Preparation students for community practice is a critical task for occupational therapy educators for many reasons. First, current accreditation standards require that students be able to develop community programming, understand community models, and appreciate social contexts where occupation occurs (Accreditation Council for Occupational Therapy Education, 1999). Second, working in community settings helps foster students’ appreciation of the past and present of their profession. George Barton and Eleanor Clarke Slagle, two founders of occupational therapy, developed community-based interventions in the early 1900s, and the profession has practiced in the community ever since (Fazio, 2001; Scaffa, 2001a; Schwartz, 2003). Finally, there is growing agreement among the profession’s leaders and educators that community practice will become increasingly important to occupational therapy in the future (Cohn, Dooley, & Simmons, 2001; Fazio, 2001; Friedland, Polatajko, & Gage, 2001; Lysack, Stadnyk, Paterson, McLeod, & Krefting, 1995; Scaffa, 2001b).

Preparing occupational therapy students for community-based practice has long been of interest to educators (Cermak, 1976; Cromwell & Kielhofner, 1976; Grossman, 1974; Menks, Sittler, Weaver, & Yanow, 1977). More recently, McColl (1998) called on educators to “evaluate the knowledge base in occupational therapy for applicability to community practice, to organize this knowledge around issues that are pertinent to community practice, and to identify areas for knowledge development” (p. 11). She believed that grounding in theories and models of service delivery is a prerequisite to effective community practice.

Cohn, Dooley, and Simmons (2001) advocated a collaborative approach among faculty, students, and fieldwork educators to prepare students for community
Do Occupational Therapy Students Care About Community Intervention?

Interestingly, students’ voices have seldom been heard in the discussion about assimilating community engagement into occupational therapy education. Do students believe there are specific actions they can take to address community needs? Do students feel a moral obligation to help in their communities? How do students perceive the costs and benefits of helping in their communities? To what extent are students aware that needs exist in their communities? Although several occupational therapy programs are involved with their communities, evaluation of students’ responses to community engagement has not been reported in the literature.

As practicing therapists, we have an ethical imperative to collaborate with clients to design intervention (American Occupational Therapy Association, 2000), but as educators, we often assume that we know what is best and seldom ask students about their interests, attitudes, and intentions before designing educational experiences for them.

Friedland, Polatajko, and Gage (2001) described a project that developed new community fieldwork sites and helped students acquire skills for community practice. Their students valued community fieldwork; however, they also believed that it limited further development of their clinical skills. The authors recommended that faculty and fieldwork educators work with students to understand the value of community practice; help students identify broad applications of the experience; and ensure that when clinical skills could be practiced in the community (e.g., assessment), supporting materials would be made available.

Why is it important to understand students’ attitudes and intentions about community service? The Theory of Planned Behavior (Ajzen, 1985, 1991, 2002) provides a conceptual framework linking attitudes to behaviors. According to the theory, attitudes are sometimes, but not always, congruent with behaviors. One may have a set of attitudes that highly value healthy diet and exercise, for example, but one may follow through with those attitudes inconsistently. The most important link between attitudes and behaviors, according to the theory, is an individual’s intentions. For example, the stronger an individual’s intentions are to follow a healthy diet and engage in regular exercise, the more likely it is to occur. Intentions, it is argued, are a function of attitudes about the behavior, subjective norms, and perceived behavioral controls. Therefore, it is important to understand students’ attitudes and intentions about community service because, together, they drive students’ behaviors.

Behavioral intention has received vast support in the empirical literature as a mediator between attitudes and behaviors. For example, a recent meta-analysis (Armitage & Conner, 2001) cited 185 primary studies to demonstrate that intentions accounted for more variance in behaviors than attitudes. Consistent with the Theory of Planned Behavior model, the meta-analysis further indicated that attitudes toward the behavior, subjective norm, and perceived behavioral control are each predictive of behavioral intentions. Other meta-analytic studies generally support the importance of behavioral intentions as a major factor in understanding the link between attitudes and behaviors (Hagger, Chatzisarantis, & Biddle, 2002; Notani, 1998). Few empirical studies on community service have been con-
ducted. Harrison (1995) found that behavioral intentions significantly predicted attendance to work at a homeless shelter across three samples of male volunteers. Okun and Sloane (2002) found that students' intentions predicted volunteer enrollment in a campus-based community service program.

