

## CAREER PATTERNS AND ATTITUDES OF RECENT ORTHOPTIC GRADUATES

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### Abstract

*A survey of 1979 orthoptic graduates from Cumberland College indicated that a third had experienced brief unemployment. All had now found professional employment in capital cities. Job satisfaction and professional commitment were high. Career plans frequently included specialisation and advancement but limited further study. Most work problems arose from stressful interactions with patients and other professionals.*

**Key words:** *Orthoptics, health occupations, work satisfaction.*

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While there has been considerable research into the career histories and attitudes of health professionals such as doctors and to a lesser extent nurses and dentists<sup>1</sup> there has been little investigation of the rapidly growing, allied health professions such as orthoptics and the various therapies. As Brown<sup>2</sup> points out, such research is vital for planning orthoptics courses and for gaining information on manpower within the profession. The rapid changes occurring within the profession are apparent in the very different results obtained by a survey in 1973<sup>3</sup> which found that only 52% of orthoptists who responded were practising, a survey in 1976<sup>4</sup> when 72% of respondents were working in the profession and a survey in 1979<sup>5</sup> which found that 79% of respondents were employed. Studies of graduates in other allied health professions such as physiotherapy, occupational therapy, speech pathology and medical records administration<sup>6</sup> have also found greater long term career commitment than had been forecast by the Department of Labor and

Immigration<sup>3</sup> or The Committee on Health Careers.<sup>7</sup> The changing role of women in society, the worsening unemployment situation and new vocational programmes have all been factors which have contributed to changing work patterns in these professions.<sup>6</sup> It is important that members of a profession be aware of these changes and not make forecasts based on the work experiences of older members of the profession which may differ significantly from those of more recent graduates. As Wulff<sup>5</sup> comments, Orthoptics is a young profession with 60% of practising orthoptists being under the age of 30 years.

Knowledge of one's fellow professionals is necessary in developing a sense of professional identity and professional community. Mathewson<sup>8</sup> has argued that the predominantly female allied health professions tend to be perceived as occupations rather than professions and to have comparatively low status. She considers that members are frequently perceived as lacking the commitment, motivation and

autonomy of a profession. To help overcome such misperceptions she argues that allied health professionals need to develop a stronger sense of professional unity as have members of professions such as medicine. She believes that in this way members increase their awareness of each other's problems, are able to support each other and to work more effectively to achieve social changes supportive of their work needs.

The aim of the present survey was to investigate the career histories of a graduating class of orthoptists during the two years following the completion of their vocational training. The first objective was to discover whether orthoptists had had difficulty in finding employment; what type of employment they had found; how satisfied they were with their current work; what stresses they had encountered in their work and whether they anticipated changing their employment. Another aim was to examine orthoptists' longer term career goals; whether they intended to specialise or to undertake further studies and what their ambitions were. Finally the survey explored orthoptists' attitudes towards their profession: were they satisfied with their career choice; had their ideas of this profession changed since graduation; did they support their professional association and what were their attitudes regarding their profession and its role in the health care system?

#### METHOD

Questionnaires were posted to all the orthoptists who graduated from Cumberland College of Health Sciences in 1979, for whom addresses could be obtained. This sample consisted of twelve of the thirteen graduates. Nine orthoptists, 75% of the sample, returned their questionnaires. One letter was returned, "address unknown". The questionnaires were completed in July, 1980, two years after the orthoptists had completed their training.

The items in the questionnaire are listed in Table 1. Some items which appeared in the original questionnaire have been excluded from

this report in the interests of brevity. A covering letter explained the aims of the survey. The questionnaire was anonymous. However, respondents were asked to include their addresses, if they so wished, so that a follow-up survey could be undertaken in several years time.

#### RESULTS AND DISCUSSION

Responses to questions which could easily be categorised are recorded beside the questionnaire items in Table 1. The demographic data (Questions 19-21) indicated that all the respondents were living in a capital city. Almost half the sample were married and one had a child.

All the respondents were currently employed in their profession and they had each occupied an average of 2.7 positions since graduation. In their initial employment after graduation seven were employed as orthoptists and two had worked in non professional positions although both of these were in health settings, e.g., clerical work in a pathology service. Two respondents were still employed in their first position.

Of the twenty-four positions held by the respondents since graduation only two had been non-professional positions. Of the twenty-two professional positions occupied, nine had been full time (over 35 hours a week) and thirteen had been part-time. On four occasions two part time jobs had been held concurrently but in only one instance did this bring the hours worked each week to over 35.

