AN EVALUATION OF THE CRITERIA AND PROCEDURES USED FOR SELECTION OF OCCUPATIONAL THERAPY STUDENTS AT SOUTH AFRICAN UNIVERSITIES

DISSERTATION BY

ROBIN W.E. JOUBERT

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF OCCUPATIONAL THERAPY

SUPERVISOR: PROFESSOR MARJ CONCHA
CO-SUPERVISOR: DR. ANGINA PAREKH

DEPARTMENT OF OCCUPATIONAL THERAPY
FACULTY OF HEALTH SCIENCES
UNIVERSITY OF DURBAN-WESTVILLE

1997

DECLARATION

Academic Registrar
University of Durban-Westville

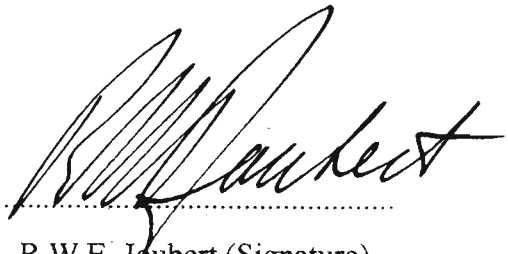
12 January 1997

Dear Sir

I, Robin Wendy Elizabeth Joubert,
Registration number 9151977,
hereby declare that the dissertation entitled:

An evaluation of the criteria and procedures used for the selection of occupational therapy students at South African universities,

is the result of my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other University.



R.W.E. Joubert (Signature)

12/1/97

Date

DEDICATION

I dedicate this dissertation to my mother, Diana Joubert, whose years of love, dedication and encouragement to me have provided the compost upon which such things grow and to my late father Leo, whose positive never-give-up attitude to life instilled a positive acceptance that it could never be "straight sailing".

ACKNOWLEDGMENTS

To my supervisors Professor Marj Concha and Dr Angina Parekh, both of whom have enormous work commitments but despite this always made themselves available to provide excellent advice and support and to carry out the tiresome task of reading through the many pages of my proposal and draft dissertation, often at very short notice.

To my work colleagues in the Department of Occupational Therapy at the University of Durban-Westville: Dain, Blanche, Cathy, Stanford, Shan, Rene, Ann and Mat, all of whom stood by me through the difficult times and provided quiet support and a genuine willingness to allow me time to get on with the completion of this degree. My particular gratitude to Dain van der Reyden who so willingly and excellently took over the reins of the Department during my frequent absences over the past two years. To Shan Dhasiar who so kindly helped with some of the initial emergency typing of the first draft and to Blanche Pretorious for assisting me with her computer expertise in plotting the various bar diagrams and pie charts needed for my proposal and dissertation. To Mat Muller-Nedebock who went out of his way to ensure that my computer was always functioning.

To the many special friends and colleagues at the University of Durban-Westville and especially the Faculty of Health Sciences, Lyn MacFadyan, Veeren Rambritch and Colin Pillay who gave constant words of advice and encouragement and offered their services whenever I needed them. And especially to Jenni Smit who provided me with some

excellent and relevant literature and gave up an entire Saturday afternoon to advise me on my data analysis. To Carey-Ann Jackson from the Department of Psychology who also provided literature and advice on my analysis. To Glen Jager from NICHE who gave detailed and valuable feedback on my proposal.

To Sumima Singh from the Academic Computer Centre and Clint Rynners from IDHIG who, at very short notice, colour plotted and printed all the figures for the final draft of my dissertation.

To Finn Christensen from the Human Sciences Research Council, KwaZulu Natal, who was particularly helpful in providing advice on the data analysis section of my research.

To the Heads of all the Occupational Therapy Training Centres for making it possible for me to gather the necessary data. To all the lecturers and clinicians who so willingly participated in the focus groups and provided a wealth of valuable information. To all the students who participated in the focus groups, some of whom missed lectures to be there, and who provided the most fun of all the groups. To the coordinators at each University for so kindly assisting me in organising and running all the groups.

To Sidney and Estelle Shipham who, on my infrequent visits to Pretoria, provided me not only with a warm and hospitable home to stay in but who made me feel that my research was more important than any other in South Africa! Such encouragement is very necessary in the often overwhelming and confidence-busting world of research.

To Eleanor Conner who was able to turn my messily typed draft pages into works of art and

reverse my dreaded computer errors with the flick of her fingers.

To Leonie Joubert, my niece, for helping so willingly with the proof reading.

To my dear family who so patiently put up with my many excuses not to be able to participate in family get-togethers because I rarely had the time. To Deonette van Zyl for being a constant source of encouragement and support.

None of this would have been possible without the amazing spiritual strength and wisdom and answers to countless prayers given me throughout by the dear Lord.

INDEX

LIST OF TABLES

LIST OF FIGURES

LIST OF ANNEXURES

LIST OF ABBREVIATIONS

ANC	African National Congress.
APS	Academic points system.
DEC	Department of Education and Culture (Department originally responsible for education of Coloured and Indian pupils).
DET	Department of Education and Training (Department originally responsible for education of African pupils).
HBUs	Historically Black Universities (Annexure 1, Operational definitions).
HSRC	Human Sciences Research Council.
HWUs	Historically White Universities (Annexure 1, Operational definitions).
JMB	Joint Matriculation Board.
Maths	Mathematics
MB	Matriculation Board.
MEDUNSA	Medical University of South Africa
MED	Abbreviated form of MEDUNSA used in tables.
NCHE	National Commission on Higher Education.
NSL	Natal Senior Certificate.

RDP	Reconstruction and Development programme.
SAMDC	South African Medical and Dental Council.
TSC	Transvaal Senior Certificate.
UCT	University of Cape Town.
UDW	University of Durban-Westville.
UP	University of Pretoria.
US	University of Stellenbosch.
UOFS	University of the Orange Free State.
UWC	University of the Western Cape.
WITS	University of the Witwatersrand.

ABSTRACT

The existing selection criteria and procedures applied at universities training occupational therapists in South Africa are not meeting the country's need for selecting students who adequately fulfill the demographic mix which represents the South African population.

The aims of this research were: to investigate the existing criteria and procedures used for the selection of occupational therapy students; to establish recommendations with regard to how these criteria and procedures can be adapted to allow for more appropriate and equitable selection of students, and to obtain opinions from qualified therapists about those characteristics deemed most important for them to possess in the current South African Health System.

A combination of quantitative and qualitative methodology was adopted. A survey was undertaken to obtain basic information and statistics about the numbers of applicants selected, and the existing selection criteria and procedures currently used to select occupational therapy students in South African universities. A series of two focus groups for each of the eight existing universities were carried out i.e. one incorporating the views of lecturers and clinicians and the other the views of students. The purpose of these groups was to obtain existing and emerging views of qualified therapists and students on current selection processes, what could be recommended to make selection fairer for disadvantaged applicants and what specific characteristics of qualified therapists would be most desirable in the current health system.

The results indicate that the proportion of African students admitted into occupational therapy degrees is still far below numbers of other race groups, particularly white South Africans. That existing selection criteria and procedures are still dominated by eurocentric influence, particularly in the historically white universities, although there are definite attempts on the part of all occupational therapy training centres to overcome this, and that there are serious problems related to recruitment of African applicants which are partly the cause of the low numbers of African applicants.

Characteristics deemed most desirable in qualified occupational therapists included many, most significant were: flexibility, particularly a special ability to be able to adjust to all types of people and cultures which included good communication and interpersonal skills; the ability to be assertive where appropriate; a "life-long-learner" attitude including a visionary mentality/attitude; creativity and innovative thinking; perseverance, determination and good management skills.

CHAPTER ONE

THE PROBLEM AND ITS SETTING

"I think that the moment any person mentions psychometric testing it reminds me of a science test we did at matric level ..... there was this prize that if you won you had an offer to go to London ..... the first question in the test was; 'what is the colour of a TV screen when there's no picture on it but it's (turned) on ? ..... I'd never seen TV before and they wanted me to tell them that !" ..... (Quote from focus group by a Senior Lecturer in Occupational Therapy, MEDUNSA).

1.1 INTRODUCTION

In order to understand the complexity of the problems related to the selection of occupational therapy students at Universities in South Africa, it is essential to view them in their historical and present contexts.

1.1.1 THE HISTORICAL CONTEXT

A. The South African Health System

This system was based upon apartheid principles in which the health care system was fragmented and designed to meet the needs of the advantaged, minority White population. The focus was centred around first world, eurocentric, curative care and guided by the biomedical model. Team work was not emphasised, and the doctor played a dominant role within the hierarchy. There was little or no emphasis on health and its prevention and maintenance. Instead greater emphasis was placed on medical care. (The African National

Congress, 1994a). Consequently, the training curriculae of the various health professional groups at Universities were designed to accommodate this focus.

The traditional biomedical model's concept of the medical doctor, predominantly male, as leader of the team and supreme contributor to health care, became so entrenched within the system that, with the exception of nursing, the contributions of other health professional groups to health care were denigrated under the title of **supplementary** health services.

Carter *et al.* cited in Taylor (1995), maintains that society views the caring professions, such as nursing and occupational therapy, as women's work, resulting in them being awarded lower status than equivalent "male" professions. And Oakley cited in Taylor (1995) maintains that this impact is evident on salary levels, on power relations in the multifaceted team and on expectations of non-assertive "feminine" behaviour in general. The implications of this are relevant to South Africa and are two-fold. Firstly, it has resulted in the perpetuation of traditional perceptions that these **supplementary** professions were, and should be, female oriented and this has been reinforced by the provision of shockingly low salaries which has further deterred prospective male applicants to courses in occupational therapy; and secondly it has perpetuated an attitude of condescension towards the profession by those who are unaware of its contribution to health care.

Taylor (1995), writing about female dominated occupational therapy in the United Kingdom, maintains that in an effort to seek status, legitimacy and recognition, the profession has increasingly aligned itself with the reductionist medical model, a sure way of gaining recognition in the British health care system. She also maintains that this reliance upon an association with medicine may have been detrimental to a distinctive sense of identity with

which occupational therapists can feel at ease. This was and probably partially still is applicable to South African occupational therapy.

Although occupational therapists in South Africa have in recent years made serious attempts to realign themselves with more appropriate models, there is no research to determine the remaining influence which the medical model still has upon our profession and hence the influence this has on the type of person we select to 'fit into' that model.

B. The Education System

Perhaps the most unjust of all the apartheid injustices has been that of an education system which was designed to provide Whites with excellent foundations for progression into tertiary education whilst Africans particularly, and to a lesser extent Coloureds and Indians, were provided with an education system which was grossly under-resourced and inadequate. As Calitz (1994) states, *'up until 1994 the provision of education was ethnically based, with separate departments for each ethnic group ..... for African pupils education was voluntary whilst for all other pupils it was compulsory until the age of 16'.*

As can be seen from statistics in Tables 1.1 and 1.2 below, the cumulative effect of this has been that the majority of African pupils writing the matriculation examinations fail or pass with extremely low symbols.

Table 1.1 The number of candidates offering a subject set that would lead to university admission and the number of successful candidates for the 1992 matriculation examinations (Calitz, 1994).

Group	Total	Offering Matric		Obtaining Matric	
		Number	%	Number	%
African	316,943	296,486	94	32,471	10
Caucasian	66,148	31,888	48	27,503	42
Coloured	24,430	8,105	33	5,120	21
Indian	14,485	9,636	66	7,156	49

The comparatively small number of Africans who pass matric with high symbols tend to be rapidly recruited by private enterprise or more lucrative, high status tertiary degrees such as medicine, law and engineering. This leaves an extremely small proportion remaining who form the recruiting pool for many other university and technikon courses and who generally have academic points below the average of educationally advantaged applicants to occupational therapy courses (see Table 1.2 below). This places Whites, and to some extent Indians and Coloureds, at an immediate advantage when academic scores are used as the most important yardstick for selection into university courses.

