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Occupational Therapy Association

Your career in Occupational Therapy

Occupational Therapy Salaries and Job Opportunities Continue To Improve 2006 AOTA Workforce and Compensation Survey

The anecdotal information of rising salaries and increased jobs for occupational therapy practitioners has been substantiated with the results of AOTA's 2006 Workforce Survey, whose highlights are presented here. Unlike previous surveys, the 2006 study was mailed to both AOTA members and nonmembers to offer a broad, accurate view of the profession. More than 3,000 responses were retained for the full analysis, providing an overall margin of sampling error of plus or minus 1.7% at a 95% confidence interval, which exceeds the levels of generally accepted statistical rigor for a survey of this type. The complete *2006 Occupational Therapy Workforce and Compensation Report*, which includes detailed demographic data, can be purchased from AOTA.

Who We Are

About 95% of OTs are women and 5% are men; this statistic has remained fairly steady since 1990. However, among OTAs the percentage of males continues to decline, from 8.2% in 1990 to the current 2.9%.

Fears about future shortages of practitioners appear well founded. The median age of OTs increased from 36 in 1990 to 42 in 2006. Among OTAs, the median age rose from 33 in 1990 to 45 in 2006. The number of practitioners in the 50- to 59-year-old group is at its highest level ever, and the percentage of practitioners under age 30 is now just 7.9%, compared with 23% in 1997. Should this trend continue, the field will experience a significant shortage due to retirement, as demands rise with the retirement of the baby boomers.

As would be expected with an aging work force, median years of professional experience is also increasing. The median for all practitioners is now 13 years, from 9.5 years in 2000; 10% of practitioners have at least 30 years of professional experience; and 23.2% of all respondents have achieved advanced practice certification or recognition, up from 15.4% in 2000.

Employment Parameters

California is the top state for employment and licensure, followed by New York, Ohio, and Pennsylvania.

Most practitioners work for a single employer, although self-employment and contract work increased slightly since 2000. About 12% of practitioners are self-employed or paid contractually for all their occupational therapy work, and an additional 12.9% have this arrangement for some of their occupational therapy work. The percentage of OTs who are self-employed has climbed back almost to the peak level of 1990. The percentage of OTAs who are self-employed for any of their work has more than doubled since 2000.

Schools and early intervention remain the most popular practice settings, followed by hospitals (non-mental health). Together, these settings employ 52.6% of practitioners.

The median hours practitioners work at their primary setting is up from 35 hours a week in 2000 to 40 hours a week in 2006, while their weekly hours worked at a secondary setting have dropped from 7 to 5. For the majority of practitioners this increase is a choice, rather than a requirement. The percent of practitioners working full time at their primary setting is at an all-time high of 78%.

Most practitioners who do not work in academia cite direct client intervention as their main area of responsibility at their primary setting. However, direct client intervention tends to decrease as experience levels increase.

About one third of practitioners supervise fieldwork students. Some level of student supervision is seen in every segment of practice, even among those who work for 10 hours or fewer at their primary setting. The most prevalent student supervision is seen in mental health settings.

Direct Client Intervention

Most practitioners work with children ages 3 to 21 (35%) or adults age 65 years and older (29.6%).

The number of hours spent in direct client intervention at the primary setting continues to decline slightly, from 30 hours a week in 1997, to 27.5 hours in 2000, to 25

Salary Changes Based on Practice Area

Practice Setting	2006 Salary	2000 Salary	% Increase Since 2000	% Increase Annualized	Years of OT
Academic	\$66,000	\$53,000	25%	4%	26
Other	\$62,000	**			23
Community	\$58,250	\$43,062	35%	6%	17
Hospital (non Mental Health)	\$58,000	\$46,000	26%	4%	11
Long-Term Care/Skilled Nursing Facility	\$58,000	\$46,000	26%	4%	10
Freestanding Outpatient	\$57,000	\$50,000	14%	2%	14
Home Health	\$55,000	\$45,000	22%	4%	17
Mental Health	\$53,750	\$45,000	19%	3%	19
Schools/Early Intervention	\$50,500	\$42,000	20%	3%	13

** denotes insufficient responses for tabulation

hours in 2006. As in the past, OTAs spend slightly more time than OTs in direct client intervention (a median of 28 hours a week versus 25 hours a week for OTs).

Practitioners see a median of 18 clients for individual treatment in a typical week. Sessions are a median of 45 minutes, and each practitioner typically conducts 25 sessions a week. OTs tend to have longer and fewer sessions than OTAs.

Again not unexpectedly, documentation accounts for a significant amount of practitioners' time (a median of 5 hours per week, which is nearly 17% of their time). Peak levels are seen among those in mental health settings, where practitioners spend a median of 8.5 hours a week (or 25% of their time) on documentation.

