Undressing the Facts: the Problems Encountered by Male Occupational Therapists

by

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More men are now entering the predominantly female world of occupational therapy. This raises the question of whether gender has any implication for the structure of occupational therapy, particularly at departmental level, and for the individual male concerned. To explore these issues, a third-year student project was designed to identify possible problem areas inherent in being a male occupational therapist. The results are based on 37 postal questionnaires returned by male occupational therapists. Although it was found that there was a high degree of satisfaction with many areas, some problems were encountered in relation to dressing practice, home visits and poor male staff facilities. The conclusion was that there are several problem areas inherent in being a male occupational therapist and that these need to be tackled to prevent them becoming a source of discontent within the profession.

INTRODUCTION

Occupational therapy has traditionally been a female dominated profession. However, there are now clear indications that the number of men within the profession is rising. According to the COT (personal communication), in 1988 there were 126 registered male occupational therapists. Of those, 44 had qualified in 1987 when they had accounted for 6% of those successfully completing training. In the same year, 46 men had commenced training, indicating that this is a continuing trend. What are the professional and practical implications of this? Does it make a difference if an occupational therapist is a man?

To explore these areas, a third-year research project was set up to identify possible problem areas inherent in being a male occupational therapist.

The initial stimulus for choosing this topic was the experiences of one of the male authors as a student, resulting in an interest in the implications of these experiences by the other members of the team. We were unaware of any national working guidelines for men and were unsure whether this was a real problem area or not.

LITERATURE REVIEW

An examination of the literature revealed that men in occupational therapy have been seen as a controversial issue. MacAskill[1] suggested that males were a 'practical problem' when it came to work allocation and highlighted dressing practice with females. This provoked a response from Cathrew[2] who warned that this Victorian approach of sheltering male occupational therapists from such situations should change. He went on to suggest that the persistence of this attitude may result in a breakaway group of male occupational therapists with females being given associate membership!

On a more pragmatic note, Struthers[3] has criticised the poor publicity of occupational therapy aimed at the recruitment of more men into the profession. He suggests that male occupational therapists should sacrifice some of their leisure time to sell the profession at careers conventions and let people see that occupational therapy is a profession for men.

The American literature on the subject also takes a practical theme, looking at pay levels and career developments. Rider and Brashear,[4] for example, in looking at staff wastage, suggest that dissatisfaction with pay levels is one of the important reasons for men leaving the profession. For those men remaining in the profession, they point out that although men constitute only about 5% of total numbers, they occupy a substantial proportion of managerial positions.

Finally, it is worth noting that the position and particularly the attitude towards men is being examined within nursing. A number of articles have expressed the frustration of male nurses who find that it is assumed that they are gay[5] or believe that they are seen merely as muscle power to carry out heavy work and restrain aggressive patients.[6] This comparison with nursing suggests that the role and experiences of men in a predominantly female setting is worth pursuing.

METHODOLOGY

The best people to identify whether there are problems inherent in being a male occupational therapist are obviously male occupational therapists. The difficulty lay in locating them quickly. The Welsh School of Occupational Therapy, in which we were based, held a list of male occupational therapists in Wales, who had qualified at this school. This was expanded from personal knowledge to include other male occupational therapists working in Wales, and supplemented by a convenience sample of those working in England. The latter was gathered from personal contacts and by approaching various district head occupational therapists in England in as systematic a way as possible. Although this was not an ideal method of selecting the study sample, it did result in a list of 45 names. This was equal to a third of the male occupational therapists in post in 1987. As this was an exploratory study, it was hoped that this sample would provide a reasonable cross-section of views and experiences.

A short questionnaire consisting of open and closed questions was developed and piloted on a small number of male

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occupational therapists working locally. The questionnaire worked well, so it was mailed to all those on the list of 45 names.

Although interviews would have been a preferred method of data collection, the time constraint and the geographical spread of the sample precluded this approach.

RESULTS

Of the 45 questionnaires sent out, 37 were returned during the project time, gaining a response rate of 82%. There was not time to send out a reminder to non-respondents.

The sample of returned questionnaires represented a wide cross-section of gradings (Fig.1).