The purpose of our study was to investigate occupational therapy students' attitudes, intentions, and behaviors regarding community service. A secondary purpose was to compare the attitudes, intentions, and behaviors with those of students in other allied health studies. The study is based on the assumption that educators can more effectively design educational experiences in the community if they understand students' attitudes and intentions toward community service because these factors will shape students' behaviors.

Method

Participants and Procedure

The convenience sample for this study (N = 198) came from a student population enrolled in the College of Allied Health at a university in the southern plains of the United States. All participants in the sample were enrolled in post-baccalaureate education degree programs in allied health (n = 8), communication (n = 41), nutrition (n = 25), occupational therapy (n = 34), physical therapy (n = 54), and radiologic technology (n = 36). The average age of the participating students was 26.13 years (SD = 5.31), ranging from 21 to 52 years. The convenience sample included 20 men and 178 women.

Subsequent to approval by the respective college administrators and human subjects review board, all College of Allied Health students were sent a recruitment e-mail that described the purpose of the study and its voluntary and anonymous nature. After electronically acknowledging their informed consent, students were directed to a Web-based survey that was available only to those enrolled in the university system.

Two faculty focus groups and two student focus groups were conducted after survey data were gathered. Each focus group was composed of 5 to 6 participants representing each of the College of Allied Health's disciplines. The purpose of the focus groups was to further understanding of the survey results and to examine each department's requirements and perspectives on community service and intervention.

Measures

Participants were asked to self-report gender and year of birth. Age was calculated by the year in which the student was born and was computed based on the time frame in which the data were electronically collected.

To investigate the factors that influence a student's intent to engage in community service, the Shiarella, McCarthy, and Tucker (2000) Community Service Attitudes Survey (CSAS) was used. Shiarella et al. developed the CSAS based on Schwartz's (1977) conceptualization of altruistic helping behavior that manifests through a four-phase process (i.e., activation, obligation, defense, response). The CSAS was derived to assess attitudes toward volunteering within this sequence. The CSAS is composed of 46 items and attempts to measure 10 dimensions of community service attitudes that will be discussed individually. All items for the CSAS were presented with a 7-point Likert-type response format (1 = strongly disagree to 7 = strongly agree). Although construct validity estimates for the CSAS are still emerging, Shiarella et al. (2000) reported that their principal components analysis demonstrated evidence of acceptable levels of factor validity for scores obtained by the instrument.

Phase I: Activation Measures. This phase quantifies the perception of readiness to respond to community needs through four measures. The measures, and a sample survey item for each measure, follow.

- **Awareness** (4 items; M = 25.55, SD = 3.28, α = .91) that others in the community are in need. “There are people in the community who need help.”

- **Understanding that specific actions** (5 items; M = 28.82, SD = 4.91, α = .90) can address community needs. “College student volunteers can help improve the local community.”

- **Recognition that the respondent has ability** (3 items; M = 28.82, SD = 4.92, α = .96) to effectively serve the community. “I can make a difference in the community.”

- **Connectedness** (6 items; M = 16.75, SD = 3.61, α = .95) of respondents to their communities in terms of accepting responsibility to serve. “I am responsible for doing something about improving the community.”

Phase II: Obligation Measures. This phase quantifies perceptions of the participant's moral obligation to respond to community needs through two measures.

- **Sense of cultural norms** (5 items; M = 30.71, SD = 4.83, α = .94) concerning one's moral obligation to help others. “It is important to provide a useful service to the community through community service.”

- **Feelings of empathy** (3 items; M = 18.21, SD = 3.04, α = .92) with those in need. “I feel bad about the disparity among community members.”

Phase III: Defense Measures. During this phase, respondents assess outcomes of responding to community needs through three measures.
Costs (6 items; $M = 27.56$, $SD = 7.73$, $\alpha = .85$) reflect the toll exacted by engaging in community service. “I would have less free time.”