Table 1.2 Aggregate for 1992 full time and 1993 part-time candidates who obtained matriculation endorsements (Lotter, 1996).

Group	45-49.9%		50-59.9%		60-100%	
	Number	%	Number	%	Number	%
African[1]	19,310	53.5	14,447	40.0	2,321	6.4
Asian[2]	696	9.6	2,786	38.4	3,775	52.0
Coloured[3]	684	12.9	2,629	49.5	1,995	37.6
White[4]	1,238	4.4	8,719	30.8	18,345	64.8
Total[5]	27,080	34.6	29,136	37.2	25,041	28.2

[1] African: Det (Includes TBVC countries) [2] Asian: DEC (Delegates)
[3] Coloured: DEC (Representatives) [4] White : 4 Provinces
[5] Total: Four groups as well as MB and NSC candidates from DEC (Assembly)

C. Training Occupational Therapists in South Africa

From 1943, when the first training of occupational therapists commenced at the University of the Witwatersrand, and until 1979, the historically White Universities (HWUs) i.e. Witwatersrand (Wits), Cape Town (UCT), Stellenbosch (US) and Pretoria (UP) were the only Universities to provide training for occupational therapists. It was not until 1979 and the early 1980s that the historically black universities (HBUs) i.e. MEDUNSA (Med), Durban-Westville (UDW) and Western Cape (UWC), commenced training.

Although occupational therapy training centres have, for some years, been attempting to adapt their curriculae to more adequately and realistically meet the health needs of the country and more specifically focus on their role in primary health care and community based rehabilitation, this was only possible theoretically as the lack of clinical training sites in communities made the practical implementation of this virtually impossible. Students had to, for the most part, be trained in tertiary care settings and thus largely be influenced by the approach and ethos which prevailed in these settings.

Given this history and the focus of health care and training in the past, it seems logical to conclude that recruitment and selection of students would have been influenced and consequently biased by it. This assumption is born out by the fact that the vast majority of occupational therapists currently registered with the South African Medical and Dental Council (SAMDC) are White females, and that most training centres are still graduating more Whites than other race groups, see Table 1.3 below.

Table 1.3 Estimates showing the race and gender of occupational therapists registered with the SAMDC for the years 1994 and 1996 (see note below).

	1994		1996	
	Number	%	Number	%
White	1,545	89.36	1,735	89.29
Coloured	43	2.49	45	2.32
Indian	75	4.34	82	4.22
African	66	3.82	83	4.27
Total	1,729	100.00	1945	100.00
Female	1,692	97.88	1,902	97.89
Male	37	2.14	41	2.11

NOTE: The above figures were based on a thorough analysis of the SAMDC's 1994 and 1996 registers for occupational therapists. As the SAMDC does not indicate race or gender it was necessary to use indicators such as name, surname, place of residence and graduation of persons. In some cases queries were also checked with training centres. It is therefore possible there maybe inaccuracies with particular regard to the Coloured grouping.

The above statistics were put through a chi-square test by the Medical Research Council and it was found that there had been no significant change between 1994 and 1996. This fact is backed by figures that indicate training centres continue to turn out a majority White group of graduates (see Figures 1.1 and 1.2) and are cause for considerable concern. Further cause for concern are the very small numbers of male occupational therapists currently registered.

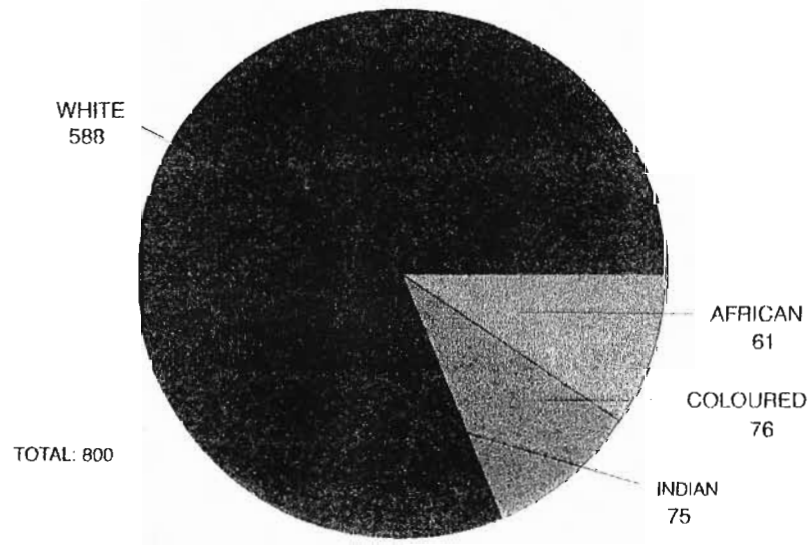


Figure 1.1 Approximate numbers of students qualifying at all eight occupational therapy training centres for the period 1990 to 1994.

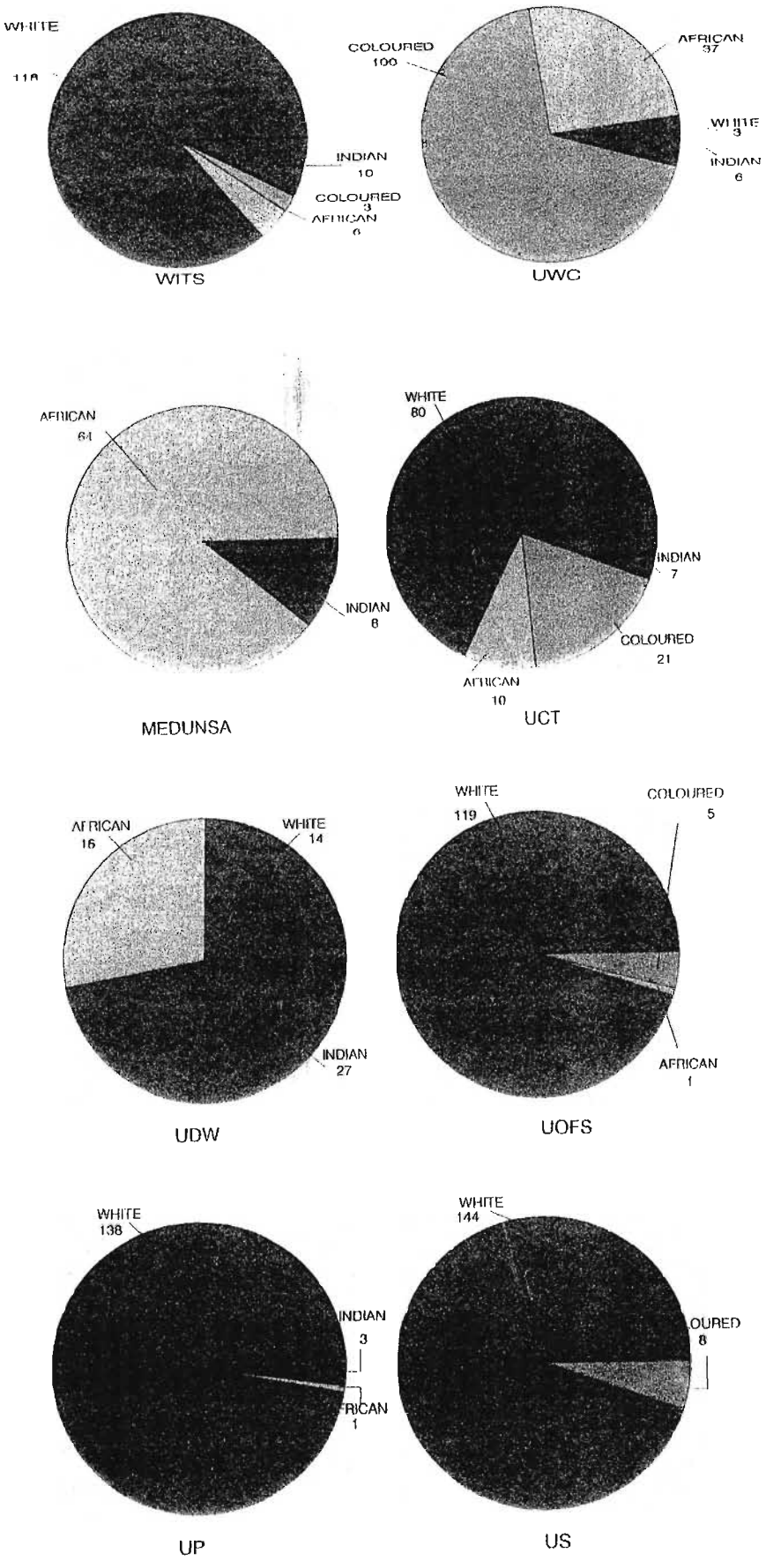


Figure 1.2 Approximate numbers of students registered at occupational therapy training centres in 1995.

1.1.2 THE PRESENT CONTEXT

A. The South African Health System

The democratic election of the African National Congress (ANC) led government in April 1994 has brought with it the welcome and essential changes needed to transform and reconstruct our traumatised society. The ANCs reconstruction and development programme (RDP) has set the blueprint for a new National Health System based upon "*the transformation of the entire delivery system ..... driven by a primary health care approach'. (ANC 1994b, page 43-44).* This transformation carries with it an approach and ethos which is very different to that of the old health system.

'The health of all South African's will be secured mainly through the achievement of equitable social and economical development ..... the ANC is committed to the promotion of health, using the Primary Health Care Approach as the underlying philosophy for restructuring the health system' (ANC, 1994a, page 9).

Health care will now revolve around community partnerships with the shift of focus of treatment implementation moving into the community rather than being concentrated in the institution. The vast numbers of disadvantaged people who previously had inadequate access to health care now have access to health care. However, the numbers of occupational therapists within the country are too few to meet the needs on a one to one basis as happened in the past. Previously, because rehabilitation was institute-based and so few people were able to access it, it was more possible for therapists to see larger numbers of patients individually. In future, with rehabilitation being taken to the community, far greater numbers will have access and this will necessitate more group treatment.

According to the 1995 mid-year estimates of the population given by Central Statistical Services, Durban (June 1995), there are 41,244,000 people living in South Africa. Thus the current ratio of occupational therapist to population in South Africa is approximately 1 : 23,854. However it is likely that a proportion of registered occupational therapists are either not practising, are in private practice or are not in the country due to large scale recruitment from the United States, United Kingdom and Canada. It is therefore possible that this ratio is closer to 1 : 25,000-30,000. In South Africa the ratios according to race groups are approximately as follows :

Table 1.4 Estimated ratio of occupational therapists to population according to race groups, based on 1995 statistics.

White	1,545 occupational therapists	1 : 3,381
African	66 occupational therapists	1 : 478,681
Coloured	43 occupational therapists	1 : 81,581
Indian	75 occupational therapists	1 : 14,013

The above ratio's support the ANCs (1994a, page 9) statement that *'The inequities in health are reflected in the health status of the most vulnerable groups'.*

The intention of providing the above figures is to further demonstrate the serious inequities in terms of qualified White occupational therapists as opposed to other race groups. Obviously in reality qualified therapists treat patients of all race groups.

As a result of the many factors discussed above, an entirely new orientation, both in terms of selection as well as training of occupational therapists will have to occur. It not only means the urgent need to select and train a more racially representative group of occupational

therapists but also, quite possibly, the need to recruit therapists with a disposition and orientation which differs from the existing one.

