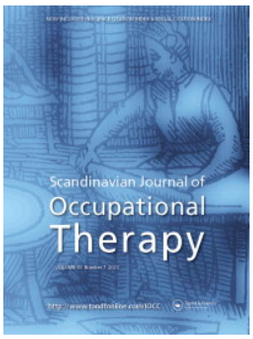

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RESEARCH ARTICLE

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Occupational therapy gender imbalance; revisiting a lingering issue

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ABSTRACT

Background: Recently, it has been suggested that gender disparity in Occupational Therapy has to do with segregated gendered job norms that position female dominated professions as a 'step down' for many males. Interestingly, this suggestion was not underpinned by experiences of males in the profession.

Aims and Methods: Thirteen male Occupational Therapists with a variety of backgrounds were invited to this Round Table research, focussing on the broader issue of the existing gender imbalance in Occupational Therapy.

Results: Two themes emerged: '*The core values of the profession*', and '*Broadening the scope of the profession';* none of them suggesting that male/female imbalance was necessarily the most pressing issue.

Conclusions: A gender-unrelated approach to everyday problem-solving was put forward to achieve increased diversity in Occupational Therapists' backgrounds, better reflecting the people they serve. By broadening the scope and the way the profession is presented, and encouraging innovative and more entrepreneurially driven approaches, diversity in the workforce could be further facilitated. These findings are discussed within the context of 'The mutual constitution of cultures and selves' model.

Significance: Diversity in the Occupational therapy workforce could be further facilitated with a shift in focus away from the male/female perspective to an intersectional approach.

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Core values; diversity; gender disparity; intersectionality; male/female; OT profession; scope of OT; workforce

Introduction

The proportion of males[1] in Occupational Therapy (OT) in Western countries stubbornly sits around 10% [1]. Female OTs constitute on average 89% of the Western workforce (SD 8; median 90%, IQR 9), so gender parity in the profession is a lingering issue [2]. It is a slightly different story in other geographical contexts, for example in some Asian countries, where one quarter are male (Asia on average 74% females in OT, SD 22; median 75%, IQR 16), and in some African countries where the corresponding numbers are 62% females in OT, SD 27; median 60%, IQR 12, but the pattern of OT being a female profession is nonetheless clear on a global scale (78% female on average, SD 22, median 85, IQR 12) [1].

The history of gender parity in OT has arisen as a concern, most notably in North America. Coleman [3] has attributed the absence of men in the profession during the first quarter of the twentieth century to recruiting practices targeting upper-class highly educated women from the arts, teaching, social work and nursing touting OT practice as a '*New Way for Women*' (p. 743). These strategies were likely not intentionally exclusionary, rather they reflected Western societal views of gendered norms at that time [4]. Nonetheless, men slowly began entering the profession towards the middle of the century, though

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by the 1960s comprised less than 4% of membership in the United States of America. According to a 1970 survey of male OTs, difficulties with recruitment along with attrition due to low salaries appeared to limit an increasing proportion of male OTs [5]. Rider & Brashear's [6] comprehensive survey of men nearing the end of the twentieth century indicated men comprised just 5.1% of the OT workforce. Their study offered reasons men chose for entering the profession, including opportunities to work with people, job security and job availability. Even at the start of the twenty first century, the opportunity to help people remains a leading reason men and women offer for entering the profession [7]. Unfortunately, survey research has predominated this area of study and the stories of male occupational therapists are lacking.

Whilst this and other research on male/female - henceforth gender - parity in OT is scarce, largely focussing on North America and mostly outdated [2], it suggests that while males tend to be underrepresented in OT, and in some other allied health professions, their career progressions seem to be faster and steeper than those of females in the same profession; a phenomenon labelled by Williams as 'The Glass Escalator' [8]. However, Williams acknowledged that it is not as simple as a gender issue, as the intersectionality of race, sexuality and class needs to be added to the gender inequality discussion. It has also been suggested that gender stereotypes might systematically '…*push*…' (p. 141) men up the career ladder [2], contributing to males in female dominated professions being allocated to tasks with more traditional male stereotyped roles, such as being physically strong or taking on leadership [9]. Recently, Beagan and Fredericks argued that gender imbalance in OT in a Western context is not based on structural barriers leading to inequity and injustice concerns, indirectly causing recruitment problems. Instead, they claimed that gender disparity in OT has more to do with segregated gendered job norms that position female dominated professions as a 'step down' for many males [2]. They concluded that *'Broader challenges to traditional gender norms are needed, but there is no evidence that gender parity is an equity concern or that recruitment targeting masculinity would make a difference'*. (p. 137). They also argued that this was not unique for OT per se, but systematic in gender segregated jobs in a Western context, where women also tend to earn less than their male counterparts. This is in detail described by Beagan and Fredericks [2]. However, the authors [2] acknowledged the fact that their arguments were not underpinned by actual experiences of males in the OT profession.