Benefits (6 items; $M = 35.31$, $SD = 6.00$, $\alpha = .91$) reflect perceived profit from engaging in community service activities. “I would be developing new skills.”

Seriousness (5 items; $M = 24.04$, $SD = 6.14$, $\alpha = .91$) addresses the assessment that a lack of community service activities would result in community harm. “Without community service, today’s disadvantaged citizens have no hope.”

Phase IV: Response Measures. This phase quantifies the altruistic intention (3 items; $M = 15.65$, $SD = 4.29$, $\alpha = .89$) to engage in community service–related behaviors. “I want to do this service-learning activity.”

In addition to the Shiarella et al. (2000) measures, we included a single-item behavioral component to service. The behavior item ($M = 2.28$, $SD = 0.99$) asked, “In the course of the last year, how often did you voluntarily serve in your community?” and presented a 6-item Likert-type response ($1 = never$, $2 = less than once per month$, $3 = once per month$, $4 = weekly$, $5 = more than once a week$, $6 = daily$).

Results

To examine the relationships among attitudes, intentions, and actual behaviors related to voluntary service, we computed Pearson product-moment correlations between the variables (see Table 1). In addition, the values in parentheses represent the reliability scores (internal consistency) computed for the current study.

With respect to variables related to the Phase IV Response Measures of intent to engage in community service and frequency of voluntary behaviors, all relationships between variables within the activation, obligation, and defense phases were statistically significant. More specifically, awareness of need ($r = .27$, $p < .05$), the belief that one’s actions could address the need ($r = .25$, $p < .05$), perceived ability ($r = .35$, $p < .05$), and a sense of connectedness ($r = .37$, $p < .05$) were positively related to the frequency of engaging in community service. Within the obligation phase, normative obligation ($r = .33$, $p < .05$) was positively and moderately related to frequency of behavior. A sense of empathy with those in need ($r = .23$, $p < .05$) resulted in positive and small correlations to the frequency of voluntary community behavior. The variables in the defense phase—costs ($r = –.18$, $p < .05$), benefit ($r = .18$, $p < .05$), and seriousness ($r = .18$, $p < .05$)—were only slightly related to frequency of behavior.

Interestingly, the largest correlation to frequency of voluntary community behavior was the intention ($r = .43$, $p < .05$) to engage in behavior. Finally, as seen in Table 1, variables in the activation, obligation, and defense phases are positively and strongly related to the intention to engage in community service. The one exception to these relationships is that perceived costs ($r = –.30$, $p < .05$) associated with service are negatively related to service intention.

Table 1. Zero-Order Correlation Matrix

<table>
<thead>
<tr>
<th>Item</th>
<th>1</th>
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<tbody>
<tr>
<td>Phase IV: Response</td>
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<td>1. Behavior</td>
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<td>2. Intent</td>
<td>.43</td>
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<td>Phase I: Activation</td>
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<tr>
<td>3. Awareness</td>
<td>.27</td>
<td>.53</td>
<td>(.91)</td>
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<td>4. Action</td>
<td>.25</td>
<td>.59</td>
<td>.73</td>
<td>(.90)</td>
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<td>5. Ability</td>
<td>.35</td>
<td>.66</td>
<td>.66</td>
<td>.78</td>
<td>(.96)</td>
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<td>6. Connectedness</td>
<td>.37</td>
<td>.70</td>
<td>.61</td>
<td>.72</td>
<td>.80</td>
<td>(.95)</td>
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<tr>
<td>Phase II: Obligation</td>
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<tr>
<td>7. Norms</td>
<td>.33</td>
<td>.75</td>
<td>.69</td>
<td>.73</td>
<td>.74</td>
<td>.75</td>
<td>(.94)</td>
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<tr>
<td>8. Empathy</td>
<td>.23</td>
<td>.53</td>
<td>.45</td>
<td>.60</td>
<td>.54</td>
<td>.53</td>
<td>.68</td>
<td>(.92)</td>
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<td>Phase III: Defense</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>9. Costs</td>
<td>–.18</td>
<td>–.30</td>
<td>–.15</td>
<td>–.17</td>
<td>–.28</td>
<td>–.20</td>
<td>–.27</td>
<td>–.18</td>
<td>(.85)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Benefits</td>
<td>.18</td>
<td>.66</td>
<td>.53</td>
<td>.68</td>
<td>.67</td>
<td>.67</td>
<td>.77</td>
<td>.58</td>
<td>–.21</td>
<td>(.91)</td>
<td></td>
</tr>
<tr>
<td>11. Seriousness</td>
<td>.18</td>
<td>.63</td>
<td>.47</td>
<td>.66</td>
<td>.66</td>
<td>.65</td>
<td>.70</td>
<td>.51</td>
<td>–.24</td>
<td>.63</td>
<td>(.91)</td>
</tr>
</tbody>
</table>

