

GRADUATING PHYSIOTHERAPISTS' PERCEPTIONS OF THEIR CAREER CHOICE

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A survey of 72% of final year physiotherapy students at Cumberland College found that they were very satisfied with their career choice, few considered changing their occupation and changes in students' conceptions of physiotherapy had mostly been in a positive direction. They said that the most valued aspects of their career choice were the opportunity to accomplish something worthwhile, the friendliness of the people they worked with, and the opportunity to develop skills and abilities. Few students planned to leave the workforce but 69% hoped to be employed part-time during early childrearing. Some implications of such anticipated work patterns are discussed.

While there have been numerous studies of career selection, satisfaction and aspirations within the medical profession (Bloom, 1973; Simpson, 1972) there has been little investigation of other health professionals such as physiotherapists. This may be partly due to the fact that the therapies tend to be perceived as occupations rather than professions (Pavalko, 1971) and the comparatively low status of these predominantly female professions (Mathreson, 1975; Touhey, 1974; Yerxa, 1975). Matheson (1975) argues that people within the therapies are often perceived as lacking the commitment, motivation and autonomy of professionals and suggests that one antidote to such misperceptions is the development of a stronger sense of professional community and common identity within the therapies. Knowledge of one's fellow professionals is a necessary element in such a sense of identity, yet research into the characteristics of Australian physiotherapists has been very limited (Irving and Foreman, 1979) and some of the conclusions drawn are questionable. For example a report by the Department of Labor and Immigration (1975) suggested that physiotherapists have low career commitment as evidenced by the indecision of many professionals regarding their career plans and the very high wastage of trained personnel. Forecasts regarding the future of the profession were made using these data. Recent changes regarding women's role in society however, have been associated with increased career commitment among first year physiotherapy students (Nordholm *et al*, 1978).

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The aim of the present study was to explore final year physiotherapy students' perception of physiotherapy as a career. How satisfied are they with their choice, what factors influenced their career selection, how realistic were their original perceptions of physiotherapy, how important are various aspects of their work to them, and what are their career plans and aspirations?

METHOD

Questionnaires were distributed to final year physiotherapy students during the final two months of their course. These students were the first group of degree candidates in physiotherapy to graduate from Cumberland College of Health Sciences. As students were on clinical placements at the time of the survey it was not possible to ensure that all students received questionnaires, received them at the same time or were reminded to return them. Nevertheless of the 103 female final year students 74 (72%) returned questionnaires and of the 7 male students 5 (71%) returned them. Males' and females' responses were analysed separately as the career aspirations of male students in the health sciences have been found to be significantly different from those of female students. (Westbrook *et al*, 1979).

The instructions on the questionnaires were:

"We are interested in finding out how students choose their careers and what particular aspects of the profession are important to them. This information which we ask you to fill out in the present questionnaire will be useful both for the development of courses in the profession and for student counselling. We assure you that your answers will be strictly confidential. No information other than in summary statistics will be made public or given to the school."

The questions asked are reproduced in Table 1. Item 5 was derived from a survey on work attitudes carried out among readers of "Psychology Today" (Renwick and Lawler, 1978).

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RESULTS AND DISCUSSION

While the responses of male students are reported as a matter of interest it should be emphasised that the size of the male sample is very small and that it would be inappropriate to generalize these results to all male physiotherapy students. Consequently we have limited our discussion to a consideration of the female students' results.

The reasons students gave for selecting physiotherapy as their career are shown in Table 1. The popularity of the response "I always wanted to do it" suggests that the students were attracted to their career comparatively early and were unable to recall factors which influenced their choice. Compared with female students in occupational therapy, speech pathology, nursing and medical record administration (Nordholm and Westbrook, 1979) female physiotherapy students were more likely to attribute the reason for their career choice to "I always wanted to do it" or the influence of a friend or relative in the profession. This is perhaps not surprising as physiotherapy is a comparatively larger and longer established profession than most of the others studied. Physiotherapy students were much less likely than the other groups of students to say that they were influenced by a vocational counsellor or selected their occupation as a second best choice.