B. The Education System

The RDP will *'develop an integrated system of education and training that provides equal opportunities to all irrespective of race, colour, sex, class, language, age, religion, geographical location, political or other opinion.'* furthermore *'the new national human resources development strategy must be based upon the principles of democracy, non-racism, non-sexism, equity and redress to avoid the pitfalls of the past.'* ANC (1994b, page 60). The implications of the RDP in the context of this proposal are that:

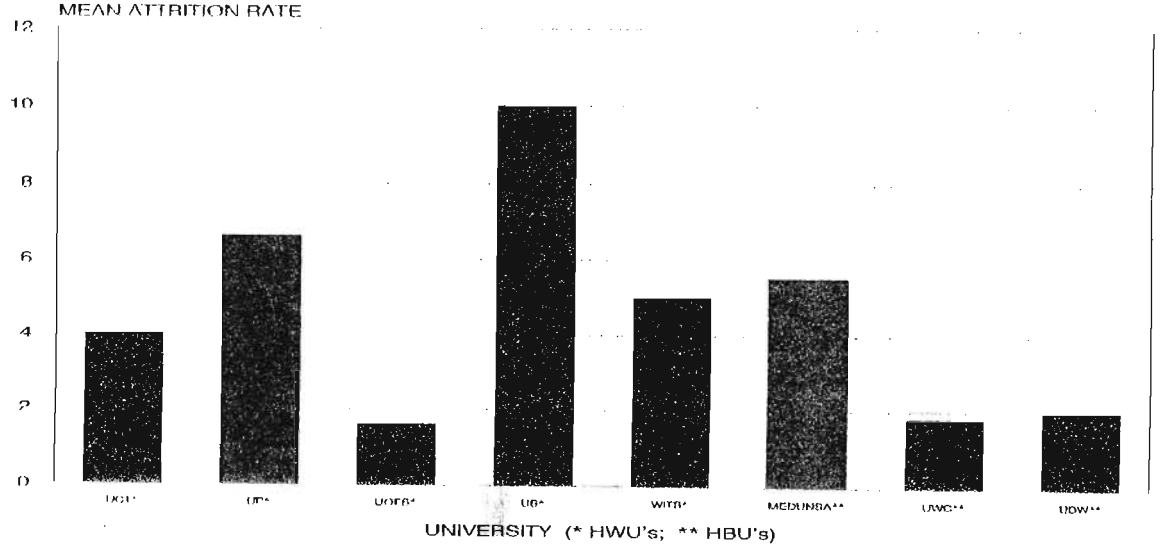
I) The implementation of this system will take several years before the fruits of it can be born, which in turn means that the problem of poor matriculation results and low points scores for African matriculants will continue to be present for some years to come although the numbers of African applicants with better matriculation symbols will now start to improve. In future the use of the points system as a selection criteria will become more acceptable than it is at present. But until education is completely equalised the use of the points system as the overruling determinant in selection of students will continue to discriminate against African applicants.

II) A policy of social redress is already in place and all Universities training occupational therapists are, to a greater or lesser extent, implementing some form of affirmative action in their selection of students to courses. Based on the very limited intake of African students to HWUs, (Figure 1.2, page 11) it would appear however that the majority of Universities training occupational therapists are still not truly answering the need for social redress.

Preliminary investigations suggest that most selections still appear to be largely governed by the matriculation points system. In addition, selection of occupational therapists also involves one or more procedures such as the interview, questionnaire or psychometric testing; most of which are eurocentrically structured and standardised with possible female biases which immediately disadvantages applicants of race groups other than White and possibly also male applicants. Unless these procedures are evaluated and adapted to remove any form of bias against any group of applicants, we will continue to implement an admissions process which is discriminatory and consequently contradictory to the entire ethos behind transformation in South Africa.

C. Attrition

Attrition is another cause for concern related to existing selection procedures at occupational therapy training centres. The following statistics (Figure1.3) are based on the average



FROM: Reports to Advisory Committee on Education : SAMDC OT Board 1991 - 1995

Figure 1.3 The approximate attrition rate of students at occupational therapy training centres for the period 1991 to 1995.

attrition rate of each training centre over a period of 5 years (1991 to 1994) as extracted from their reports to the Advisory Committee on Education of the Professional Board for Occupational Therapists SAMDC.

Although some students may drop out of courses for valid and unpredictable social, financial and health reasons, the reasons could also represent a fault in the selection process either through its inability in identifying students who are uncertain of their choice or selecting students who are either not capable of completing or not suitable for the course. The financial and personal costs to the student, parent and taxpayer, are considerable when one takes into account that the mean per annum for attrition, over 5 years, of all training centres is 36.

D. Traditional Versus Existing Needs

Over the years, selection procedures for occupational therapists in South Africa have been influenced by an increasing body of research from countries such as the United States,United Kingdom, Canada and Australia which has been aimed at determining the ideal personality attributes of the occupational therapist. It has also been influenced by the personal experiences of selectors which was gained from assessing the attributes of successful students and therapists practising in South Africa.

Considering the fact that the vast majority of registered occupational therapists and lecturers at most training centres are White females, it is logical to assume that the selection of most occupational therapy students, of all race groups, is carried out by White, female lecturers or less frequently by White admissions officers. In addition it is quite possible that they could be influenced, and biased by their own sex-role and socio-cultural circumstances. This could further disadvantage African applicants and possibly also male applicants.

It is possible, given the profile of occupational therapists in South Africa, that a kind of "stereotype" has emerged which tends to focus on those desirable attributes which may be compatible with practice in first world, tertiary-based health care. Attributes such as sympathy, nurturance, patience, creativity, a sense of humour and emotional control are desirable in any caring profession but perhaps there is too much emphasis given to attributes such as this and others, important to someone working in a transforming and developing country, such as determination, assertiveness, drive and adaptability, are possibly not given enough emphasis. No research has been implemented to determine if the attributes occupational therapy selectors in South Africa deem desirable, are those necessary in identifying therapists who will work well in Primary Health Care settings for example.

In order to meet the rehabilitation and related health needs of all South Africans it is imperative that we reflect the demographic mix of South Africa in the proportions of occupational therapists that we train. Leninger in Coetzer (1981) maintains that cultural factors are an integral part of the provision of total health care services to people and that nursing and health care services cannot be adequate, effective or comprehensive unless cultural aspects of health care are given full consideration. It is impossible for a majority population of White female occupational therapists to do this.

1.2 THE PROBLEM

The existing student selection criteria and procedures applied in occupational therapy training centres in South Africa are not meeting the country's need of selecting students who adequately fulfill the demographic mix which constitutes the diversity of the South African population.

1.3 THE AIMS OF THE RESEARCH

A. To investigate and evaluate the existing criteria and procedures used for the selection of occupational therapy students at South African Universities.

B. To establish recommendations with regard to how these selection criteria and procedures can be adapted to allow for more appropriate and equitable selection of students.

C. To obtain opinions on those characteristics and abilities deemed most important for occupational therapists to posses in the current South African health system.

1.4 THE SIGNIFICANCE OF THE RESEARCH

The results of this research will assist in guiding universities training occupational therapists in adapting their selection procedures and criteria in order to select students who will more adequately and appropriately meet the country's needs in terms of demographic and professional diversity. It will also provide recommendations regarding those attributes considered to be most desirable for occupational therapists working within the South African Health System.

CHAPTER TWO

THE LITERATURE REVIEW

" .....all we do is we add on to make it better and better (for the advantaged candidate).... you know if you're a captain of a team you get a point, if you've got another qualification you get an extra point.....what we should do is to take points off until we've got an equal baseline". (Quote from focus group, Senior lecturer, MEDUNSA).

2.1 INTRODUCTION

As occupational therapists we cannot deny the need to constantly evaluate our position and adapt within a global world which is changing by the minute and, more importantly, within a country which is undergoing dramatic transformation after an extremely abnormal history. Burke (1984) maintains our future as occupational therapists is dependent upon our ability to unite and define our practice. This implies a need not only to define our practice in terms of our country's changing needs but also to define the type of occupational therapist who would most appropriately match the challenges and demands of this changing practice. This in turn has implications for the type of person we select to train as occupational therapists.

On the need for sweeping changes in the health care system, Bruhn in Parlow and Rothman (1974) states that what is critically needed is to produce greater numbers of individual advocates who will actively resist conformity and produce ideas for change that will materially al-

ter the structure of institutions which are no longer responsive to the changing needs of society. This is particularly relevant for occupational therapists in South Africa. Although the country is undergoing such dramatic change, it still carries entrenched attitudes from the past and there still remains a general ignorance and lack of recognition, within the Health Sector, of the important contribution of occupational therapy to the new health system.

Burke (1984) states that the future of occupational therapists depends on their ability to be in decision making positions. Likewise they need to develop leaders in planning and developing programmes for clients (and communities) rather than only being participants in programmes spearheaded by other professions.

Mitchell and Haupt (1990) consider the aim of the admissions process to be one of graduating a class of students well qualified to serve the community in a **variety** of ways.

Thus in order to meet the health needs of this country we need, as Coombes and Bennet (1983) maintain, to create a population of occupational therapists having **sufficient diversity of backgrounds** appropriate to the defined focus of the therapists' role in providing opportunities for patients to cope with life roles at home, work and leisure.

This implies that we not only need a more representative multicultural population of occupational therapists but also more male therapists and therapists with differing personalities and abilities to meet the requirements of this multifaceted profession with its demand for a variety of discrete practical and psychological aptitudes.

A study by Tamara and Ben Shem (1993) to assess and compare the relationship between

work values and vocational choice amongst a group of freshmen students from four allied health professions found that the predictions of students enrolled in occupational therapy were the poorest. Their results indicate that aspirants to careers in occupational therapy hold the most heterogeneous work value pattern. They maintain it is thus reasonable to suggest that this diversity provides the foundation for the unique multi-focussed orientation of the occupational therapy profession and its holistic approach to patient care, which sets the profession apart from other allied health professions.

If the selection criteria and procedures that have been applied to select students up until now have been consciously or unconsciously influenced by a first world, eurocentric stereotype of what characterises the "ideal" occupational therapist, then it could be argued that we have not only been undermining the contribution of occupational therapists to health care in this country but also applying an unfair and discriminatory form of selection.

In order to develop this argument more specifically it is necessary to review the literature as it relates to the various criteria and selection procedures most commonly adopted for selection in occupational therapy training centres in South Africa. The relevant literature and research will thus be discussed according to the following criteria and procedures:

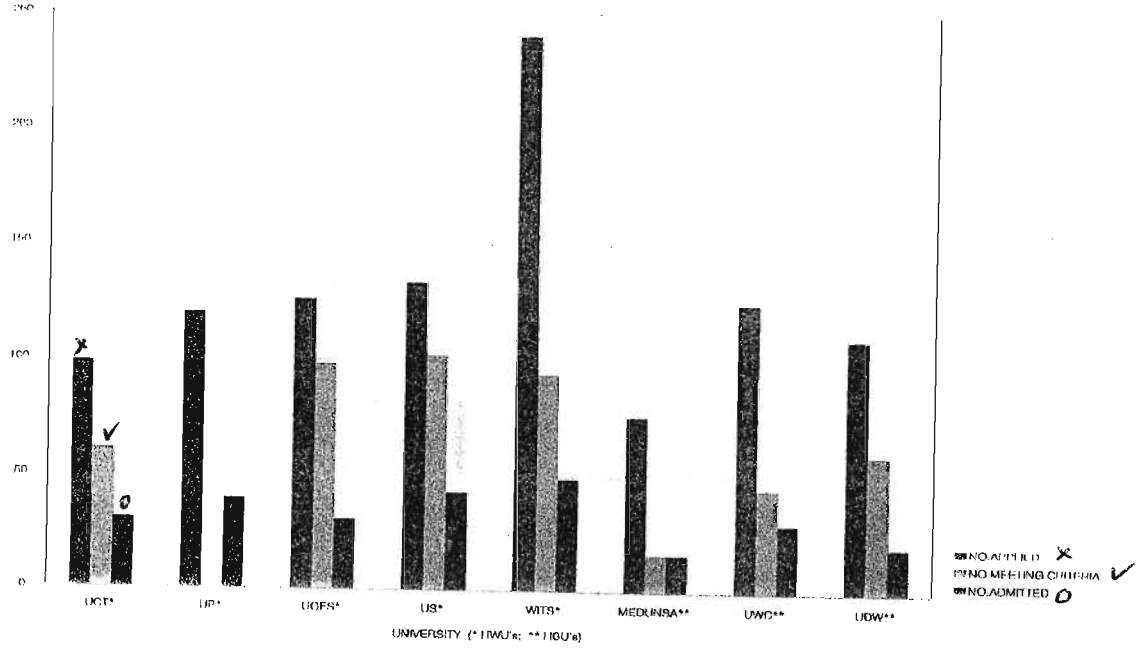
- the academic points system
- prescribed subjects
- the interview
- psychometric testing
- the questionnaire
- testimonials and letters of reference.