Aim and methods

The present brief 'Round Table'-format [10] research took its point of departure in this knowledge gap. Whereas the knowledge gap highlighted by Beagan and Fredericks [2] thereby served as inspiration, the current study had the broader aim of accomplishing a deepened discussion of gender imbalance in OT that involved perspectives of male identifying OTs with a variety of experiences from across the world.

The present study comprised of three phases. It started with an iterative process in Phase 1 with a subgroup of three male OTs, (a clinician in the field of Orthopaedics, the 2nd and last authors) identifying gender imbalance issues from an undergraduate/postgraduate, clinical and research perspective. This subgroup was also originally part of the steering group planning, monitoring and evaluating an 18-month guest professorship in OT. The subgroup was spontaneously formed to allow free flow thinking about what they had identified as problematic being of the under-represented gender in OT, using a consistent format.

Phase 1

Three initial issues were elaborated on in the following format:

What is the problem?

Why is this a problem?

How can it be solved?

The *How*-question was put in place to provide opportunities for 'blue sky'-thinking and generating ideas, rather than to ask for evidence-based solutions to the presented problems. The initial meeting identified the following three gender disparity issues in OT:

> Issue I, *What* is the problem? Potential male students get few (or no) male role models or examples to make OT attractive, neither regarding male OTs in the workforce or OT academia, nor with regard to activity and participation interventions.
>
> *Why* is this a problem? Over the last 3–4 decades the share of male students (and in the workforce) remains steadily on 10% or less, making it a continuously gender imbalanced profession, which in the long run may have negative consequences for the 'end-users'/patients/clients.
>
> *How* can it be solved? Let male students, clinical OTs, OT academics, and 'end-users'/patients/clients be over-represented in any type of marketing and

recruitment materials. Bring forward the idea of OT being a problem-solving profession, dealing with human every-day problems.

Issue II, *What* is the problem? Male students who have just taken up their undergraduate OT studies need reaffirmation of their choice to mitigate possible issues with being a vulnerable minority.

Why is this a problem? They might not finish their OT studies, switching to more male-oriented programs, which counteracts any marketing and recruitment efforts.

How can it be solved? Early in the program include male OTs, both clinically and academically active, as teachers and talk about why they chose to study OT, again framing it from the aforementioned problem-solving perspective.

Issue III, *What* is the problem? While a lot of OT interventions targeting daily activities and participation may be gender neutral, some are not. If OT students are not exposed to - and trained within - such meaningful occupations they may not be as successful in their future problem-solving.

Why is this a problem? Not only will it be frustrating shortcomings for the future OTs in their clinical practice but, importantly, it will affect some of their male clients/patients in a negative way.

How can it be solved: Use male OT clinicians and academics in the undergraduate program and talk about male perspectives within the profession, both regarding clinical interventions and outcomes, and in future academic progression. Attract male students to go on and study OT Master programs, by for example, engaging current male Master students to talk about their perspectives on why choosing to go on with their studies. The very same reasoning applies to doctoral studies in OT.

The steering group suggested to expand the discussion, mostly to explore whether any of these or other issues still occurred. It was within that context that the 1st author suggested inviting male OTs from various parts of the world to discuss the topic from their multicultural perspectives and perceptions. Drawing upon elements of focus group methodology [11], the Round Table format was chosen as an efficient way to accomplish a deepened discussion of gender imbalance in OT involving these international perspectives. The Round Table format [10] utilises group dynamics and fosters engaging, stimulating and creative conversations where all participants contribute on equal terms regardless of background or experience. After the method was chosen, the steering group embarked on Phases 2 and 3.