Five (23%) of the professional positions had been in private practices (two locums), eight (36%) had been in sponsored practices, and

TABLE 1

##### Questionnaire Items and Orthoptists' Responses

1. Are you currently employed in the profession you trained for? (Yes 100%)
2. Describe your work history since completing your college training. Include your current job if you have one. If you do not wish to specify the name of the institution where you work indicate a general category, e.g. large city hospital. For each position indicate the type of employment, the institution, the approximate number of hours per week and the length of the employment in months. (Number of positions held: Mean=2.67, Standard Deviation=1.25, Range=1-5.)

3. Overall, how satisfied are you with your current job?  
 Very dissatisfied (0)  
 Dissatisfied (0)  
 Indifferent (0)  
 Satisfied (6)  
 Very satisfied (3)
4. Do you anticipate any change from your current employment within the next five years?  
 Yes 6 No 1 Don't know 2
5. If you answered "Yes" to question 4, what change(s) do you anticipate? (e.g. stop working, change to part-time work, seek new position, etc.). What are the reasons for changing?
6. How many applications did you submit when attempting to obtain your first position?  
 M=11.1 S=11.93 Range=1-40
7. Since completing your college course, have you had any periods of *involuntary* unemployment?  
 Yes 3 No 6
8. If you answered "Yes" to question 7, please indicate the extent of your *involuntary* unemployment, i.e. the number of periods of unemployment and length of each period.  
 Number of periods: M=1, S=0  
 Length of time: M=2.67 months, S=.58.
9. If you have been employed in your profession at any time since completing your college course, please rate how satisfied you are with these aspects of work as you have experienced them working in your profession. Circle your answers.
12. What is the highest level position you aspire to achieve? (e.g. head of orthoptics department, lecturer, member of community health team).
13. All in all, I'm satisfied with my career choice.  
 Strongly disagree (0)  
 Disagree (0)  
 Slightly disagree (0)  
 Neither agree nor disagree (1)  
 Slightly agree (2)  
 Agree (6)  
 Strongly agree (0)
14. To what extent have your ideas of what work in your chosen profession involves, changed since you completed your college course?  
 Not at all Very much  
 0 1 2 3 4 5 6 7 8 9 10  
 M=3.44, S=2.40, Range=1-8.  
 If your ideas have changed at all, specify what these changes have been?
15. Have you enrolled in any study programme since graduating from Cumberland College? If "Yes", specify.  
 Yes 1 No 8

	Satisfaction					Mean	Standard deviation
	Very dissatisfied	Dissatisfied	Moderately satisfied	Satisfied	Very satisfied		
A. The respect you receive	1	2	3	4	5	4.00	0.87
B. The friendliness of the people you work with	1	2	3	4	5	4.33	0.87
C. The opportunities to develop your skills and abilities	1	2	3	4	5	4.22	0.83
D. The chances you have to accomplish something worthwhile	1	2	3	4	5	4.00	1.00
E. The amount of information you get about how well you are doing your job	1	2	3	4	5	3.78	0.67
F. The amount of pay you get	1	2	3	4	5	3.22	0.44
G. The amount of job security you have	1	2	3	4	5	3.67	1.22
H. The physical surroundings of your job	1	2	3	4	5	3.56	1.01
I. Your chances for getting a promotion	1	2	3	4	5	3.78	0.97
J. The chances you have to take part in decisions	1	2	3	4	5	4.11	0.60
K. The amount of freedom you have on your job	1	2	3	4	5	3.67	0.87
L. The resources you have to do your job	1	2	3	4	5	4.00	0.50
M. The kind of boss you have	1	2	3	4	5	4.11	0.78

10. What aspect(s) of your work in your profession do you find most stressful?  
 Number of aspects mentioned: M=1.75, S=0.71.
11. Do you intend to specialise in any area of your profession? If yes, specify.  
 Yes 4 No 5
16. Are you planning to enrol in any study programme?  
 Yes 1 No 3 Don't know 5  
 If "Yes", when do you intend to enrol? What study programme?
17. Have you joined any professional association?  
 Yes 9 No 0

18. Respond to each of the following statements by indicating your agreement with each statement.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Mean	Standard deviation
A. I have a strong sense of professional identity	1	2	3	4	5	3.78	0.44
B. In general, members of my profession are clear about their role in the health care system	1	2	3	4	5	3.89	0.60
C. The role of my professional group is changing rapidly	1	2	3	4	5	4.00	0.71
D. Other groups of health professionals are confused about the role of my profession	1	2	3	4	5	4.44	0.53
E. People in my profession do not support each other enough	1	2	3	4	5	2.00	0.50

19. Where do you live?

- Capital city (9)
- Other urban centre (population over 1000) (0)
- Rural area (population less than 1000) (0)

20. What is your marital status?

- Single (5)
- Married (4)

21. How many children do you have?

- None (8)
- One (1)

nine (41%) had been in hospitals. At the time of the survey six of the respondents were employed in full time positions. Thus there was a tendency for the group to move from part time to full time employment.