The answers students gave to question 2 regarding satisfaction with their career choice (see Table 1), indicate that at the completion of their training these graduates were very satis-

fied with their selection of physiotherapy as a career. They were among the groups of health students who expressed the highest career choice satisfaction (Nordholm and Westbrook, 1979). When rating the degree to which their ideas of what work in their profession involves, the female students gave a mean rating of 4.6 and the male students a mean rating of 6. Physiotherapy students' ideas of their work changed less than those of students in other health professions (Nordholm & Westbrook, 1979). Thirty-three female students made comments indicating how their ideas had changed. Three quarters of these comments indicated surprise that physiotherapy was applied in so many areas of medicine and that there were so many possibilities for professional practice e.g. "I was surprised that physiotherapists worked in such a variety of different and fascinating areas". Eight students found the course more complex and difficult than they had expected, acquiring the necessary skills in physiology, anatomy, electrotherapy and interpersonal relations being cited, for example "I was sadly misinformed as to the degree of theoretical scientific knowledge expected". Four students commented that they were misinformed about the conditions of work, salaries and status of the profession (one was surprised that its status was so high and another that it was so low). Thus most of the changes of perception were favourable ones. They suggest that the popular idea of physiotherapists' role is too narrow a one even among incoming students.

TABLE 1

QUESTIONNAIRE ITEMS AND STUDENT RESPONSES:

1. How did you decide on your occupation?
 - () One of my parents was in the same occupation. (Females 3%, Males 0)
 - () A close friend or relative was in the same occupation. (Females 16.4%, Males 40%)
 - () A guidance counsellor or occupational counsellor suggested it. (Females 4.5%, Males 0)
 - () I always wanted to enter it. (Females 49.3%, Males 0)
 - () It wasn't the occupation I originally wanted to enter, but I couldn't get into the occupation of my choice. (Females 7.5%, Males 0)
 - () I happened into it without any deliberate thought. (Females 19.4%, Males 60%)
2. All in all, I am satisfied with my career choice.
 - () Strongly disagree (Females 0, Males 0)
 - () Disagree (Females 1.4%, Males 0)
 - () Slightly disagree (Females 1.4%, Males 0)
 - () Neither agree nor disagree (Females 1.4%, Males 0)
 - () Slightly agree (Females 2.7%, Males 0)
 - () Agree (Females 45.9%, Males 60%)
 - () Strongly agree (Females 47.2%, Males 40%)

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3. To what extent have your ideas of what work in your chosen profession involves changed since you started your course?

Not at all Very much
 0 1 2 3 4 5 6 7 8 9 10

If your ideas have changed at all, specify what these changes have been.
 (Female mean rating = 4.6, Male mean rating = 6)

4. How likely is it that you will change your occupation in the next five years?
 Not at all likely (Females 59.4%, Males 40%)
 Somewhat likely (Females 32.4%, Males 60%)
 Quite likely (Females 6.8%, Males 0)
 Extremely likely (Females 1.4%, Males 0)
 If you think there is any likelihood that you will change your occupation, what kind of change do you anticipate?

5. How important to you is each of the following aspects of your career choice?
 Circle your answers.

	Importance					<i>Mean Female Rating</i>
	<i>Not at all important</i>		<i>Moderately important</i>		<i>Extremely important</i>	
A. The respect you receive.	1	2	3	4	5	3.63
B. The friendliness of the people you work with.	1	2	3	4	5	4.58
C. The opportunities to develop your skills and abilities.	1	2	3	4	5	4.49
D. The chances you have to accomplish something worthwhile.	1	2	3	4	5	4.61
E. The amount of information you get about how well you are doing your job.						3.97
F. The amount of pay you will get.	1	2	3	4	5	3.65
G. The amount of job security you will have	1	2	3	4	5	3.65
H. The physical surroundings of your job.	1	2	3	4	5	3.50
I. Your chances for getting a promotion.	1	2	3	4	5	3.04
J. The chances you have to take part in decisions.	1	2	3	4	5	3.62
K. The amount of freedom you will have on your job.	1	2	3	4	5	3.96
L. The resources you will have to do your job.	1	2	3	4	5	3.88

6. Assume that your chosen field has the three levels of occupational status listed below. Please mark the one you realistically aspire to achieve.

Executive leader position (scored 1)
 Intermediate supervisory position (scored 2)
 Basic training position (scored 3)
 Female mean = 2.08, Male mean = 2.00

7. Check the alternative which most accurately describes your career plans. (Females only)
 a. I intend to be a career woman. I would not consider giving up a career for marriage (1.4%)