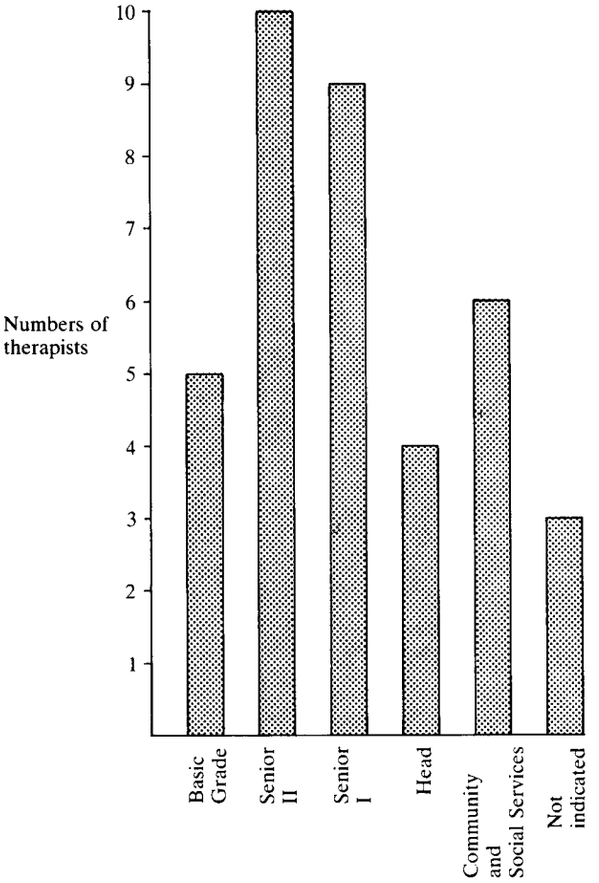

Fig.1. Grades of male occupational therapists taking part in the survey (n = 37).

The age distribution of the respondents showed them to be quite young, with 47% aged between 27 and 32. In terms of marital status, 50% of the total were single, which suggests a recent influx of newly qualified personnel. The majority had been in the occupational therapy service for between 1 and 10 years.

Work activities

A major part of the questionnaire related to work allocation. It is interesting to compare the work experiences of the sample when they were students with their work since qualifying (Fig.2).

From this it is clear that, as students, the respondents had gained a wide range of clinical experience in all areas. However, a noteworthy finding is that, when they were students, 26% of them had carried out home visits with female patients on their own. Variations were found in the number who had worked in certain areas as a student compared with when qualified. Of those who said that they had missed out certain areas as students, Fig.3 indicates the number stating that they had gained experience in that area since qualifying.

It can be seen that home visits accounted for the largest difference in pre-qualification and post-qualification experi-

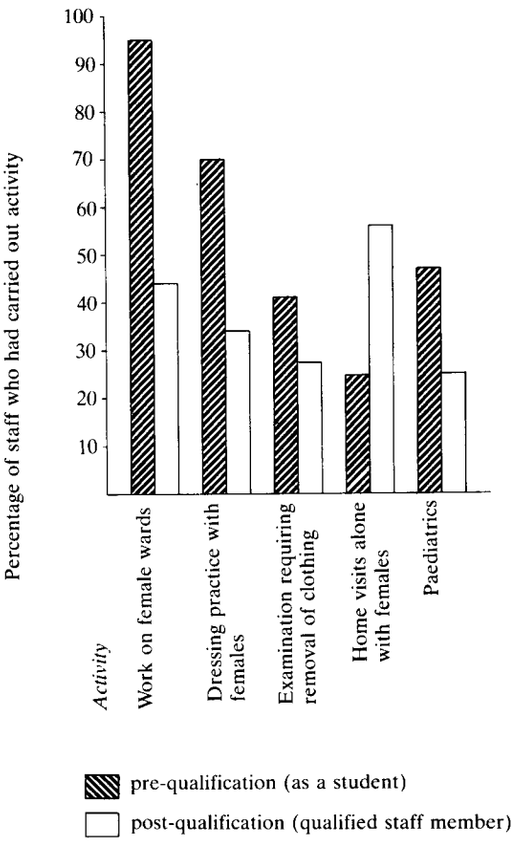

Fig.2. Comparison between pre-qualification and post-qualification activities (n = 37).

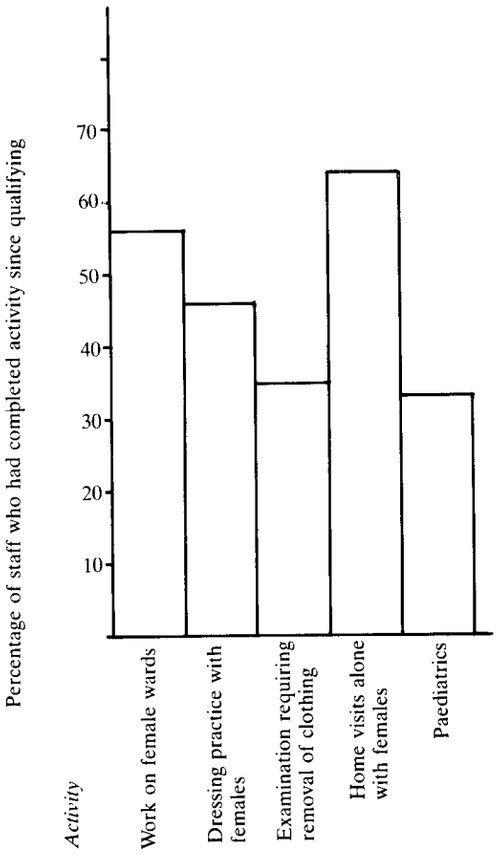

Fig.3. The proportion of staff who had gained experience in the clinical area since qualifying (n = 37).

ence. Paediatrics is also an area where they seemed to have little experience.