Phases 2 and 3

In Phase 2, these three issues, including the 'why' and 'how' reflections from Phase 1, were firstly distributed to senior researchers within OT and Occupational Science who were given opportunities to provide feedback and comments regarding the issues. After revision, these three issues were sent to purposefully selected male OTs believed to be information-rich cases [12]. They were identified by a nomination group composed by male and female university lecturers, clinicians and students ($n = 10$), including the three OTs who formulated the issues in Phase 1 plus senior researchers at Lund University in Sweden, together having a variation in experience and perspectives. This nomination group endeavoured to identify male occupational therapists with a reputation of being clinically and academically skilled experts, as indicated by research records, pedagogical merits as well as clinical experience, and were expected to be information-rich while also having geographical and ethnic variation in their experiences. Thirteen experts with experiences from eleven countries across six continents were identified and invited to round-table discussions. They were informed that by agreeing to participate the data provided would be used for the present study. Ten of these responded and actively took part in two sessions (Phases 2 and 3) thereby providing their informed consent to the study. Their Phase 2 task was to react to issues I-III above in writing, while also being prompted to add at least a fourth one, using the same format. They were given two weeks to complete the task, but for those who needed more time, late submission was accepted. The participants' demographics are presented in Table 1.

The eleven countries mentioned in Table 1 have a representation of 79% female OTs on average (SD 18, median 88, IQR 3) [1], with Italy, Japan and Kenya below average according to WFOT.

The one-hour long group video link interviews in Phase 3 were based on the written feedback provided in Phase 2. Based on geographical location, three group interviews were carried out across 15 time zones, in order to gather the information from the ten international OTs. The on-line platform hosting the group interviews allowed recruitment of a nuanced demographic and geographic sample of OTs [13]. Starting off broadly, the interviews were structured to move on to more in-detail discussions about the three issues

Table 1. Demographics of the 13 experts, including the three OTs (shaded grey) present in all three Phases. All gave their informed consent to participate.

Country of OT practice/study	Additional country OT experience	Field of OT work/research	Years of experience
Australia	USA	Lecturer, PhD, emotional intelligence	30
Brazil		Human Rights of people with disability, Senior leadership OT	18
Sweden		Adults with physical disability, Sexual health	21
Norway	Palestine	Associate Professor, President of OT Union and OT Association, political lobbying and international collaborations	42
Sweden	USA	Dean, Professor, Measurement, Dementia	34
USA	Kenya	Professor, psychosocial rehabilitation, long term care, acute rehabilitation, subacute rehabilitation, OT theory development and application	37
USA	Japan	Meaningful activities, Military veterans, Sleep	30
Ireland		Clinical Practice, Student Practice Education	12
Sweden	USA, Japan	Teaching, research, and academic leadership	27
Australia	Sweden	Disabilities, autism, social integration, management and start up industry	9
Australia	Sweden	Professor Emeritus	38
Sweden		Undergraduate OT student	3[a]
Sweden	Brazil, Italy	Master student / Community service	9

[a]As student.

described above and the added ones from the ten participants in Phase 2. However, the participants largely guided the on-line interviews with their input, with the facilitator (last author) mainly making sure that everyone was given a chance to provide input on each topic. The interviews were recorded, and the 1st author took notes throughout the discussions, subsequently summarised and condensed for each of the three interviews. Thematic analyses were made collectively by the 1st, 2nd and last author and sent out to the interviewees and co-authors for feedback and suggestions, in order to strengthen the dependability.

The written feedback from Phase 2 and the verbal feedback from Phase 3 reconfigured the issues at hand, by broadening the scope to look at diversity in the OT profession, chiefly reflecting the diversity of clients that the profession serves. Such a broadening of the scope would not only impact recruitment and retainment (Issues I and II from Phase 1), but also the way the profession is marketed based on its core values. At the heart of the reactions and discussions were the following two themes that related to the gender imbalance issue, diversity across the OT profession, and the recruitment, retainment, and marketing of the OT profession:

a. The core values of the profession
b. Broadening the scope of the profession

These two themes will serve as structure for the presentation of findings.

