Another code was made for if participants did not know what OTs did. For example, one participant said “I have no clue what an OT is” and this went into this category. Participants who thought occupational therapy had to do with workplace conflict resolution or job placements were placed into another code. An additional code was created for responses which only indicated that OTs work with people after an injury. An additional code was made for other responses, which included participants that thought occupational therapists did herbal therapy, crystal therapy, or psychological interventions.

Codes were made for the level of education participants thought occupational therapists needed; including codes for a certificate, bachelor degree, license, masters’ degree, general medical training, education degree, nutrition, physical therapy degree, psychology, or a combination of the above. An example of a code is Educational Requirement- Masters’ degree or more; “I believe a master's degree is required, and that degree should be necessary because occupational therapy requires a lot of knowledge to be done properly (Participant Nine)”. The researchers came to an agreement on the finding through a collaborative discussion about the data after each member had analyzed the data individually. The group process involved frustration at the lack of public awareness of occupational therapy, as well as finding humor in some of the responses.

## **Findings**

### How does the general public perceive occupational therapists?

The most prominent pattern in the data was that after answering the main survey questions, most people were not interested in learning more about what occupational therapy was, even if they had minimal knowledge of the profession. This is evident by the majority of the

participants answering “No” to the question “Is there anything else you would like to know about occupational therapy? If so, what?” The vast majority of participants answered that they did not want more information on occupational therapy at the end of the survey, while a several were curious about what the profession entailed. There was also a pattern of participants having at least a basic knowledge of occupational therapy, which included knowing at least one setting of practice, knowledge of the education level, and an idea that OTs work on helping patients with activities or rehabilitation. For example, when asked “What do you think an occupational therapist does?” one participant stated “Thinks of ways to help people’s bodies work better and then executes it with the client” (Participant Six). A further pattern was that many of the participants sampled were female, which can be attributed to a few factors including the researchers being female, women being more active on social media, and a greater willingness on the behalf of women to answer a survey. An additional pattern was that many participants were open-minded on the type of person that could be an occupational therapist. Some participants thought an occupational therapist should be “anyone who wants to help others, is capable and smart” (Participant Sixteen).

When gathering opinions about the public’s perception about occupational therapy, it becomes clear that most people either have a limited amount of knowledge or none at all. According to one participant occupational therapists “Move blocks around on a table. Help people learn to dress themselves. I really don't know how they do their job" (Participant Seventeen). This shows that while the participant may have witnessed a therapy session, the methods seem foreign and perhaps frivolous. Another participant stated, “As I stated in the question above I believe an Occupational Therapist resolves conflicts within the workplace and helps others decide what profession they should go into” (Participant Eight). The perception of

occupational therapy seems to be geared towards helping people gain skills or a job, which is a rather incomplete perception of what occupational therapists do on a daily basis.

Subsequently, because the researchers had a difficult time finding similar qualitative or quantitative studies on our subject, we do not have other studies or data sets to compare with our study. What is clear from the lack of data is that occupational therapy is not considered a prestigious enough profession for the public to inquire about and that occupational therapists themselves are not doing enough self-promotion. If occupational therapy is to gain a greater place of prominence in the public perception, it should strive to educate the public about the many areas of practice that it has, and how that can enrich all people in a community, not only those who are sick, injured, or otherwise compromised.

### **Conclusion**

Individuals are constantly bombarded with thousands of different messages through the internet, television, social networks, large corporations, and media helping to shape everyone's perception of the world. We found that the public's perception of occupational therapy is often times incomplete. In particular, career outlooks can be affected by how the public views careers such as occupational therapy and can affect professional prestige. When comparing the interview results of the first year OT students to data collected from the Facebook community, the results are alarmingly similar. Very few people knew exactly what an occupational therapist did, the majority had one accurate description, and some had no idea. Even those who had more accurate depictions were below average in accuracy in what an OT actually does.

A limitation of this study was that the researchers were restricted by time and were unable to go into the local community to find participants. Another limitation is people could have searched the definition of occupational therapy on Google, even though the survey asked

the participants not to search for the definition online. Furthermore, the research question was asked to friends of first year occupational therapy students and thus their previous interactions with the students may have skewed the results.

There is little information on the public's perception of occupational therapy and there should be more research done on how to expand awareness of what an occupational therapist does. This will help occupational therapists become aware of the need to educate the public about occupational services for the general public. The research indicates that most people do not care what occupational therapy is and the researchers hypothesize this is because they do not know what occupational therapy can offer them personally. Spreading awareness of the benefits of occupational services will benefit society. If the benefit information is not well known then we are only limiting our profession. The research we have done should help the profession understand the need for research into this topic so we can create solutions for public awareness. It is apparent that "So you help people get jobs?" is a question that occupational therapists will continue to hear if measures are not taken to improve public knowledge of OT.

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