2.2. THE ACADEMIC POINTS SYSTEM

Admission to professional degrees both in South Africa and throughout the world is largely

determined by the level of academic achievement the applicant obtains in his or her final school examination. Those with the highest academic achievement generally have the greater advantage over those who do not.

Degrees in the health sciences, including occupational therapy, have become increasingly popular over the past five years as can be seen in Figures 2.1a and 2.1b below. These statistics were obtained from an analysis of the annual reports submitted to the SAMDC Professional Board for Occupational Therapy's Advisory Committee on Education, for the period 1991 to 1995. As can be seen from these figures there has been a substantial increase in both numbers of applicants as well as the number of those meeting the admissions criteria.



FROM: Reports to Advisory Committee on Education : SAMDC OT Board 1991

Figure 2.1a A summary of the approximate numbers of applications to occupational therapy degrees, applicants meeting admissions criteria, and those admitted during 1991.

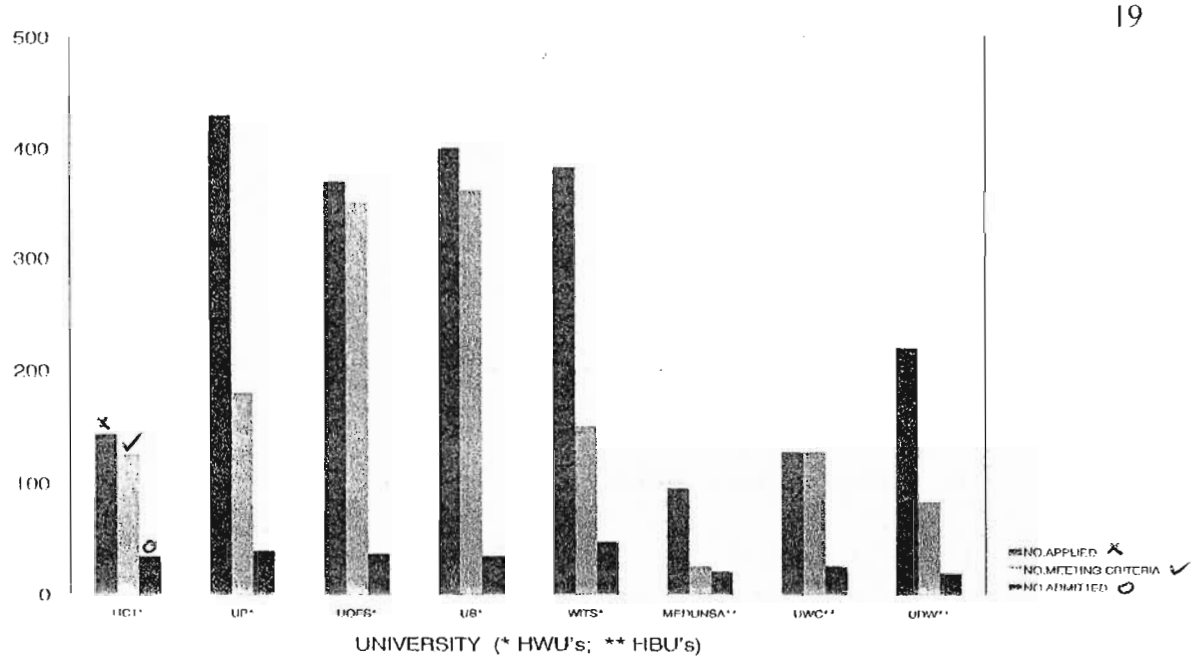


Figure 2.1b Summary of the approximate numbers of applications to occupational therapy degrees, those meeting admission criteria, and those admitted during 1995.

Inspite of this increase in numbers the number of applicants admitted to the various training centres over the past five years has remained almost constant, see Figure 2.2 below.

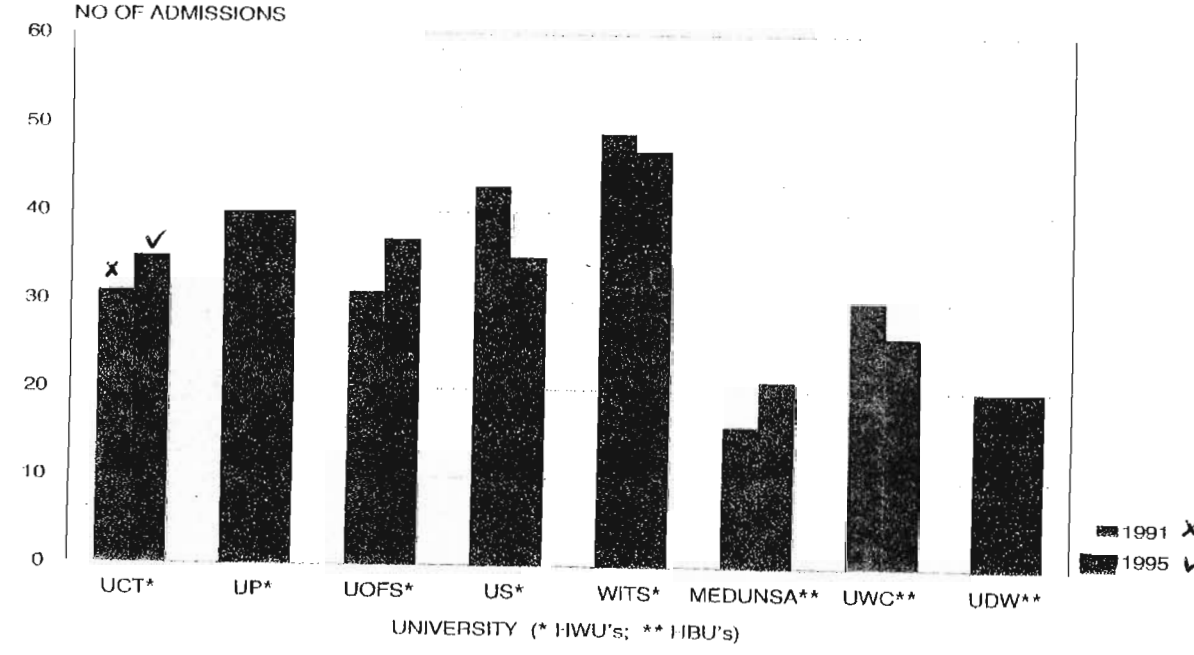


Figure 2.2 A comparison of the approximate number of admissions at South African Universities training occupational therapists for the years 1991 and 1995.

As a result of the increase of applicants with high academic scores and the small number of places available in occupational therapy training centres, competition is considerable and thus the cream of those with high academic scores is scooped off the top of the applicant pool making it virtually impossible for those with average or even above average scores to gain admission. According to Collins and White (1993), this emphasis on high academic achievement by school leavers has resulted in the exclusion of many applicants with outstanding personal qualities.

Research has shown that academic performance at school is one of the only reasonably reliable predictors of how the applicant will perform at university. King (1988) maintains that the final school examinations and school records of tests are the best predictors of success in tertiary level education. However according to Talbot (1966) the matriculation examination only measures which candidates have gained a basic knowledge of the background skills essential for education, it does not measure potential.

Bridle (1987) showed that students selected on the basis of academic scores achieved considerably higher scores at university than those selected by random assignment or interview. However, she also maintains that although these findings were statistically significant the differences were not large.

Smith (1991), in a study of students admitted to the Brown University Medicine Programme from 1983 to 1985, compared those students who had been admitted on academic scores alone and those who had been admitted on interview. They found that, at a statistically significant level, those admitted on academic scores alone obtained fewer failures in their clinical years than did those who had been interviewed.

However Mitchell and Fridjohn (1987) maintain that a good predictor of academic ability should be internally consistent, should accurately predict subsequent marks and should be able to accurately predict failure rate. These researchers analysed third year university performance of medical students at the University of the Witwatersrand in relation to their matriculation scores and found that the difference in the two marks varied according to the type of matriculation examination written. They found that the Joint Matriculation Board and Indian Senior Certificate produced students better equipped for university than did the Transvaal Senior Certificate (TSC) and, in some instances, the Natal Senior Certificate examinations.

Mitchell *et al.* (1987) also found that matriculants who wrote the TSC examinations scored significantly higher marks in these examinations than did matriculants who wrote other senior certificate examinations. Interestingly, the TSC matriculants scored the same in the first year of Medical School as did the other students. Mitchell *et al.* maintain that the TSC applicants thus had an undeserved advantage in the selection process. They further maintain that when there are limited places available for applicants due to a high level of competition a considerable amount depends upon the precision of selection criteria. Thus if marks obtained in the various matriculation examinations is to be a criterion then such examinations should be equivalent.

In the past, this lack of homogeneity of standards across the various matriculation boards logically mitigated strongly against the use of matriculation points as the sole criterion upon which students are selected into degrees in South Africa. In addition to this the fact that African education has been so severely disadvantaged in the past and it is probable that this will have repercussions for some years to come, the adoption of a points system which selects

on the basis of the highest scores will automatically exclude a large proportion of African applicants. The exclusion of African applicants to occupational therapy degrees cannot be allowed to continue given the already extremely low numbers of those currently registered in South Africa.

Obviously with the new educational system where there will be equal education with one examination board, this type of problem is less likely to occur in the future, but it still highlights the need for ensuring fairness in all selection criteria applied to applicants being considered for entry into occupational therapy degrees. It is also unrealistic to believe that all education will be absolutely equal. There will always be some schools with better teachers and resources than others. The only difference from the past is that the scholars within these schools are now likely to be from all race groups rather than mainly one group.

Bridle (1987) maintains that selection procedures should seek to select those candidates who will firstly complete the course of study successfully; and secondly be successful therapists on graduation. When discussing selection of medical students Glick (1994, p267) says; "*when choosing a system we should strive to choose one that hopefully selects for subsequent performance and not merely intra-medical school achievement*". Glick further maintains; "*what is important in life may not be quantifiable and what is quantifiable is often less important .... we should consider whether by selecting exclusively those with the very highest grades we do not sometimes select for qualities of over-competitiveness, single-mindedness and narrowness, which may actually be undesirable in medical practice*". The very same could be true for Occupational therapy.

Glick (1994) states that those students chosen who cannot satisfactorily fulfill their academic assignments, represent a failure to the system. But when faced with the risk of a few drop outs in medical school in order to get a better doctor (or any health professional for that matter) at the end, it is in his opinion a risk worth taking.

2.3 PRESCRIBED SUBJECTS

An additional problem related to the use of an academic points system is the common practice within occupational therapy selection in South Africa to place emphasis on grades achieved in prescribed subjects, particularly mathematics. Most occupational therapy training centres insist on mathematics as a criterion for admission and some even place a weighting on this particular score. This preference for mathematics is based upon the belief that a proficiency in mathematics will lead to proficiency in science and clinical subjects at university and that it provides individuals with superior analytical and problem solving skills. The literature consulted did not come up with any empirical evidence to substantiate this.