Answers to question 3 indicated that all respondents were satisfied with their current job but most anticipated changing their positions within the next five years. Of the six orthoptists, who definitely anticipated change, four planned to stop work (two to have children, two to travel) and two planned to seek other positions in the profession (one because she was in a temporary position and one because she wished to travel).

When obtaining their first position the average number of job applications made was 11. The number of applications made ranged from one to forty. Many orthoptists had written to prospective employers as well as applying for advertised positions. A third of the sample had experienced a period of involuntary unemployment which averaged 2.7 months.

Responses to question 9 indicated at least moderate satisfaction with all thirteen aspects of work experience listed. Highest satisfaction

was expressed regarding the friendliness of the people at work, the opportunities to develop skills and abilities and the chance to take part in decisions. Respondents were also satisfied with their bosses. Least satisfaction was experienced regarding salaries, the physical surroundings of work, job security, and the amount of freedom on the job.

When asked to list the most stressful aspects of work as orthoptists, three of the respondents mentioned stressful interactions with difficult patients (e.g., "dealing with difficult patients who are rude and unfriendly"). A third of the sample experienced stress in some interactions with other health professionals (e.g., "confronting doctors when there are areas of disagreement"). Two practitioners said they became depressed because of their concern for their patients (e.g., "when a patient goes to surgery you worry"). Others (2) suffered from overload stress at work (e.g., "there are long hours with no break"), while others (2) experienced underload stress (e.g., "I suffer from boredom and routine"). One felt inadequate (e.g., "I find it difficult to gain the confidence of patients particularly children").

Almost half the sample planned to specialise. The areas of specialisation mentioned were children, private practice, reorientation therapy for people suffering from macular degeneration, and electro-diagnostic assessment. The highest ambition of the group were to be head of an orthoptics department (3), to lecture in orthoptics (1), to be a member of a health team (1),

and to work with an ophthalmologist (1). Two respondents were undecided about their goals and one hoped "to become as close as possible to being indispensable".

No respondents regretted their career choice (question 13) although one third had some reservations in spite of the fact that all orthoptists had expressed satisfaction with their current employment. Only moderate changes had occurred in the graduates' ideas of their professional work since they completed their studies (question 14). Five respondents described how their ideas had changed. One felt greater responsibility for patients than expected. Another's view of orthoptists had broadened as a result of working with other health professionals in rehabilitation. Another had encountered new instruments and methods of treatment. Two felt the need for more training in ophthalmology to equip them for their work situations.

Since graduation one respondent had commenced further study by training as an angiographer. Only one respondent had definite plans for further study. She hoped to extend her diploma at Cumberland College. More than half the respondents checked that they "didn't know" whether they would undertake further study.

All members of the sample had joined their professional association. This suggests a strong sense of professional identity which respondents tended to agree that they have (question 18). They also tend to agree that orthoptists are clear about their role in the health care system. They believe that other health professionals are confused about orthoptists' roles, that orthoptics is a rapidly changing profession and that orthoptists do provide support for their fellow professionals.

## CONCLUSION

The results indicate that in spite of the initial problems of some orthoptists in finding pro-

fessional or full time employment all graduates in the survey did find employment and two thirds were in full time employment with which they were very satisfied. They are strongly identified with their profession in terms of supporting their association. Many plan to specialise and have ambitions to hold higher status positions within their profession. A third anticipate withdrawal from the work force within five years to have children or to travel. These are common plans among recent graduates in the health professions and are almost invariably accompanied by plans to return to the work force when the trip is over or the children commence school.<sup>6</sup> One of the strongest beliefs of the group was that other health professionals are confused about the role of orthoptists. Interactions with other health professionals were a common source of stress possibly for this reason. Another strongly held belief of the group was that the role of the profession is changing rapidly. We hope that this survey will assist orthoptists in keeping abreast of some of these changes as reflected in the work experiences and attitudes of recent graduates.

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