Findings

The core values of the profession

Several participants brought the discussion to the core values of OT, stating that the issue may not be gender imbalance per se, but the way OTs perceive and, consequently, promote the profession. Indeed, some OTs might not identify themselves of any gender. The idea that men represented a '*…vulnerable…*' minority, as suggested in Phase 1, issue II was generally discarded. One participant addressed the importance of the core values in the context of gender imbalance as:

> *…[OT's] fundamental role is to help people spend their time in occupations that matter in the sense of helping them make their lives ultimately meaningful. This is what we should be emphasizing, and this is a message that can attract men as much as women into the profession.*

Several participants stated that '*…there's no point in trying to create gender specific marketing messages*', supporting the notion that the profession needs to attract persons of any background and gender who are '*…curious about how we can assist humans to achieve their potential*', and '*…who want to live and breathe [OT's] core ideals and values*'.

The idea of OT being a problem-solving profession of complex human everyday barriers to participation in meaningful occupation was repeatedly raised and supported. The focus when presenting OT externally should therefore be less on 'what' OTs do, but more on 'why' they do it. One participant clarified that:

> *…occupations that I use in treatment are individualized to the needs of the person with whom I am working. They are not male or female.*

Male role models were thought to be less of importance by some, where one participant stated that '*… [OT core] messages DO NOT [sic] need to be delivered by males. If a male [sic] needs to remain in the profession by only hearing male voices, then this is not*

the reason …to stay'. Indeed, the importance of male role models was disputed explicitly by some, illustrated by this quote:

> *I am not sure that a male occupational therapist would necessarily be more of a 'role model' than a female occupational therapist for a male student or practitioner.*

There was also the worry about '*…reifying gender stereotypes by pitching to socially constructed maleness*'. Instead, a more intersectional approach was put forward as a solution to increase, and thereby, celebrate diversity in the profession.

However, the lack of male role models was an issue for some. For example, '*…relocating to the [country] was hard, mainly because finding a mentor was not easy, being a man of colour and male from a non-western country…*', where more than half of registered OTs are male, one participant reported. Another participant pointed out the importance of '*Bringing masculine [sic] milestones into the historical fabric of the profession…*', in order to change the gender distribution in students and the profession.

Broadening the scope of the profession

Drawing on the core values of OT, a broadening of the scope of the profession was put forward by the participants. The core value of 'meaningful occupation' was coupled with '*Broadening and strengthening the role of occupational justice*'. The notion of a gender-unrelated approach to everyday problem-solving was generally accepted as a way forward to mitigate occupational injustice, which inherently meant that the OT profession must keep up to date with modern everyday life, be it their patients'/clients' work or domestically related lives. One participant stated that OTs should: '*Not [be] limiting the profession to domestic occupation*'. IT technology and innovation were put forward as examples:

> *OTs are not great at technology…the whole [OT] industry is far behind in using technology and innovation.*

With increased migration in many countries, cultural diversity in the people the profession serves may push OTs' understanding and sensitivity into previously unchartered territory. In fact, different cultural backgrounds was generally considered more important than that of OTs' gender; *For instance, being an Asian woman with a disability in a context of predominantly Caucasian women might bring forth more feelings of vulnerability than being a Caucasian male in the same context.*

It was raised that in ICF terms [14], OTs will have to expand their knowledge not only in the Environmental factors' domain but also in the Personal factors' domain. Regarding these knowledge demands, a concern was expressed whether:

> *…OT programs are preparing the best practitioners… graduate programs preparing the best scholars…and together with professional organizations…local communities…their politicians are capable of identifying and shaping better lives for those most in need.*

Multiple times, the issue around recruitment of OT students was raised, where in some countries the entry grades of students admitted to the OT programs were dropping. The quality concern of graduating OTs was also set into the context of the OT programs, that need to be up to date to prepare the students for a professional practice beyond what might currently be the 'state of the art'. One participant stated that the OT programs in his country were not '*… holistic enough*'.

The idea of targeting male prospective students was mainly disregarded in favour of identifying students who were interested in '*…developing long-term, therapeutic relationships with individuals, families and communities…[and]…who love to listen to other people's stories about their lives*'.