In order to add more depth to these numerical findings, respondents were invited to comment on the various clinical areas. There were many comments on problems encountered in dressing practice with female patients and in working on female wards. The majority of these indicated that some patients experienced shyness and embarrassment and there were difficulties when working with victims of past sexual abuse.

Chaperones

The question of having a chaperone present when doing dressing practice was also raised. Of those who carried this out with female patients, 92% said that they were not required to use a chaperone while some said that they had never heard of being chaperoned. Others indicated that they would be angry if this was suggested and felt that acting in a professional, courteous manner removed the need for a chaperone.

In the 8% of cases where a chaperone had been used, this tended to be a female occupational therapy helper or a female member of the nursing staff, and was particularly mentioned in relation to putting on and taking off underwear.

Comments were also made on the examination of female patients requiring removal of clothing. Those who drew attention to this said that they sometimes found it imperative to examine a patient thoroughly to carry out adequate assessment. This was usually done whilst there was someone in the vicinity, such as behind a screen or curtain.

In regard to making home visits with female patients on their own, 56% of respondents stated that they had carried these out unescorted. However, the comments received on this topic ranged from those who said that they worked to a policy of or belief in carrying out home visits with a minimum of two members of staff regardless of sex, to those who, as a result of taking a female patient home on their own, had experienced what they regarded as 'inappropriate emotional reactions' from the patient.

When asked if a female patient had ever refused treatment specifically due to the sex of the therapist, 85% replied 'no'. Of the 15% who had experienced refusal, this was mainly related to the field of dressing practice. However, one person found being a male a definite advantage because it prompted some female patients to stop pretending that they could not dress themselves, which was obvious when they were found fully clothed by the therapist.

A third of the respondents felt that they were shielded from certain working areas as a male student solely due to their sex. Often, clinical supervisors appeared unsure how to handle the assessment of female patients doing dressing practice by a male occupational therapy student. As a consequence, they allocated only male patients to these students, or deliberately placed them in the heavy workshop environment for the entire placement.

Asked if they had been called away from their work to carry out heavy lifting duties or to restrain a violent patient, two thirds said that they had been and were quite willing to be called away. One respondent said, 'I am willing to offer my services readily!' However, some felt that it was more important to work as a team: 'Whoever can do the job does it.' Others were pleased to be asked because they stated that they still believed that some tasks should be done by a man where available.

Facilities

As many departments are staffed wholly by female occupational therapists, the availability of such facilities as male changing areas can be a problem for new male staff. In response to a question on this, the results of our research have shown that there is a definite shortage of specific facilities for men in occupational therapy departments, that is, changing rooms, toilets and lockers. Only 31% of departments in the sample did have such facilities.

This prompted many angry comments. One respondent said that when he was a student he had to go to the public toilets in the hospital to change while there were adequate facilities for the female students within the department.

Representation

A wider issue is whether men feel that their voice is heard through the existence of male representatives on various committees, particularly at a national level. When asked if they thought male occupational therapists were adequately represented within the various committees of COT and BAOT, 41% felt that they were not. However, it appeared that many were unaware of who their national representatives are and so were unable to comment. Some felt that the sex of the candidates did not matter as long as they could do the job.

In regard to isolation within the profession, there was a high agreement by 79% who felt that they were not in any way left out. Of the remainder, some felt that this was a natural feeling, especially during social activities and at large professional meetings where the majority are women. This is highlighted when, for instance, the chairperson addresses the meeting with 'Ladies, oh, and um gentle*man*'. Conversations among female colleagues also tended to be geared towards family and domestic issues and some felt that it was difficult to 'pick out the work-relevant items from the recipes and knitting patterns'.

When asked if they thought that there was a need for a set of written guidelines for male occupational therapists, just over half, 51%, felt that there was and that this would be particularly helpful for male occupational therapy students and their clinical supervisors.

Salary scales and grading structures sparked much comment with 68% who thought that these were not representative of the work involved; the majority felt that, generally, all health care professionals were underpaid. Some felt that the current grading levels were unfair, with basic grade occupational therapists doing the work of senior staff in some instances.

When asked about career plans, 62% wished to progress to management level for reasons such as personal interest, a sense of achievement and, of course, the financial rewards.

One result of great concern was that 28% were contemplating leaving the profession, the majority over the next 3 years. Some felt this was due to dissatisfaction in the career potential for male occupational therapists.

Asked how they felt they were viewed by other health professionals as opposed to female occupational therapists, 58% considered that there was no difference whilst 39% felt that they are viewed 'better'.