Yens and Stimmel in Collins and White (1993) in a longitudinal study of nine classes of medical students showed that entrants without science performed as well as those with a science background. Nevuthalu quoted by Sathekge (1996) states that one out of three hundred and twelve pupils in African (ex-DET) schools, who take mathematics and science currently pass matric on these subjects.

Thus the present practice of insisting on certain subjects excludes not only potentially excellent occupational therapists but also discriminates against many African applicants because of the relatively few who have, up until now, passed mathematics and science as matriculation subjects.

Barber (1996) in an article published in the Sunday Times provides some alarming information and statistics extracted from the International Association for the Evaluation of Educational Achievement's Mathematics and Science Study. These statistics show that *"South African pupils are amongst the worst in the world when it comes to maths and science"*. Of the 41 countries (developing and developed) competing, South African pupils scored the lowest with 24% of the mathematics and 27% of the science questions answered when compared to the world averages of 55% and 56% respectively.

The data for the above study was collected by the Human Sciences Research Council using a racially and geographically represented sample of Standard 5 and Standard 6 pupils in 137 schools. The significance of this research is that even in the so-called advantaged schools, the standard of mathematics and science instruction appears to be inferior to world standards and thus in the previously disadvantaged schools are likely to be even more so.

It is more logical, for example, that a directly relevant subject such as biology could be prescribed as a criterion for admission as shown in research by Green *et al.* (1993) who found that when determining the relationship of grades in A-level biology and chemistry of medical students, the grade achieved in A-level chemistry was not associated with undergraduate examination performance. By comparison students with A-level biology were less likely to have problems in examination performance. There appeared to be a specific relationship between a low grade in biology and difficulties in pre-clinical examinations.

2.4 THE INTERVIEW

The use of the interview as a selection procedure is controversial. Apart from the argument of its subjectivity, in South Africa it is an impractical and expensive procedure in terms of

access to interview sites for applicants from distant areas, the human resources required to implement the process and the administrative organisation required.

Interviewing has been used for selection purposes by most, if not all, occupational therapy training centres in the past but, for obviously valid reasons , some have stopped using it as a selection procedure whilst a few continue to do so.

As discussed previously, findings of Bridle (1987, page 117) which showed that the interview format was unable to provide any indication of the applicant's ability to cope academically led her to conclude that it *"may not be worth the time it takes to administer"*. Smith *et al.* in Edwards *et al.* (1990) compared medical students admitted to Brown University with and without an interview and found that those admitted with an interview showed no significant difference to those admitted without an interview after two years at university. Vargo *et al.* in King (1988) conducted a detailed study in Canada, correlating interview results with pre-professional year academic results and fieldwork assessments and reported a low correlation in all areas. They conclude that the interview is redundant for the majority of cases but should be retained for **disabled students or those whose first language is not English.**

Another problem with interviews, in a society such as South Africa which is becoming increasingly conscientised , is that it is highly vulnerable to legal attack and as Arvey (1979) states, "*one can expect more litigation in future. The fairness of the interview from a legal perspective can be viewed from two perspectives: the degree of adverse impact shown by interview judgements and the degree of validity or job-relatedness of the interview for* ***the majority*** (in this case Whites) *and minority* (e.g. Black, Hispanic) *candidates.*

Arvey's (1979) discussion on the effects of stereotype in the interview has particular relevance to the South African context. He maintains that the majority of definitions of stereotype revolve around the notion of making judgements about people on the basis of their membership of a particular group. He states that stereotypes involve two processes:

(A) The formation of impressions and trait descriptions of particular classes and categories of individuals.

(B) The assignment of these particular traits to a particular individual once their membership in that particular category is known.

He feels that this often impacts negatively upon minorities (in the USA context) in the interview process he maintains that another explanation for differing evaluations of minority candidates as a result of interviews is that minority candidates may behave in a manner that seems different and therefore unfamiliar to the interviewer. Hall in Arvey (1979) argue that sociocultural differences in non-verbal behaviour have resulted in Whites misreading of black applicants and therefore their failure to get jobs. They maintain that it is possible that blacks emit verbal and non-verbal behaviour that is acceptable/desirable in their own culture but which is considered unacceptable or may be misinterpreted or confused by White interviewers.

Fugita *et al.* in Arvey (1979) found that black interviewees showed significantly less eye contact with both White and black interviewers than White interviewees did, eye contact was even less if the interviewer was black. These findings have particular relevance to the South

African context as eye contact is considered disrespectful amongst some African ethnic groups.

The stereotype variable may also come into play with regard to the particular gender of the interviewee if the interviewers judgements are particularly influenced by sex-role typing. In this way males who may demonstrate characteristics which are perceived as belonging more to the female sex type such as shyness, sensitivity and tenderness may be adversely judged and the converse applies to female interviewees. Bem (1974 page 155) states; *"both in psychology and in society at large, masculinity and femininity have long been conceptualised as bi-polar ends of a single continuum; accordingly a person has had to be masculine or feminine but not both. This sex-role dichotomy has served to obscure two very plausible hypotheses: first that many individuals might be androgynous; that is, they might be both masculine and feminine, both assertive and yielding, both instrumental and expressive - depending on the situational appropriateness of these various behaviours; and conversely, that strong sex-typed individuals might be seriously limited in the range of behaviours available to them as they move from situation to situation. An androgynous self concept might allow a person to freely engage in masculine and feminine behaviours, as the situation dictates".* (It is important to note that Bem's sex-role theory does not apply to sexual orientation). The significance of Bem's theory to occupational therapy selection will be discussed later under point 2.5 page 36.

Despite the many arguments against the interview there are also many in favour of its use as a selection procedure. Research shows its value not necessarily in predicting academic success but in selecting more suitable candidates and predicting candidates who may drop out of courses. Goode *et al.* and Lucci and Brockway in King (1988) found that interviews were of

some value in predicting clinical performance. Glick (1994 page 265) says that *"inspite of the inherent limitations of a subjective interview process we* (the Medical Faculty at Ben Gurion University) *feel that it offers considerable advantages over other approaches in student selection ..... it is capable of disclosing facets of an individual not amenable to discovery by examination scores".*

Mitchell and Fridjohn (1990) in a follow-up study of medical students at the University of the Witwatersrand found that students who withdrew voluntarily had significantly low scores on their interviews. He concluded that the interview is thus a useful selection procedure in identifying students who might drop out of courses. This is backed up with research by Powis *et al.* (1988) who found that every student who failed to complete the medical course at the university of new South Wales were rated significantly lower on interview than matched controls. They concluded that the interview appears to identify students who may fail to complete the course.

Glick (1994) in his research found that an additional factor in favour of the interview was that most interviewees, even those rejected, reacted favourably to the interview procedure, maintaining that they felt they had had an adequate opportunity to project their personalities and views.

Edwards *et al.* (1990) in their research on selection of medical students maintain that an indication of any undesirable characteristic in an applicant may trigger a special interview process designed to further probe negative possibilities. More inclusive screening during the interview process could quite possibly save faculty members many hours of effort and frustration in the future as well as protect future patients from iatrogenic difficulties.

It is apparant from research reviewed that the secret to the reliability in the use of interviews as a selection procedure lies in the degree to which confounding variables are excluded from the process, i.e. the degree to which interviews are structured and the degree in which interviewers are trained. Schuh in Edwards *et al.* (1990) describes three dimensions of a good training programme for interviewers viz. instruction, coaching and supervised practice.

Interviewer bias and lack of training can lead to a number of problems in the interview which not only reduce fairness and objectivity but could lead to litigation by the interviewee. Edwards *et al.* (1990) discusses some of the biases common to the interview viz: **the halo effect** which occurs when the interview rater is overly influenced by a single favourable or unfavourable trait which biases the judgement of the interviewees other traits. **Leniency** refers to a rater who tends to use the upper more positive end of the scale and **severity** refers to the opposite. **Central tendency** refers to the tendency to cluster all ratings around the central point of a scale.

Constantin (1976) cites several studies in which unfavourable information provided in an interview changes the interviewers favourable evaluations of the interviewee more than favourable information changes their unfavourable evaluations. He thus maintains that *"the basis for this differential weighting lies in the greater information value of norm-discrepant behaviours, p744"*. In his investigation into favouring in the employment interview, Constantin also found that judges evaluated information that deviated from the social norms more extremely than information that was considered normative. Judges responded to unfavourable information that was irrelevant by rating the applicant lower than when the same information was relevant and judges responded to favourable information by rating the applicant high regardless of the relevancy of the information.

All the above mentioned research is significantly relevant when the interviewer is of one culture or race group, and the interviewee is another, when English is not his/her mother tongue and when the interviewers are of a different culture and they interview in English. In a situation like this the interviewee may make statements which are culturally relevant to him/her but not to the interviewer, or the interviewee's English may be so poor that what she/he says may be misinterpereted.

2.5 "IDEAL" PERSONALITY CHARACTERISTICS OF THE OCCUPATIONAL THERAPIST AND THE USE OF PSYCHOMETRIC TESTING

Holland in Brollier (1970) maintains that ones choice of an occupation is an expressive act reflecting ones motivation, knowledge of the occupation in question, insight, personality and abilities. Dunteman *et al.* in Brollier (1970) concluded from their vocational research that there is probably a complex interaction between the kinds or types of people who elect to take training in a given speciality and its subsequent effect upon them.

Occupational therapists throughout the world have, over the years, been on a quest to try and determine what personality characteristics and traits make up the "ideal" occupational therapist. The result has been a *pot pourri* of characteristics and traits, most of which would be desirable in any caring profession. Hendrickson in Clarke and White (1983) found that occupational therapists compared with other tertiary groups were reportedly more friendly, practical, flexible, warm, broad-minded and aggressive. They also displayed more behaviours for including themselves in the activities of others while at the same time exhibiting less controlling behaviours.

Bailley in Lloyd and Maas (1992) using the 16 PF and Rorschach values survey found values of lovingness, inner harmony and mature love were contained in the profile of occupational therapy clinicians. She concluded that people entering the health care fields are generally expected to be compassionate, caring and empathetic. Carkhuff and Berenson in Lloyd and Maas (1992) outlined the core dimensions of a helping relationship as being empathy, genuineness and concreteness.

In a study to identify core characteristics which representatives of the ocupational therapy profession considered to be essential to a newly qualified occupational therapist (NQOT) in South Africa, Shipham and van Velze (1993) found that the NQOT should be a responsible person who is motivated, honest, conscientious, caring and determined. She/he should be a generalist who is able to communicate well, work in a team, report verbally and in writing and be able to manage his/her own stress.

The personality dilemma is not unique to occupational therapists, even personality theorists are unable to come up with a standard definition of exactly what personality is. Allport in Moller (1995) collected as many as fifty different definitions of personality in a survey. Additionally Moller provides nine different definitions taken from leading personality theorists. He further describes the common elements which run through all or most definitions of personality viz:

- personality refers to the characteristic structure, combination and organisation of the behavioural patterns, thoughts and emotions **which make every human being unique.**
- Personality helps man to adjust to his **unique,** daily circumstances of life.

- Personality refers to the **dynamic nature of man** as well as his tendency to react fairly consistently or predictably in a variety of situations **over time**.

The above elements of personality emphasise the uniqueness of personality to each individual as well as its dynamic, developmental nature.