The status of the profession in different countries was mainly discussed in Phase 3. One issue put forward was the option to open private businesses as OTs, where the possibilities varied widely across the countries the participants represented. It was assumed that in countries where this was more common it may attract people into the profession with an '*… entrepreneurial mentality…*', which in turn will add to diversity in the profession. Another way of changing the status of the profession was to increase the advocacy for it. This could be done via unions, political stakeholders, and by marketing it with celebrities on the receiving end of OT and offerings of attractive study environments.

Regarding study environments, university fees were by many participants deemed to prevent true diversity in student recruitment, as many from different cultural backgrounds may simply not be able to afford enrolling in a university OT course. The advocated solution was clear: '*…simply need to reduce fees and make universities more accessible…*'.

Discussion

Drawing upon previous findings, the present Round Table research did not confirm that the imbalance between females versus males was necessarily the most pressing issue for the participants in this study. However, it is relevant to note that social and economic disparities that arise in segregated employment situations, such as when a profession is perceived as feminine, can be an important topic that needs to be discussed. As has been reported previously, the socially constructed perceptions of a job as 'masculine' can be subject to gender re-segregation, in which remuneration and status decline as more women enter work that has traditionally been dominated by men [2,15]. Yet, it is not as likely that wages and status will rise as rapidly if men go into work traditionally dominated by women. Moreover, even when quotas are introduced and strategic recruitment to facilitate a more even distribution of men and women in professions are put into practice, gendered stereotypes can persist [16]. Continuing to reflect on an insufficient amount of diversity in terms of men and women in allied health professions such as OT, it is imperative to also learn from other professions and be careful to not fall into the trap of inclusive recruitment rhetoric satisfying definitions by numbers [2], while potentially missing what actually matters [17].

Based on the present roundtable discussion, a gender-unrelated approach to everyday problem-solving was suggested as the way forward to achieve better diversity in OTs, so they become representative of the people they serve, now and in the future. By broadening the scope and the way OT is presented, and encouraging an innovative and more entrepreneurially driven approach, diversity in the workforce could be facilitated. In general, participants were uncomfortable with suggestions that could underpin male/female gender stereotyping. Rather, future recruitment into the profession should be done with core values of OT in mind.

Regarding OT training in a variety of activities (Issue III from Phase 1), previous research has indicated that OTs may be *'Doing gender…'* with their clients (page 331) [18], i.e. an understanding of gender as a social construction and not as a biological sex difference [19], whilst being largely unaware of doing so. Several suggestions were put forward on how to broaden the scope of the profession and professional training to mitigate this problem. It should be noticed, however, that the participants' suggestions in the present study were merely drawing upon an intersectional view of the issue, rather than a male/female approach, very much in line with previous research [2,8].

Further reflecting upon the present study, the findings may be set into the context of 'The mutual constitution of cultures and selves' [20] model, describing a dynamic multi-level transaction including cultural institutions, products, and social factors in a cyclic manner. Given the idea of strengthening the core values and broadening the scope of OT to create a more diverse professional culture, interventions may benefit from this multiple level perspective. For example, a more proactive advocacy for the profession through unions, political stakeholders, and celebrities would be impacting on several levels. That means that OTs must not only base their practice on core values and beliefs that are unique to the profession, they must also develop a consciousness as political beings [21]. Because occupational participation is dependent on allocation of suitable resources, and distribution of those resources is a political activity that is based on power distribution, advocacy demands that OTs be aware of power differentials within society and how those disparities affect the ability to meet the needs of their clients, irrespective of gender.

Another point of discussion is the status-disparity of Occupational Therapy's and Occupational Science's ability to be explanatory in how human reality and societal conditions are constituted in the light and aim of attracting prospective students compared to other fields of health education. The linkage between these two sciences and their level of influence and status in societies, in research and in education, may explain their popularity as a study option. The challenges of attracting top-tier students, as indicated in the findings, may be closely linked to the interplay between the societal value of OT-services and the value of OT and Occupational Science as two fields relevant of addressing and influencing societal and health-related needs.

Drawing upon theme B, 'Broadening the scope of the profession', the participants raised the problem of connecting the 'what', 'why', and 'how' in promoting the values of *meaningful occupations* and *occupational justice* in clinical practice and in external promotion. A bridging perspective on how these three levels correlate may be 'meliorism' [22], which is a philosophical belief emphasising everyone's ability to enhance themselves and the world around them regardless of injury, event or disadvantaging circumstances. 'Pragmatism' [22] has emerged as a direction from meliorism pointing out the lived experience as a societal resource and the possibilities for advocacy, social

action, as well as the role of meaningful occupation as a way of transforming a flawed world.