A high proportion of the sample believed that there was a need for this type of research project. However, some commented that there were areas left out of the survey, for example, experiences during training.

One point was that some schools have a generally poor attitude towards male students and adopt a 'finishing school' atmosphere. Often the craft activities are female orientated. The findings on the problems for male occupational therapy students on placement would also seem to necessitate further investigation.

On the other hand, there were many comments stating the advantages of being a man in the profession and that the survey tended to concentrate on the negative aspects. Similar criticism was noted from male occupational therapists working in the psychiatric setting who felt that the questionnaire was geared towards the physical ward setting.

Others mentioned the fact that if you are the only male in a unit you often get mothered and smothered by the female members. Some felt that the problems were more widespread and that investigation should be made regarding other predominantly female health care and related professions, such as nurses, social workers and physiotherapists.

Finally, some stated that they did not believe that there was a problem for male occupational therapists in the profession and that a holistic attitude should overcome any prejudices encountered.

DISCUSSION

In any study there are limitations. However, we approached a reasonably sized sample of male occupational therapists and the response rate was so high that the research should give a representative indication of the views of the total population of male occupational therapists.

We were limited to using postal questionnaires instead of carrying out a structured interview due to the restraints of having a 3-week time limit and the practical issues of finance and manpower. However, this is not felt to be a major limitation because the questionnaire produced many spontaneous comments, thus increasing the depth of the survey.

The main issues raised from the research can be discussed under the following headings.

Work activities

The results suggest that students gain a wide variety of experience in all clinical areas. However, when qualified there is a noticeable drop in male occupational therapists working within paediatrics. As expected, home visits increase when qualified, even though 26% of students did actually carry them out on their own. The feeling that clinical supervisors are unsure how to handle these areas for their male occupational therapy students could suggest a need for appropriate guidelines for both the student and the supervisor.

There is an indication that the sex of the student occupational therapist does influence some of the activities undertaken. The implications of this need further investigation.

Management

There are high expectations of the male occupational therapist to reach the top of the promotion ladder. However, there are dissatisfactions regarding management in occupational therapy; for instance, one respondent commented: 'If I ever decide to be a manager, I'll do it in Tesco's and get rewarded for it.' It is also felt that experienced clinical staff strive for promotion to management too early in their career due to the poor remuneration at lower grades.

Facilities

Staff facilities for men are felt to be inadequate at present and will need to be improved with the influx of men into the profession. Occupational therapists are often asked to advise on the planning of new departments and it is hoped that the need for facilities for men would be included at this stage.

Isolation

This was experienced mainly within the context of conversations among female colleagues where it was difficult to identify work-related issues from domestic chitchat. However, as occupational therapy students we have visited many occupational therapy departments on placement and have found the majority to be very close-knit communities. Even the two female students on this research project have, at times, felt isolated because they are not particularly interested in babies and knitting patterns. We feel the majority of female occupational therapists should be aware of, and sensitive towards, their work colleagues.

This research echoes that of Struthers[3] who stated that the recruitment of occupational therapists as a whole needs improving, but for male occupational therapists it is extremely poor.

We would reiterate Rider's and Brashear's[4] suggestion that dissatisfaction of pay levels is the major reason for men leaving the profession. We too found that, although men form only 5% of the profession, a large percentage occupy managerial positions and the majority of those in the lower scales wish to seek future managerial status.

CONCLUSION

This research project has identified that, although most males are happy with their work, there are several problem areas inherent in being a practising male occupational therapist. These include:

— Lack of appropriate departmental facilities
— Hesitancy among some clinical supervisors in allowing male occupational therapy students to carry out certain treatment techniques, such as dressing practice with some female patients
— Poor recruitment and a general apathy of the profession regarding male occupational therapists
— Inadequate financial reward for the work of the occupational therapist in general.

Recommendations

1. The profession should identify and formulate a set of clear working guidelines for procedures such as dressing practice, particularly for male occupational therapy students and their clinical supervisors.
2. Adequate departmental facilities should be provided for male occupational therapists.
3. There needs to be a positive and active recruitment of men into the profession.
4. There should be a continued fight for an enhanced pay structure for all occupational therapists.

Evaluation of study

We have all gained a vast amount of experience in being able to follow through a research study of this type. We were able to work as a team by allocating tasks and learned to discipline ourselves to time and financial constraints.

It was exciting to have such a large response rate and we even developed some interesting follow-up contact points for future job possibilities.

The project certainly sparked much interest from our own college and we were able to deliver a one-hour formal feedback of our findings to our colleagues and lecturers. We all now have a definite appetite to pursue future research studies and feel confident to undertake these on our own. We feel that this particular study is an important contribution to occupational therapy research in terms of its original subject area and the professional way the study was carried out.

Acknowledgements

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