Peacock (1984) in a study to determine the personality structure of a group of occupational therapists and examine the relationship between specific personality variables and job performance, found that occupational therapists as a group were not distinct from people in general in terms of personality, however, a number of personality variables were specifically related to job performance. The six of these showing the most significant scores were: desirability (need for social approval and acceptance), understanding (lack of desire to understand many areas of knowledge or logical thought), nurturance, change (need for new and different experiences), achievement (a need to accomplish difficult tasks, maintaining high standards and working toward difficult goals) and exhibition (a desire not to attract attention to self or be the centre of attention).

Occupational therapy is a profession with a diversity of speciality and sub-speciality fields of practice, besides the global fields of working either with physically or psychiatrically ill or disabled, there are sub-specialities within each of these broad fields and there are also distinctive speciality areas such as vocational rehabilitation, community based rehabilitation and private practice. There are also administrators, researchers and teachers in occupational therapy. Each one of these specialities or sub-specialities or areas attracts a specific kind of person and research has shown that there are distinctive personality differences between, for

example, psychiatric occupational therapists and occupational therapists working with physical disability.

Hendrickson in Bridle (1962) identified nine factors on Catell's 16 PF test on which occupational therapists in psychiatric practice differed from the general occupational therapy population. Brollier (1970) found that occupational therapists working in the physical field of practice scored higher in the areas of deference and order whereas those working in the field of mental health scored higher in the areas of autonomy and dominance. Brollier in her literature review suggests that, *"occupational therapists engaged exclusively in psychiatry are primarily subjective, concerned with the concept and practice of therapeutic use of self, and have strong affective orientations in their work. Occupational therapists engaged exclusively in physical dysfunction treatment would be seen as primarily objective, systematic, methodical and less affectively oriented in their vocational orientation".*

Nielson and Eaton in Swinehart and Feinberg (1990) developed a profile of individual's interested in psychiatry and found that they had an increased frequency of humanities or social science degrees and less interest in, or preference for, hard sciences. They received their highest medical school admissions scores on the verbal and general information sections. Eagle and Marcos in Swinehart and Feinberg (1990) reported that although those who chose psychiatry may have high scholastic abilities they are more likely to have a lower class rank.

Swinehart and Feinberg (1989) examined admission criteria to one occupational therapy programme and the relationship of these criteria to practise preferences at admissions. The purpose was to establish whether admissions criteria were biased against applicants preferring mental health practice. An analysis of differences in practice preferences between accepted,

alternate and rejected groups of applicants indicated that a bias did not exist. However when admission was recalculated with only grade point averages (GPA) instead of a weighted combination of GPA and interview, it was found that the admitted class would have contained more students preferring mental health practice.

There is currently a serious shortage of occupational therapists working in the field of psychiatry in South Africa. Could it be that our "ideal occupational therapist's stereotype" has a physical orientation? Or that somewhere in the selection criteria and procedures that we use, there is a bias that favours those personality types who are more oriented towards the physical field of practice? Swinehart and Fineberg (1989) maintain that an important step in bringing about change may be to examine occupational therapy admission procedures for potential biases that could be eliminating a disproportionate number of applicants who would prefer to work in mental health, or other fields of practice for that matter.

Besides the various speciality and sub-speciality fields of practice in occupational therapy, the profession also needs to select individuals who will become leaders within the profession. Many of the traits desirable in a caring profession such as occupational therapy are not always compatible with traits desirable in leadership. Research by Scott (1985) on leadership qualities in occupational therapists in the United States found that a substantial proportion of the leaders had similar experiences in childhood, adolescence and adulthood. She maintains that the variables that distinquish leaders from non-leaders are socialisation (early, intermediate and adult work role) work history, leadership role, sex-role and the role in the family.

Scott found that leaders were more likely to have had mothers who expected them to be employed throughout their working life, those who had been involved in organising school or

community activities on a fairly large scale when they were 13 to 16 year olds and have held class or club office during high school or college. She also found that leaders were more willing to work hard and had worked longer periods of time than non-leaders. They were more likely to be administrators and educators, were more likely to engage in research and expressed a greater willingness to accept work pressures. Leaders were also significantly less traditional than non-leaders in their perceptions of appropriate sex roles for both men and women.

When considering the use of psychometric testing to try and determine personality traits and aptitudes desirable for occupational therapists one should bear in mind the humanistic point of view i.e. that a person in his/her humanity is more than the sum of his/her parts. Thus as deVos in Moller (1995) states, "*this means that a scientific study of the individual functions of the person does not lead to any understanding of the person as a whole*". Humanists such as Hjelle and Ziegler (1981) also maintain that a person is never static and is always in the process of becoming different. This implies that what we may extract in a psychometric test is but a very small portion of the person as a whole and that because personality is dynamic it will change and develop with time and circumstance. Certain traits which may be considered important in occupational therapists may thus be nurtured provided they are reasonably strongly present in the individual from the onset.

According to Clarke and White (1983) studies show that certain traits e.g. achievement, order, dominance and abasement, differ with years of training. This suggests that as training proceeds some personality traits change in the direction of those which characterise the ideal occupational therapist. Parlow and Rothman (1974) examined changes in entry characteristics of medical students over a six year period and found that they showed linear changes in

the individual scales (Personality Research Form) in achievement, endurance, impulsivity and nurturance. Psychometric testing at the phase of student application cannot always predict this potential for change and development.

It is important to bear in mind that the scope of occupational therapy practice has changed considerably over the years. The changes occurring not only globally but specifically in South Africa at both national and regional levels. These changes must influence the profession's needs and the kind of people selected to implement them. Taylor *et al.* (1990) in a study of personality types in family practice residents in the United States in the 1980s found that the sample differed significantly according to the Myers-Briggs personality type from both general practitioners in the early 1950s and family practice residents in the early 1970s. There were also significant differences between civilian and military family practice residents but not between community-based and university-based residents.

A study by Westbrooke *et al.* in Clarke and White (1976) showed differences in personality traits of Australian and American occupational therapists. Johnson *et al.* in Peacock (1984) in a survey of the admissions procedures of thirty nine occupational therapy programmes in the United States found that the relative importance of various personality traits differed substantially among programmes. One programme preferred students with the risk taking attributes who could help strengthen and broaden the profession whilst another programme preferred students who were cooperative, outgoing, considerate and relaxed.

Nordholm and Westbrooke (1980) explored the impact of occupational therapy on the changes in student's perceptions of self and the profession. Included in their survey was the Bem Sex-Role Inventory which establishes the level of sex typing (masculinity, femininity

and androgynous orientation) Their study showed that student's responses on the Bem sex role inventory had become significantly more androgynous since commencing the course, suggesting that they had become more flexible and adaptable in their behaviour. Bem (1975) states that generally masculinity has been associated with an instrumental orientation, a cognitive focus of *"getting the job done"* and femininity has been associated with an expressive orientation and affective concern for the welfare of others. Bem hopes that the development of the Sex-Role Inventory will encourage investigators of sex role differences to question the traditional assumptions that it is the sex-typed individuals who typify mental health. One should rather begin focusing on societal consequences of more flexible sex-role concepts. Bem maintains that *"in a society where sex-role has already outlived its utility, perhaps the androgynous person will come to define a more human standard of health"*.

Another problem related to the use of psychometric testing in South Africa has to do with the lack of standardisation of most tests to our multicultural population. The use of aptitude or personality tests with cultural groups other than White, must raise the question of bias and validity thus also the fairness of these tests when other cultural groups scores are rated against Whites. Pfiefer and Sedlacek in Sedlacek and Prieto (1990) found that black students who obtained high grades tended to have personality profiles very different from those of Whites who obtained high grades. On some measures the opposite use of the same predictor will select the best White and black students respectively. The successful minority group (black and Hispanic) student is more likely to be inclined towards and experienced in , *"going against the grain"* as well as being atypical by White norms. Conversely minority (black and Hispanic) students who have a typically "White" profile on these personality measures tend not to do well academically.

Sedlacek and Prieto (1990) found that various non-cognitive measures were more helpful in identifying successful minority students to medical school, these were: a positive self concept, realistic self appraisal, understanding and an ability to deal with racism, preferring long-range goals, availability of a strong support system, successful leadership experience, demonstrated community service and knowledge acquired in the field.

Sternberg in Sedlacek and Prieto (1990) poses some interesting theories with regard to the various types of intelligence and it has implications relevant to the South African context and student selection. He proposes three types of intelligence: **componential intelligence** which is the ability to interpret information hierarchically and taxonomically in a well-defined and unchanging context. People who do well on standardised tests have this type of intelligence. It is seen as particularly relevant to the performance in the early, more didactic part of the curriculum. **Experiential intelligence** involves the ability to interpret changing contexts, to be creative. Standardised tests do not measure this type of intelligence adequately. Sternberg sees it as important in the later parts of the curriculum, in the integrating and synthesising that comes with clinical and professional work. **Contextual intelligence** is the ability to adapt to a changing environment, the ability to handle and negotiate the system.

With the considerable controversies surrounding both the personality issue and that of using psychometric testing in the selection of occupational therapy students in South Africa, it is essential that this matter is investigated more thoroughly and a more equitable and inclusive method of evaluating desirable personality characteristics and traits of prospective therapists be devised.

2.6 BIOGRAPHICAL QUESTIONNAIRES

The focus of this research was on the use of the biographical questionnaire, however because of its relationship to the application form the two should be discussed together.

The first contact that the prospective applicant makes with the training centre of his/her choice is through the standard application form or registration form of the specific university of choice. Once the applicant has indicated his/her choice of occupational therapy as a degree, some training centres then send out a questionnaire requesting more detailed biographical information such as achievements at school, involvement in community work, marks for examinations other than matric e.g. standard 8 and 9, and some may even request small essays on relevant topics such as reasons for choice of occupational therapy as a career.

The researcher found a paucity of literature available on the value of the application form and questionnaire within the selection process. Emmet (1993) states that, "*although application forms are only one component of the admissions process, these documents are a key source of information about the character and/or mission of the individual universities as well as about the prospective student*". This has important implications with regard to recruitment and retention of potentially good applicants. An application form which is consumer friendly and easy to fill in is more likely to impress an applicant who may have applied to several training centres, and therefore may also contribute positively to the applicants choice of university than an application form which is not.

Important information which can later be used for elaboration in an interview can be obtained through a well structured questionnaire and can in this way lead to time saving in the interview and selection process. As Emmet (1993) maintains, these documents provide the

committee members who serve as gate keepers, with a key source of information about prospective students.

Coetzer's research (1981) found that some nursing training centres used application forms to assess aspects such as the command of English language and the ability to express in writing of those whose mother-tongue was not English.

The possibility of bias also comes into the use of these forms in South Africa. For the many reasons discussed in the first chapter and preceding part of this literary review, African applicants are likely to be at a disadvantage when answering some or all of the questions asked in a questionnaire. The problem is compounded by the fact that questionnaires are set in English and have to be answered in English.

Sedlacek and Prieto (1990) feel that the interview and application form are generally slanted towards directions which are unlikely to yield much about the background of the minority (black and Hispanic) applicant. A typical White applicant knows how to answer the forms successfully and will have sought out the activities valued as showing leadership. Minority applicants will not have had the time or necessarily the interest in these activities. Sedlacek therefore maintains it is important for admission committees to examine the culturally relevant activities of minority applicants rather than treat them as if they come from White middle class environments.

2.7 LETTERS OF REFERENCE AND TESTIMONIALS

The researcher was unable to obtain literature related to the use of reference letters in the selection of occupational therapy students. Letters of reference may be a useful source of

information but they too are open to critical attack in terms of their subjectivity, reliability and practical difficulties in terms of following up referees. They could however be a possible source of collateral information in cases where there are uncertainties about a particular applicant.