In addition to the discussions of 'how' and 'why', it could be argued that if the 'what' is strong enough, a more powerful narrative to attract prospective students could be created. Drawing upon the 'what' approach, some of the concrete examples discussed by the participants could be used, which is likely a much more powerful tool than promoting the term 'meaningful occupation', a term that might appear somewhat vague to many. Indeed, some core values of OT may exclusively be known within the allied health sector, so promoting the 'why' of something that is not widely known or recognised without a clear and clever marketing of 'what' is unlikely to attract students who are not already informed of the 'why'. If the profession is hoping to attract students from diverse minorities, it should try to target these minorities utilising external market research and by looking towards commercially driven strategies.

Related to theme B 'Broadening the scope of the profession', it could encompass broadening the general views by stronger and more diverse advertisements of the profession. In many countries OT may still be quite an unknown profession to the general public. While this being unfortunate, it also constitutes an opportunity for change by creating 'what'-narratives for new and diverse target audiences. Once a target audience has found interest in the 'what', making the connection to the 'why' and 'how' may be easier.

Lastly, attracting new groups of prospective students into the profession may serve more than one purpose. Besides diversification of students, a narrative that attracts broader groups of students is bound to further increase the number of high-performance students in OT.

The findings and conclusions of the present study should be understood with several caveats. A complex issue such as gendered OT must be illuminated from different perspectives. The male one addressed in this study makes only one of many facets, but since gender within OT has previously been addressed exclusively from a mainly female perspective, the current study adds to the scarce existing knowledge on gendered OT. However, prior to any conclusions about this topic, several studies reflecting various views on gender are needed – from male, non-binary and female OTs, as well as from students, clients, other professionals, etc. It is possible that male OTs find gender less important than female in the profession because the males are often in a privileged position in comparison with their female colleagues concerning possibilities for leading positions, wages and general appreciation in the workplace [2,8,23]. In contrast, it is also possible that clients perceive gender to be an important issue for them, which has been indicated for example among people with mental health problems [24].

Importantly, it should be acknowledged that this study only addressed male OTs' views of gender imbalance at a narrative level. It did not aspire to analyse gendering structures in society, nor within the health care system. Given this, the present research has several further limitations. Firstly, issues I-III in Phase 1 were identified based on personal experiences by a small subset of the authors, rather than being underpinned by facts. However, they set the foundation for Phases 2 and 3, in which they were transformed into the two themes that embraced the multi-faceted discussions among male OTs with experiences from various continents and cultures. Secondly, the selection of participants may be discussed. It was based on personal contacts of OTs across the world and thus not representative of male OTs in general, nor of any particular group of male OTs. However, representativity was considered subordinate to information-richness in this study [12]. Thirdly, the Round Table approach may be questioned as to whether it is the most effective method to discuss the issue of gender imbalance in OT. It was chosen over traditional focus groups as the participants were spread over numerous time zones and the data collection took place during a pandemic. Lastly, the study was limited to a male perspective on gender diversity. This makes conclusions regarding gender disparity in the OT profession precarious. Inquiring about female, and non-binary perspectives would therefore be an important next step. Mixing men, women and non-binary OTs in joint focus groups could be another way of deepening the discourse regarding gender disparity. The male authors of the present study want to acknowledge their possible privilege through the 'Glass Escalator' [8] in the female-dominated OT profession, and in doing so they do not seek to diminish the structural obstacles to parity and equity, for example regarding the pay gap [2], many female OTs continue to experience.

To conclude, the skilled and experienced male OTs who took part in this Round Table inquiry saw gender disparity as subordinate to more pressing issues, such as implementing OT according to its core values and broadening the scope of the profession to reach old and new target groups the profession may serve. This does not make gender imbalance an unimportant issue, however, and other perspectives are likely to

yield other findings. Further research into gender and OT is thus warranted, including how maleness continues to influence OT.

Note

1. Building on previous research, the approach taken in this Round Table report is based on a traditional male/female perspective, here labelled as gender. While a broader account of gender would have been preferred, the study did not aim for that.

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