Note. $N = 198$; $p < .05$. Values in parentheses reflect internal consistency alpha.
The results of the correlations suggest a positive relationship between the perception of a community need (activation phase), and an obligation to respond to that need (obligation phase) and the behavioral response to the need. In addition, the reassessment of outcomes for potential responses (defense phase) resulted in a positive relationship to the perceived benefit and a negative association to the perceived costs associated with responding.

Cohen’s (1992) \( d \) statistic was computed to investigate differences in service attitudes, intentions, and behaviors between occupational therapy students and other program majors within the College of Allied Health. This effect size estimate was used to give an estimate of the magnitude of differences between occupational therapy students and the other program majors within this study. The \( d \) statistic is computed by taking the mean of occupational therapy students’ scores on a given variable and subtracting the mean score derived from each program major. This value is subsequently divided by their pooled standard deviation computed with both group’s scores combined. Cohen (1992) defined effect sizes as +.20 or −.20 = small; +.50 or −.50 = medium; +.80 or −.80 = large. These comparisons are described for each of the theoretical phases of the CSAS. Means and standard deviations for each variable by program major are presented in Table 2. Table 3 provides the \( d \)-statistic comparison.

**Phase I: Activation Measures.** As seen in Table 2, occupational therapy students scored higher than students from physical therapy, communication, nutrition, and radiologic technology programs on awareness, action, ability, and connectedness. The only exception was that nutrition students scored higher on action, although the resulting \( d \) statistic (\( d = −.17 \)) suggests that the difference is below Cohen’s description of a small effect. Further examination of Table 3 indicates that the differences between occupational therapy and physical therapy students on awareness, action, and connectedness also were small. Similar interpretations exist for the communications students. The differences between occupational therapy students and nutrition students were below Cohen’s description of small. Finally, the higher scores on awareness, action, ability, and connectedness for occupational therapy students were moderate in strength compared to radiologic technology students.

**Phase II: Obligation Measures.** Similar to the variables in Phase I, occupational therapy students scored generally higher than their student counterparts on personal norms and feelings of empathy, with the exception of nutrition students, who scored slightly higher on empathy. Further examination of Table 3 indicates that only three comparisons are moderate. Occupational therapy students scored slightly higher (\( d = .36 \)) on empathy than communication students did. In addition, occupational therapy students scored moderately higher than radiologic technology students on both personal norms (\( d = .63 \)) and empathy (\( d = .57 \)), respectively.

**Phase III: Defense Measures.** With respect to the perceived costs of engaging in community service, occupational therapy students scored slightly higher than physical therapy (\( d = .32 \)), communication (\( d = .41 \)), and nutrition (\( d = .34 \)) students. Occupational therapy students’ scores for perceived benefits were slightly lower (\( d = −.29 \)) than nutrition students and moderately higher (\( d = .46 \)) than radiologic technology students. Similarly, the occupational therapy students scored slightly lower (\( d = .25 \)) than nutrition students and slightly higher (\( d = .28 \)) than radiologic technology students with respect to perceived seriousness.