CHAPTER THREE

METHODOLOGY

"With me, like, I remember I was a member of everything in my school, also in the Township, but when I got to 'varsity I was.....the only black student in my class and I felt so.....you know....out of place, and I thought that, like...these people know too much and I just hopped into my shell". (Quote from focus group:Clinical Occupational Therapist, Gauteng)

3.1 INTRODUCTION

An eclectic approach using a combination of quantitative and qualitative methodology was employed. A quantitative method used for the first phase of the research which focussed on the collection and analysis of data concerned with the selection policies and procedures of each occupational therapy training centre.

The second phase of the research was concerned with obtaining the views of occupational therapy lecturers, clinicians and students about the various criteria, procedures and issues surrounding selection of occupational therapists in South Africa and what they considered to be desirable characteristics of occupational therapists working in the new South African Health System. The data for this phase were gathered and analysed using a qualitative design and forms the greater part of the research.

3.2 RATIONALE

According to Cresswell (1994) the use of combined designs *"is advantageous for the researcher to better understand a concept being tested or explored* (p177)", Cresswell refers to this as the two-phase design approach in which there is a separate quantitative phase and qualitative phase of the study.

3.2.1 THE QUANTITATIVE PHASE

The first part of data gathering necessitated obtaining information about existing policy, criteria and procedures used by occupational therapy training centres as well as gathering statistics about, for example, numbers of students applying to courses, numbers admitted, race groups and gender of applicants admitted. This data were essential for two main reasons, firstly, it provided a general overview of existing selection policy and procedures at occupational therapy training centres in South Africa, which was necessary for the partial fulfilment of the first aim of the research i.e. to investigate and evaluate procedures used for selection of occupational therapy students at South African universities. Secondly, it provided information around which discussion topics could be formulated and organised for the qualitative phase in which focus groups were used.

The use of the quantitative paradigm for this part of the research was based on the need for objective data gathering which was value-free and unbiased and which required a formal, deductive process with a static design in which categories were isolated before the study.

3.2.2 THE QUALITATIVE PHASE

As reviewed in the literature in Chapter 2, research on selection of occupational therapy students has tended to rely heavily on quantitative designs. Consequently, only specific and isolated components of the process can be evaluated. Because of the unique, transitional and dynamic character of the South African society at present, discovering what is best suited for the selection of occupational therapists in this country cannot be easily quantified due to its emerging nature and hence the choice of using a qualitative approach for the greater part of this investigation.

It is justifiable to assume from the statistics in Chapter 1, Table 1.3 and Figures 1.1 and 1.2, that the effects of our history upon selection of occupational therapy students has been influenced by an unfair bias in terms of race and gender and possibly also a eurocentric bias towards those personality characteristics which are considered to be desirable in occupational therapists. As South Africa is now institutionally seeking ways to democratise, race and gender biases that existed are gradually being removed, but the problems inherited from the past make the implementation of fair selection far more complex than they seem.

There is no description of what desirable characteristics would be required to make up the "ideal" occupational therapist in the changed South African health system and consequently what method would be most applicable and fair in selecting applicants to occupational therapy degrees. For these reasons it was considered necessary to evaluate the existing and emerging perceptions and meanings that selectors, lecturers, clinicians and students in occupational therapy give to these desirable characteristics and to selection. This could most suitably be done using a qualitative approach.

A qualitative design was thus used to fulfill the second and third aims of the research i.e. firstly to contribute towards establishing recommendations on how the selection criteria and procedures can be adapted to allow for more appropriate and equitable selection of students, and secondly, to obtain opinions on those characteristics and abilities deemed most important for occupational therapists to possess in the current South African health system.

Ferreira (1988) maintains that the qualitative research paradigm is based on induction, holism and subjectivism. It is inductive in that the researcher attempts to understand a situation without imposing pre-existing expectations upon it; it is holistic in that it perceives the whole as being more than the sum of the parts and that the context is thus essential to the understanding which lies in qualifying how people perceive it; and it is subjective in that the focus is on the experiential states of the actors and their perceptions of a particular situation. Ferreira further maintains that the qualitative paradigm advocates an approach to examining the empirical world which requires the researcher to investigate the real world from the perspectives of the subjects of his/her investigation.

The present study was be based upon the domain of *symbolic interactionism* in which the research focus is on understanding the manner in which individuals take and make meaning in their interaction with others. According to Marshall and Rossman (1989) the emphasis is on the pressures of how meaning is made in social organisation.

Mouton (1988) maintains that symbolic interactionism addresses four levels of analysis viz:

A. The ways in which the self renders its environment socially significant, is transformed by such rendition and construes the environment anew.

B. The ways in which the social worlds are built up by negotiated perspectives and continually redefine reality.

C. The manner in which social worlds influence one another and engender new constellations of meaning.

D. The relationship between such worlds and the overarching symbolism that lends some coherence to society.

In order to provide a suitable environment in which participants could negotiate perspectives, redefine reality and influence one another in engendering new constellations of meanings, the researcher decided that the most appropriate instrument for data gathering would be the focus group and more specifically what Morgan (1988) refers to as the "elite" focus group. Elite focus groups are groups in which the participants have specific knowledge, insights and experience about a particular subject or topic, in this case selection of occupational therapy students and desirable characteristics of occupational therapists. (Please refer to Annexure 1 for further details on elite focus groups).

Focus groups were selected above interviews because, according to Morgan (1988), they are comparatively easy to conduct and they are more cost effective both in terms of time and money. But the most convincing reason, cited by Fern in Morgan (1988), is that when comparing the number of ideas generated in focus groups and in the equivalent number of individual interviews, groups produced roughly 70% as many ideas as did individual interviews.

The decision to specifically make use of elite focus groups was based upon the fact that the specific subject of the research necessitated that participants were not only familiar with the process of selection but with the profession of occupational therapy as well.

The disadvantages of using focus groups are that the researcher has less control over the data being generated and there is the debate as to whether the responses of the group mirror individual behaviour or the feelings of participants because of the possibility of group influence. However, given the advantages discussed above, it is believed that these two problems are negligible by comparison.

3.3 METHOD

3.3.1 PROCEDURE

In view of the time constraints of both the researcher and the participants within the sample it was essential to streamline and carefully organise the fairly complex process of data gathering. This entailed arranging the completion of the questionnaire by the eight heads of occupational therapy training centres, followed by a field trip to each training centre which included a meeting with heads of departments and the execution of two focus groups at each of the eight training centres i.e. a total of sixteen. Thus the negotiations and planning with the heads of departments had to commence at least two months prior to the anticipated field trips (Annexure 2).

The heads of each occupational therapy training centre were requested to sign a commitment of either agreeing or not to participate in the research and to elect a liaison/coordinator with

whom the researcher could communicate regarding the field trip, and who would take responsibility for ensuring the completion of the questionnaire, organising the focus group participants and assisting the researcher in conducting the focus groups. These coordinators were provided with a list of instructions (Annexure 3) .

On completion of each field trip coordinators were sent an honorarium to cover any costs such as faxes, phone calls and stationery.

3.3.2 THE QUANTITATIVE PHASE

A simple descriptive survey method using a questionnaire was employed.

A. Sample

The heads of occupational therapy departments of each of the eight universities training occupational therapists in South Africa formed the sample.

Heads of departments are usually the most up to date with selection policy and/or procedures in their department/university or, if not, are in the best position to utilise the resources of other members in their department or administration in order to acquire the necessary information.

In the case of the University of Durban-Westville, where the researcher is the Head of Department, the selection coordinator in the Department was requested to complete the

questionnaire making use of members of her selection committee, which included the head of department, where necessary.

B. Data collection and procedure

Prior to collecting data, all heads of training centres had been briefed on this research and data gathering process at the annual meeting of the Education Committee of the Occupational Therapy Association of South Africa (OTASA) in Pretoria in August of the preceding year.

An eight page questionnaire was utilised as the data gathering instrument (see Annexure 4). It consisted of two sections, one on general information such as who is responsible for selection at that particular institution, numbers applying annually, numbers accepted, and gender and race groups of applicants accepted over the past three years. The second section required more specific information such as what selection criteria and procedures were utilised at that particular institution and specific details upon each criteria or procedure used.

The questionnaire was piloted by requesting the selection coordinator at the University of Durban-Westville to complete it and provide feedback on any questions which were unclear or information omitted which should be included. Necessary adjustments were made prior to sending it out to all occupational therapy training centres including the selection coordinator at the University of Durban-Westville. A covering letter which outlined the purpose of the research and the requirements of each training centre in terms of both completion of the questionnaire and selection of participants for the focus groups accompanied the questionnaire. It also provided proposed dates for the implementation of the focus groups.

Head of departments were requested to return the completed questionnaires within a realistic period which provided the researcher with adequate time to scrutinise these prior to the field trip to each training centre. It was planned that during the field trip any aspects of the completed questionnaire which were not clear could be discussed during a prearranged meeting with the head of department. Dates and times for focus groups were also confirmed with the return of the questionnaires.

Once all this data had been gathered it was analysed in a rough draft form and recirculated to all Occupational Therapy Training centres for verification that information provided by them was correctly interpreted. (Annexure 5).

3.3.3 THE QUALITATIVE PHASE

The method of data collection was based upon grounded theory in which multiple stages of data collection were utilised through the sampling of different focus groups, constant comparison made of the data collected and finally the refinement and examination of the interrelationship of categories of information (Creswell, 1994).

A. Group facilitation/moderation

The researcher took on the role of facilitator/moderator (Morgan, 1988) for each of the sixteen focus groups using the coordinator as assistant in dealing with the practical issues of each group. The level of moderator involvement was determined, prior to the groups, as being moderately non-directive. Thus apart from setting the discussion topics the moderator did not participate in the discussion except to introduce each topic, answer any queries and ensure that the discussion around each topic remained reasonably focused. In cases where the

discussion slumped, the moderator would then lead questions to evoke further discussion, this however was rarely necessary. The moderator attempted at all times to maintain a relaxed and non-threatening atmosphere with the aim of evoking greater and freer participation of all concerned.

B. Sites

All eight occupational therapy training centres at the following Universities were selected and utilised as sites for carrying out the focus groups i.e. the Universities of Cape Town, Durban-Westville, MEDUNSA, Orange Free State, Pretoria, Stellenbosch, Western Cape and the Witwatersrand.

C. Sampling and procedure

There were two focus groups selected from each of the eight occupational therapy training centres. These comprised the following:

Focus group 1 (lecturer/clinician group): To consist of not less than eight or more than twelve participants, of which approximately half should be lecturers and the other half clinicians. The mix of the group should preferably comply with as many of the following requirements as possible (see Annexure 3).

- at least one person with good experience in the selection process at that particular

institution.

- a mix of various cultural groups.
- both junior and senior members of the profession.
- members with insight into the changing health care system and its implications for the profession.
- representatives of physical, psychiatric and community occupational therapy practice.
- be representative of a variety of outlooks .
- have preferably worked with newly qualified occupational therapy graduates.
- consist of members who had been involved in the supervision of students on clinical practical from the particular University at which the group was conducted.

Focus group 2 (student group) (see Annexure 6): This group should consist of two students elected from each of the four years of training by their student group (eight students per group). Once elected they were expected to come prepared to represent the perceptions and feelings of their particular student group. They were thus requested to meet with their particular student group prior to the focus group in order to canvas the ideas of the group on the selection process, particularly as it had applied to them. Each student representative was given examples on the topics around which discussion would take place (see Annexure 6).

Limitations

i. Initially the researcher had intended to include four focus groups per training centre i.e.

- the first consisting of occupational therapy lecturers and clinician
- a second consisting of students from each of the four years of training
- a third consisting of other medical team members who work closely with occupational therapists, for example, physiotherapists, nurses and social workers
- a fourth consisting of consumers of occupational therapy services, for example rehabilitated persons with physical or psychiatric disabilities who had had at least three months of occupational therapy and were therefore reasonably aware of the role of the occupational therapist in rehabilitation and therefore also the type of person they felt most suitable to deal with this type of work.