Salaries and Benefits

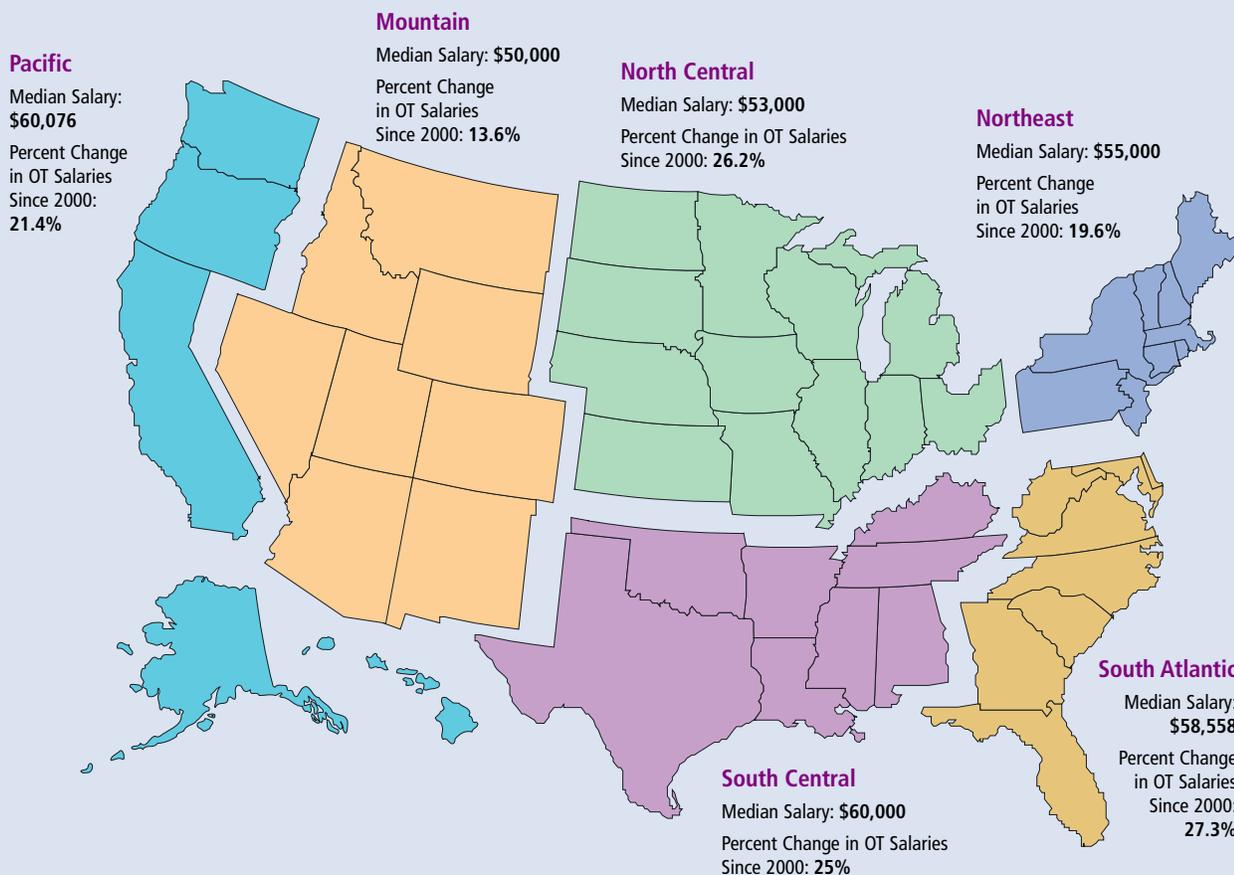
Salaries have significantly increased in most practice areas since 2000. The median salary for a full-time OT has increased 24%, from \$45,000 in 2000 to \$55,800 in 2006. OTA salary increases are slightly higher, growing 26.7% from \$30,000 in 2000 to \$38,000 in 2006.

Geographically, the South Atlantic, North Central, and South Central regions of the country have seen the strongest growth for all practitioners, with average annual increases above 4% since 2000. The Mountain region has experienced the slowest growth for all practitioners, averaging 2.3% per year.

Those in academia have the highest median salary (\$66,000); practitioners in this group also have the highest percentage of postbaccalaureate education and the most median experience in occupational therapy (26 years).

About half of practitioners (50.5%) are compensated on a salary basis. Most of the remaining (39.4%) are compensated with an hourly rate, and 8.9% are compensated on a fee-for-service basis.

Median Salaries by Region and Percent Change in Occupational Therapist Salaries Since 2000



Six benefits received by a majority of full-time practitioners are health insurance, dental insurance, life insurance, continuing education or conference fees, paid time off, and an employee-funded retirement plan. As with many other professions, most practitioners who work part time do not receive these benefits.

Job Mobility and Future Plans

As the outlook for the profession has improved, fewer practitioners are contemplating leaving the field. Most of those who are leaving are planning to stop working entirely.

Just over 25% of practitioners have changed jobs at least once in the past 2 years. The incidence of changing jobs continues to decline, especially for OTAs.

The most prevalent reason for changing jobs is the opportunity to work in a more desirable or flexible setting. However, for the first time since 1997, practitioners no longer change jobs as a response to external factors (e.g., downsizing, pay cuts), but are much more self-directed, citing issues such as better opportunities, better salary and benefits, better hours, and differing client populations. For example in 2000, 27.2% of practitioners cited downsizing as a reason for their job

change, and 27% cited a reduction in hours or salary. In sharp contrast, in 2006 only 5.9% cited downsizing, and only 4% cited reduced hours or salary as a reason for changing jobs.

Only 8% of practitioners reported being unemployed in the OT field for any period in 2005, for a median of 12 weeks. Unemployment was most acute among those working 30 hours a week or fewer, and those who worked the fewest hours reported the longest period of unemployment.

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Note: This article originally appeared in the September 25, 2006 issue of *OT Practice* magazine. It may be copied *only* for educational or nonprofit use without obtaining permission from AOTA.

If you have specific questions about a career in occupational therapy, please contact educate@aota.org.

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