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- () b. I may get married eventually, especially if I don't have to give up my professional career. (6.8)
 - () c. I plan to have a career. But I also plan to marry and have children, while working in my chosen field. (17.8%)
 - () d. I am completely undecided whether I want a career or marriage or both. (6.8%)
 - () e. I plan to prepare myself for a career and will probably work in my chosen field after I am married. However, I expect to interrupt my career when children arrive although I may return to my career after they are grown or at least in school. (67.1%)
 - () f. I expect to get married and do not plan on working in a career at all; but I hope to be qualified, through my studies, for a job in case my marriage plans don't work out. (0)
 - () g. I definitely do not expect to work in any professional job after my college studies are completed. (0)
8. Ten years from now, would you like to be: (Females only)
- () a house wife with no children. (0)
 - () a house wife with one or two children. (6.9%)
 - () a house wife with three or more children. (4.2%)
 - () an unmarried career woman. (0)
 - () a married career woman without children. (2.8%)
 - () a married career woman with children, working part-time. (69.4%)
 - () a married career woman with children working full-time. (4.2%)
 - () have not thought about it. (12.5%)

The majority of students were not contemplating any change in occupation. Their responses to the options in question 4 are shown in Table 1. Twenty five students gave some indication of the changes that they contemplated but these were rather vague compared with responses given by students in other health sciences (Nordholm & Westbrook, 1979). Four students just wanted to "do something different" and 4 wanted to work in related health fields, 3 wanted outdoor work for example, farming, 2 wanted to travel, 2 wanted to study art, 2 wanted to pursue other studies, 2 wanted to be missionaries, 1 wanted to coach athletics, 1 wanted to study computing and 4 students specified having a family as a change in occupation. Compared with students in other health sciences physiotherapy students were among the groups least likely to be contemplating change.

Answers to question 5 indicated how important the students regarded different aspects of their work as physiotherapists. The mean rankings assigned by the female students are listed in Table 1. The students regarded the chance one has to accomplish something worthwhile as the most important aspect of working as a physiotherapist. This was followed by, in decreasing order of importance, the friendliness of the people you work with, the opportunity to develop your skills and abilities, the amount of information you get about how well you are doing your job, the amount of freedom you will have in your job, the resources you will

have to do your job, the amount of job security you will have, the respect you receive, the chance you will have to take part in decisions, the physical surroundings of your job, the amount of pay you will get and your chances to get promotion. When the relative importance of these aspects of work for the physiotherapy students is compared with the responses given by the readers of the American Journal, "Psychology Today" (Renwick and Lawler, 1978) there is considerable similarity in the responses given by the two groups. Those aspects where the groups differ by more than two ranks in their responses are "the friendliness of the people you work with" (rated by the American sample as tenth in importance) and "the respect you receive" (considered to be fifth in importance by Americans). Renwick and Lawler found that there is a marked discrepancy between what people value in their work and what they actually encounter in the work situation. This may also occur among physiotherapists.

The mean score of female students for level of career status aspirations was 2.08 and of the male students was 2.00. Most students hoped to achieve intermediate supervisory positions in their profession and only one student (a male) hoped to achieve an executive leadership position. This failure of female students to aspire to high status positions is characteristic of all health science groups (Nordholm *et al*, 1978; Nordholm and Westbrook, 1979) but it is heartening that only five physiotherapy students had no ambitions beyond a basic training position.

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Answers to the questions concerning female students' future plans (see Table 1) indicated that almost all have long term commitment to their careers as physiotherapists but most anticipate some interruption will take the form of part time employment. Firm full-time career commitment was expressed by 26% of the students who checked options 'a', 'b', or 'c'. Option 'e' indicating interrupted career commitment was selected by 67.1% of students. Few students were undecided concerning their plans and none indicated lack of career commitment by checking options 'f' or 'g'.

Question 7 examined students' career commitment in terms of their hopes for ten years hence. Most students (69.4) hope to be married with children and working part time; 7% anticipate working full time as married career women either with or without children; 11.1% of students anticipate that they will have withdrawn from the workforce at least temporarily because they have children and 12.5% have not thought that far ahead.

The results indicate that graduating physio-

therapists are very satisfied with their career choice. They entered their training with a fairly accurate, though too narrow a conception of their profession and few seriously contemplate leaving. Graduates hope to achieve medium status positions as physiotherapists. Their career commitment is long term and greater than that forecast in the Department of Labor and Immigration (1975) projections. However most female students hope to combine marriage and a career, and to work part time while their children are young. The stresses of maintaining such dual careers are numerous (Mackie and Pattullo, 1977; Mathewson, 1974) and have serious implications for the status of a profession (Mathewson, 1975). Mathewson (1975) argues that by increasing their awareness of such problems, members of a profession may provide greater psychological support for each other, work to achieve social changes supportive of such work patterns (e.g. greater opportunities for part time employment, flexible working hours) and take action to have such dual and interrupted career patterns accepted as serious professional commitments.

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