### Table 2. Group Descriptive Statistics

<table>
<thead>
<tr>
<th>Item</th>
<th>Occupational Therapy (( n = 34 ))</th>
<th>Physical Therapy (( n = 54 ))</th>
<th>Communication (( n = 41 ))</th>
<th>Nutrition (( n = 25 ))</th>
<th>Radiologic Technology (( n = 36 ))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( M )</td>
<td>( SD )</td>
<td>( M )</td>
<td>( SD )</td>
<td>( M )</td>
</tr>
<tr>
<td>Phase I: Activation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>30.00</td>
<td>4.36</td>
<td>28.35</td>
<td>4.97</td>
<td>28.37</td>
</tr>
<tr>
<td>Ability</td>
<td>17.28</td>
<td>3.65</td>
<td>16.59</td>
<td>3.10</td>
<td>17.09</td>
</tr>
<tr>
<td>Connectedness</td>
<td>34.44</td>
<td>6.18</td>
<td>31.05</td>
<td>7.09</td>
<td>32.54</td>
</tr>
<tr>
<td>Phase II: Obligation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norms</td>
<td>31.75</td>
<td>4.00</td>
<td>31.14</td>
<td>3.20</td>
<td>30.89</td>
</tr>
<tr>
<td>Empathy</td>
<td>18.91</td>
<td>2.60</td>
<td>18.38</td>
<td>2.36</td>
<td>17.80</td>
</tr>
<tr>
<td>Phase III: Defense</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Costs</td>
<td>29.16</td>
<td>5.24</td>
<td>26.65</td>
<td>8.12</td>
<td>25.97</td>
</tr>
<tr>
<td>Benefits</td>
<td>36.22</td>
<td>4.51</td>
<td>35.53</td>
<td>5.15</td>
<td>35.23</td>
</tr>
<tr>
<td>Seriousness</td>
<td>23.97</td>
<td>6.14</td>
<td>24.10</td>
<td>5.51</td>
<td>25.14</td>
</tr>
<tr>
<td>Phase IV: Response</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intention</td>
<td>15.94</td>
<td>3.69</td>
<td>15.76</td>
<td>3.46</td>
<td>16.31</td>
</tr>
<tr>
<td>Behavior</td>
<td>2.41</td>
<td>0.86</td>
<td>2.33</td>
<td>0.97</td>
<td>2.37</td>
</tr>
</tbody>
</table>

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Phase IV: Response Measures. In general, differences between occupational therapy students and their counterparts on the intention to engage in service and the frequency of service in the past year were below the categorization of a small effect. The exception is that occupational therapy students scored moderately higher ($d = .43$) on intention and moderately higher ($d = .59$) on frequency of service behavior compared to the radiologic technology students.

The results of the comparisons for the four phases of community service attitudes and behaviors suggest interesting differences between occupational therapy students and their allied health counterparts. Within the activation phase, the occupational therapy students scored higher than all other groups with respect to awareness of community needs, their ability to alleviate that need, and a sense of connectedness to the community. Only the nutrition students scored higher than occupational therapy students with respect to the perception that certain actions could alleviate the community need. Similar results were observed for the obligation phase. Occupational therapy students scored higher than the other groups of students with respect to personal norms obligating one to respond to a community-based need. Again, only the nutrition students scored higher than the occupational therapy students regarding feelings of empathy toward those in need. With respect to the reassessment of potential responses (defense phase), occupational therapy students scored second highest among the five disciplines surveyed with respect to both the perceived benefits of responding, as well as the costs associated with responding. Occupational therapy students scored lower than all students, with the exception of radiologic technology students, in the perceived seriousness of the community need. In the response phase, occupational therapy student scores were not remarkably different from their counterparts, with the exception of scoring lower than nutrition students on both the intention to serve and the frequency of serving. Finally, occupational therapy students scored higher than radiologic technology students on both of these response constructs.

### Discussion

The primary goal of this study was to better understand occupational therapy students’ attitudes, intentions, and behaviors regarding community service. Using the CSAS (Shiarella et al., 2000), we assessed the attitudes, intentions, and behaviors of 34 occupational therapy students and compared their responses to 164 students in other allied health disciplines. The results of the correlations demonstrated an association among attitudes about community service and the intent to engage in future service, as well as service already provided. This link has conceptual foundations in the Theory of Planned Behavior (Ajzen, 1991). Additional results from this study indicated that occupational therapy students in this occupational therapy program held several strongly positive attitudes and intentions regarding community service. For example, occupational therapy students, in comparison with other allied health students, ranked consistently at or near the top in the following measures: awareness that others in the community are in need, perceptions that specific actions can relieve community need, perceptions that they possess skills to effectively serve the community, sense of responsibility to serve the community, sense of moral obligation based on personal norms, and ability to empathize with those in need. These results suggest that educators might expect strong buy-in from students when they include community outreach as part of occupational therapy curricula.

