How are we to encourage the expansion of occupational therapy education and careers? With a national salary advantage for occupational therapists with master's degrees averaging only $2,000, what incentive is there for occupational therapists to expand their expertise? First, there is the cognitive stimulation and the satisfaction of self-actualization that comes with the expansion of educational and professional competence. Second, there is the self-confidence that comes in knowing of new health care developments that will benefit patients and students. Beyond these reasons, however, what reward system is there to promote the pursuit of progressive career patterns for occupational therapists in order to provide positive sanctions for continuing professional development? Questions such as this were being asked recently by 200 clinicians and faculty attending a symposium in San Diego sponsored by the American Occupational Therapy Association (AOTA) entitled "Directions for the Future," in which the participants jointly examined the historical processes and prospects for the future of occupational therapy as a profession and discipline with greater depth of experience and knowledge.

In 1987, the Representative Assembly had commissioned the Entry-Level Study Committee to examine and support hierarchical models for education and practice (AOTA, Entry-Level Study Committee, 1987). Both groups have strongly encouraged the field of occupational therapy to move toward an entry level of graduate education, without providing a mandate to do so. Clear impediments to such a change exist, despite encouragement in that direction for over 30 years (Jantzen, 1958; Reilly, 1958). How can undergraduate programs embedded in undergraduate schools become graduate programs? How many local and state colleges would support a transition to graduate education should we as an association mandate that move? We have watched recently as two related fields have made career-pattern decisions moving in opposite directions: physical therapy has had to retreat from a mandate to its educational programs to require graduate entry-level education, and social work has developed social work assistant programs, thus adding a new undergraduate entry-level program (Pierce, Jackson, Rogosky-Grassi, Thompson, & Menninger, 1987). As one health profession among many, we cannot ignore the current trends that surround us (Abbott, 1988).

Graduate Education
Our literature over the past decade is replete with statements persuading us of the need for graduate education (Cottrell, 1990; Pierce et al., 1987; Royeen, 1986; Shapiro & Brown, 1981; Teske & Spellbring, 1983). Some authors have focused on the presence of, as well as the further need for, quality in our current educational programs (Grant & Labovitz, 1989; Hinojosa, 1985; Jones & Kirkl and, 1984; Leonardielli & Gratz, 1986; Yerxa & Sharrott, 1986). The preponderance of evidence to move toward advanced education, however, lies in the findings of five major studies of this decade: Rogers and Mann, 1980; Gilkeson and Hanten, 1984; Clark, Sharrot, Hill, and Campbell, 1985; Rogers, Brayley, and Cox, 1988; and Storm, 1990.

Rogers and Mann (1980) found that the graduate group in their study made greater contributions in practice, education, research, publications, and professional activities than did the undergraduate group. Gilkeson and Hanten (1984) discovered significant differences between the basic master's and baccalaureate students' perceived knowledge and ability to perform research. Clark et al. (1985), in their study of University of Southern California graduates, discov-
ered the most dramatic difference between the undergraduate and graduate groups in the area of contributions to the profession through publications, development of adaptive devices, and instruments for evaluation, with more scholarly contributions made by the graduate students. When comparing a new configuration of occupational therapy bachelor's, post-baccalaureate certificate, and basic master's groups with the advanced occupational therapy master's and other related master's degree groups, Rogers et al. (1988) found statistically significant differences supporting the association between increased education and increased professional involvement in the areas of education, administration and supervision, leadership, oral presentation, publications, and research. Storm (1990) published similar results concerning the relationship between educational level and the development and dissemination of knowledge by occupational therapists, with the most significant productivity present in the doctoral group.

Along with the work of the Entry-Level Study Committee, Fleming and Piedmont (1989) surveyed occupational therapists and occupational therapy assistants concerning their perception of the status of the profession and the level of educational preparation needed as related to the academic degree and years of practice of occupational therapists. They reported a strong perception that the status of occupational therapy as a profession, occupational therapy education, and entry-level requirements should change, but no universal agreement on what to change (Fleming & Piedmont, 1989).

**Professional Socialization**

Since Mosey's (1981) major work analyzing the configuration of occupational therapy as a profession, the literature of this decade has been inundated with discussions of professional aspects of occupational therapy. Issues of the professional encounter of entry-level with specialized practice (Dunn & Rask, 1989), of redefining professionalism (Breines, 1988), and of the professionalism of the reflective therapist (Parham, 1987b) have been discussed. Considerations of the profession's plan of creative partnerships with interagency and interdisciplinary collaboration for the treatment of current health problems (Gilfoyle, 1987) and the implications of professional socialization in occupational therapy education (Sabari, 1985) have directly addressed our clinical responsibilities as reasonable, caring, thoughtful, cooperative, adaptable rehabilitative therapists.

Special issues of the *American Journal of Occupational Therapy* have focused on management (Brollier, 1987), early intervention (Dunn, 1989), ethics (Hansen, 1988), acute care (Rausch & Melvin, 1986), school-based occupational therapy (Royeen, 1988), technology (Trefler, 1987), and health promotion (White, 1986) to provide continuing education to occupational therapists.

The need for continuing education for health professionals was discussed by Cook, Beery, Sauter, and DeVellis (1987). The expansion of occupational therapy's professional role to that of consultant (Watson, 1986) and the recommendation of the mentor role for career achievement and advancement (Rogers, 1986) have also been addressed in the past decade's literature.

Deterrents to professional behavior, which can cause burnout in occupational therapists, have been compared with aspects of burnout in other health care workers (Rogers & Dodson, 1988). Bailey (1990a, 1990b) examined and discussed reasons for attrition from occupational therapy and presented ways to retain or reactivate current and temporarily retired therapists. These articles call to mind the work of Labovitz (1978), who discussed the strategy of a group approach in the preparation of the therapist returning to practice.

**Academic Life**

The expectations of academic career development in occupational therapy have also been discussed in the past decade's literature. The scholarly productivity of occupational therapy faculty members was reviewed by Holcomb, Christiansen, and Roush (1989) and by Parham (1985a, 1985b, 1987a). Guidance in professional development, in the transition from clinician to academician (Mitchell, 1985), in the management of an academic career (Masagatani & Grant, 1986), and in the chairing of an academic occupational therapy department (Siege, 1986) have been described in an effort to orient and encourage occupational therapy clinicians to become faculty and faculty to become departmental chairs. In contrast, Tanguay (1985) raised the disconcerting question of whether occupational therapy belongs in the university.

**Research**

In 1987, five studies by noted occupational therapists highlighted the profession's research settings. Yerxa (1981, 1987) believed that the research setting is the key to the development of occupational therapy as an academic discipline, and that occupational therapy contributes to the university not only in the occupational therapy program but in related fields as well. Llorens and Snyder (1987) and Llorens and Gillette (1985) pointed out the lack of a national commitment by occupational therapists toward research initiatives. In 1987, the year dedicated to the promotion of occupational therapy research as a professional objective, the relationship of research to higher education (Christiansen, 1987) and to clinical practice in occupational therapy (Ottenbacher, 1989) was discussed.

**The Future**

Occupational therapy leaders have been addressing the way in which the field needs to move in achieving our directions for the future (Strickland, 1989) by reviewing our perspectives on the past and future (West, 1989, 1990). How are we to encourage the development of occupational therapy education and careers? There are numerous career directions and educational pathways that we can follow. To broaden a two-tiered profession, expanded levels of hierarchical professional roles and hierarchical educational sequences are suggested (AOTA, 1983a, 1983b, 1987). Some
occupational therapists are moving in these directions, thus deepening and broadening the field and their careers. The need for variety, growth, and financial incentives has provided some therapists with incentives for movement toward development of hierarchical professional roles.

For those who need external achievement incentives, what can provide positive sanctions to move the field toward developing hierarchical educational sequences? I recommend that those who have entered occupational therapy practice at the baccalaureate level be required to obtain a postprofessional master's degree within 10 years of receiving their bachelor's degree. Upon completion of the master's degree, they would be eligible for advanced certification in occupational therapy.

Entrance to the field of occupational therapy at the baccalaureate or basic graduate level can remain as options. For those entering the field at the baccalaureate level, however, we must promote the pursuit of a postprofessional master's degree by offering an advanced certificate, mandated to be achieved 10 years after entrance into occupational therapy practice with a bachelor's degree. Occupational therapy master's degrees or postprofessional degrees in related fields, such as pediatrics, gerontology, motor learning, ergonomics, biomechanics, sociology, or anthropology, would be accepted as appropriate fulfillment of the graduate degree requirement. Salary increases and promotions should accompany this accomplishment. If this expectation is unmet, the occupational therapist should negotiate monetary and status increases or move to an employment environment that offers greater professional recognition for the graduate's advanced education.

A momentous change? Can we set a plan in motion to activate a strong requirement for graduate education? Using our occupational therapy skills in problem solving, goal setting, task orientation, and careful selection of methods and resources, we need to “befriend change” (Fine, 1988, p. 417). We can select possibilities for progressive career development with a required achievement incentive of advanced certification linked to graduate degrees. If not now, when? ▲

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References

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