Educators also face an important challenge: Although occupational therapy students generally perceived greater benefits to community service than their peers in other allied health disciplines, their community service behaviors were not significantly different. Survey data and follow-up interviews indicated that this group of occupational therapy students perceived greater costs to community service than did their allied health counterparts. Further qualitative study is needed to better understand occupational therapy students’ perceptions in this regard, but as noted by Friedland, Polatajko, and Gage (2001), occupational therapy students often see a disconnect between community outreach and their professional careers.

As students learn about specific occupational dynamics in community settings, they may need help to generalize...
the experience. Jones and Hill (2003) researched students’ meanings, motivations, and perceptions of community service, and wrote, “It seemed clear that when someone helped students make sense of why they were doing what they were doing [community service], it was more meaningful to them and the commitments deepend” (p. 535). Some researchers (Eyler & Giles, 1999; Honnet & Poulsen, 1989; Owens & Owen, 1979; Signom, 1979) have identified reflection as a critical component in maximizing educational benefits from community service. Shaping reflective experiences is one way that educators can help students make sense of what they are doing in the community and deepen their commitments. Carefully crafted class discussions before and after community experiences, journaling assignments, and bulletin board discussion on the Web were used to facilitate reflection in our classes.

What do students learn in community settings that can be applied to other contexts, including the clinic? With some coaching and reflection, students can appreciate that fieldwork in the community helps them strengthen professional reasoning, build rapport with clients, acquire skills to work with specific age groups, understand occupational challenges present in the community, appreciate the influence of context on occupational performance, and discover community resources that could benefit future clients, to name just a few possible benefits.

Just as therapists must listen to clients to shape meaningful therapeutic experiences, educators must facilitate a dialogue with students to shape meaningful educational experiences. Results of this study indicate that occupational therapy students in this program have strong and positive attitudes and intentions regarding community service. Educators can demonstrate respect for such students by giving choices in selection of community fieldwork, when possible, and allowing students to take the lead in community experiences, when appropriate. For example, we ask our upper-class students to conduct needs assessments in the community, design and implement interventions, and present successful community projects to first-year students, giving the more experienced community partners a chance to teach the less experienced students about community outreach. Results of this study tell us that we are on the right track and that we have more work to do. In this work, we are committed to listening to our students, respecting their attitudes and intentions, and working together in the community to enrich their education as occupational therapists.

Limitations and Future Research

Several limitations in the current study deserve consideration. Specifically, our study used a convenience sample from a single university that provided self-reports at a single point in time (cross-sectional). Occupational therapy students from other universities in differing geographic locations need to be studied before these results can be generalized. In addition, although the measures used provided high score reliability for the attitudes and intentions, a single self-report item was used to assess community service behaviors. Psychometrically, single-item measures are typically suspect with regard to both reliability and validity of the scores (Crocker & Algina, 1986).

Further research of factors that influence occupational therapy students’ intent to practice in the community is necessary. More specifically, it would be useful to establish a research design that presents the possibility of structural equations modeling to further test the effectiveness of the Theory of Planned Behavior as it relates to community service. This approach would allow researchers to evaluate the specific direct and indirect effects among attitudes, subjective norms, and efficacy as they relate to both the intention and actual behavior of community service among students. Future qualitative studies involving focus groups have the potential to illuminate data from this study.

Because community practice is an integral part of occupational therapy’s past, present, and future, educational programs must take students into the community. Designing and implementing effective learning strategies in the community presents inherent challenges for educators. As we leave the security of our lecture halls and labs to engage with community partners and clients, we cede control of learning experiences. But we have important allies in community engagement: Our students, who, we have found, have highly positive attitudes, intentions, and perceptions of their abilities regarding community service.

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References