However it became obvious from the onset that the time constraints and other variables would make it impossible to conclude the research successfully in the given time should this be undertaken. It was thus decided to include only the first two groups.

The researcher also considered using a combination of the above groups, randomly selecting, for example, groups one and four from one occupational therapy training centre, two and three from another and so on. However it was finally decided that the characteristics of each training centre were too unique to exclude any particular one of the key participants. In the researcher's opinion, the key participants were the lecturers, clinicians within the profession and the students who had been selected into the various degrees.

One pilot group with a medical team and three with consumers were undertaken at four different training centres but it was obvious from the onset that biases such as team members and consumers being influenced by the presence of "their" therapist in the group, severely

influenced the freedom and integrity of participation. Had the researcher been more specific in her requirements for these particular groups, the biases could have been reduced.

The advantage of having the inputs and perceptions of these additional two focus groups undoubtedly would have provided considerably more candid and valuable information. It is thus regrettable that these groups could not have been included.

ii. Because of the researcher's conviction of the necessity for the student groups from each of the four years of training, to select their own particular representatives without external bias or influence, the researcher did not provide any specific requirements for the participants elected to these groups. In retrospect however, the stipulation of requirements such as including a gender and cultural mix might have ensured a greater representation of gender and race groups other than predominately White females within the focus groups (Refer to Composition of Focus Groups, Chapter 4, Tables 4.14 and 4.15).

D. Practice run

The first focus group was carried out with lecturers and clinicians from the researcher's own region and University i.e. Durban-Westville/KwaZulu-Natal. This was used as a trial run and participants were requested to provide constructive criticism, at the end of the focus group, on the manner in which the researcher conducted this group and other practical factors, in order to assist the researcher in making adaptations for the future groups.

At the conclusion of this group participants provided feedback that the researcher was often too directive within the group and instead of waiting for responses to arise spontaneously, was using a method of asking participants their views. This was done by moving from one to the other around the circle. Every effort was made in subsequent groups not to do this.

The information gathered from this group was included within the research as the researcher felt that the University of Durban-Westville had a particularly heterogeneous student profile, which provided participants with insights which were valuable to the research.

E. The planning and implementation process

The dates and times for the field trips were negotiated with heads of Department at each of the eight sites, and carried out during the months of February, March and May of 1996.

F. Procedure for focus groups

i. *Discussion topics/core theme:* Based on the literature review and information obtained from the questionnaires, the researcher established eight discussion topics or core themes around which the focus group discussions would be centered, these were:

Core theme 1. The use of an academic points system as a criterion for selection.

Core theme 2. The prescription of certain matriculation subjects as a criterion for entry.

Core theme 3. The use of interviews for selection.

Core theme 4. The use of psychometric testing for selection.

Core theme 5. The use of biographical questionnaires.

Core theme 6. The use of letters of reference or testimonials.

Core theme 7. What could be done to bring about greater fairness for the educationally/socially disadvantaged applicant?

Core theme 8. What characteristics should occupational therapists possess or be developed in order to function specifically in the new South African Health System?

ii. *Duration of focus groups:* A period of two hours was set aside for each focus group to allow for setting up of the tape recorder, and allowing time for refreshments. The actual period of time for each focus group was reduced from a predetermined ninety minutes to sixty minutes owing to time limitations of the participants involved and an anticipation on the part of the researcher, which was based upon the practice run (page 54), that sixty minutes should be enough to gather the necessary information.

iii. *The venue:* Coordinators were requested to select a venue which was large enough to comfortably accommodate all participants without being too large, to have good acoustics and to preferably be air conditioned due to the warm time of year in which most of the groups were carried out. The seating in the venue was arranged in such a way that all participants were reasonably close to the microphone without feeling threatened by it. A circular seating arrangement was utilised around a table for convenience in terms of placing the tape recorder at a height which was most suited to receive the voices of the participants.

Refreshments were organised for consumption after each focus group or, if participants so desired, to have these prior to the group.

iv. *Role of coordinators during focus groups:* Coordinators were requested to be time keepers and a specified time of approximately 8 to 12 minutes was allocated to each of the eight core themes. This time was however flexible to a degree and coordinators were requested to allow for extension of time in the event of a particular discussion being at a high point even if the time was up.

Coordinators were also requested to keep an eye on the tape recorder to ensure it was continuously working and change the tape around after the first side was completed. Ninety minute tapes were utilised for the recording of each group. Most groups remained within the hour or just over an hour, however some continued for up to an hour and a half.

v. *The implementation of the focus groups:* An outline of procedure for each focus group was drawn up prior to the group. All focus groups commenced with a welcome to participants by the moderator, a brief outline was given of the purpose of the research being undertaken as well as the purpose and procedure for each focus group. Group participants were given basic instructions prior to the commencement of the group which were:

- to speak as loudly and clearly as possible in the direction of the microphone, keeping hands away from their mouths during conversation.
- not to speak at the same time as someone else or interrupt a speaker until they completed their conversation as this made it impossible to hear what was being said on the recording.
- to try not to move chairs or objects around close to the recorder during conversation as this also affected the ability to hear what was said on the recording.

The focus group then commenced with introductions stating name and field/area of practice or work. This also served as a trial run for testing the volume of voices of participants. The recording was then played back to participants prior to commencement of the core themes in order to establish if it was necessary to rearrange seating, closer to the microphone, of those persons with particularly soft voices.

Each core theme was then introduced by the moderator and participants were invited to ask for clarity if there was anything about the topic which was not clear. Towards the end of the time allocation for each core theme, the coordinator would give a sign to the moderator to indicate time was up. If the conversation was still at a productive point the moderator would allow for a few more minutes in order not to lose valuable inputs. If the conversation had more-or-less been exhausted, the moderator would invite final comments before moving on to the next core theme.

At the termination of each group the moderator thanked the participants for taking part and giving of their valuable time. The discussion was then closed.

3.4 METHOD OF ANALYSIS

3.4.1 THE FIRST PHASE i.e. QUANTITATIVE PHASE

A descriptive method of analysis was applied using simple frequency distributions tabulated according to the selection criteria and procedures for each of the eight participating Universities training occupational therapists. This was applied as follows:

a. Where responses from universities required a simple yes or no or a quantity, each university's response to a particular question was tabulated next to each other in order to allow for easy comparison.

b. Where specific descriptions were required these were also tabulated alongside each other.

c. The layout and results of these tables can be seen in Chapter 4.

d. The final interpretation of these results was based upon a comparison of the frequencies of the use of the various criteria and procedures by the eight universities. Where appropriate, the significance of some of the data was compared with existing data in Chapter 1 Tables 1.1, 1.2 and 1.3 and Figures 1.1, 1.2, 1.3 and 1.4. This data were also utilised to inform and highlight comments made in the focus groups (Chapter 4).

3.4.2 THE SECOND PHASE i.e. QUALITATIVE PHASE

The raw data from the 16 focus groups consisted of tape recordings of each group. This was analysed using a system of gradual reduction of data using a thematic framework to a point where it could be more conveniently managed and the interrelationship of categories of information could be examined and interpreted.

The various stages of this process of analysis were as follows:

Stage 1: General familiarization with the data was achieved through the researcher personally transcribing each of the sixteen focus groups systematically, first for focus Groups 1 (lecturers/clinicians) and then for focus Groups 2 (students) according to the following sequence: HBUs first i.e. MEDUNSA, Western Cape and Durban-Westville, HWUs (English

medium) second i.e. Cape Town and Witwatersrand and HWUs (Afrikaans medium) third i.e. Pretoria, Stellenbosch and Orange Free State.

Each tape was transcribed directly using a high quality play-back system (Panasonic Hi-Fidelity Stereo System) with earphones. Dialogue was transcribed and saved directly onto a word processor. Although this was an extremely long and tedious process and could have been short-circuited by paying someone to do it, the researcher felt that it was worth the effort as it allowed her to obtain a perspective on the recurrent ideas and themes emerging from the dialogue.

Stage 2: Specific familiarisation with the data, i.e. each of the sixteen transcripts were further analysed by a process of gradual reduction of information, according to the following phases:

Phase 1. Identification of a thematic framework.

i. All sixteen focus groups' responses to one particular core theme at a time e.g. academic points system, were carefully read through following the same systematic sequence discussed in Stage 1 above.

ii. From the process described in (i) above, four broad common categories of information emerged for each of the core themes 1 to 6 (pages 55-56). These were:

- the advantages of, or agreement with a specific selection criteria or procedure.
- variations to the advantages of, or agreement with a specific selection criteria or procedure, i.e. agree with/has advantages but with stipulations.

- the disadvantages of, or disagreement with a specific selection criteria or procedure.
- Additional points of significance which either related to the specific core theme under discussion or which related to the process of selection in general.

iii. Four different coloured highlight pens were then used to highlight responses according to the 4 broad common categories of information discussed in (ii) above.

Phase 2. Identifying trends common to specific occupational therapy training centres and focus groups.

Common trends which emerged for each of the first 6 core themes under each of the 4 broad common categories above, for each university and group were then condensed into a single representative statement for each category and typed out in capital print for easier reading and pasting.

Phase 3a. Identifying trends common across occupational therapy training centres first for focus Groups 1 and then for focus Groups 2.

First large sheets of brown paper (approximately 100 x 75 cm) were used together with black koki pen, to tabulate responses as follows:

Table 3.1 Showing example of layout for phase 3 of data analysis.

CORE THEME 1	MED	UWC	UDW	UCT	WITS	UP	US	UOFS
Focus Group 1								
Focus Group 2								

Secondly; the summarised trends for each of the four broad categories of each core theme were then cut and pasted under the relevant university and focus group's column from which it had been extracted.

Thirdly; a system of signs combined with colour codes were then utilised to identify common, relevant or differing trends between universities and groups.

Phase 3b: Charting common trends between universities for each of the core themes 1 to 6 , separately for focus Groups 1 and then focus Group 2.

The common sub-themes emerging under each of the four categories from phase 3a above where then charted and tabulated for each core theme, first for focus group 1 and then for focus group 2 (see example of tabulation and charting in Table 3.2. below). In this way it was visibly easier to identify at a glance those occupational therapy training centres and groups where there were commonalities and differences.

Table 3.2 Showing example of how common trends for each core theme, training centre and focus group were charted.

CORE THEME 1: THE ACADEMIC POINTS SYSTEM (APS)									Σ = 8
Focus group 1	MED	UWC	UDW	UCT	WITS	UP	US	UOFS	TOTAL
(1) ADVANTAGES OF: The APS is a valuable component of selection as there has to be some method of measuring academic potential/ability	*	*	*	*	*	*	*	*	7

It is important to mention at this stage that a method of quantification was introduced and continued throughout the rest of the process, whereby the degree of agreement or disagreement was indicated in terms of the number of groups where that particular sub-theme was mentioned. In this way it was possible to give an indication of degree of agreement or disagreement with a particular sub-theme. This in turn assisted the researcher in establishing a degree of priority with regard to certain issues. It did not however influence the fact that the researcher in her discussion and recommendations, also highlighted those sub-themes which she felt were either supported by the literature or were of a particular relevance to the South African context, regardless of the degree of support from groups.

Phase 5: Charting and comparing the common sub-themes emerging for all 16 focus groups from the eight occupational therapy training centres.

The common sub-themes emerging from from all 16 focus groups at each of the eight training centres were then charted on large sheets of paper 42 x 30 cm in such a way that it was easy to see where there were commonalities and differences between all 16 groups (see Table 3.3 below).

Table 3.3 Example of charting for phase 5 of the analysis of data.

CORE THEME 4: PSYCHOMETRIC TESTING																		
	MED		UWC		UDW		UCT		WITS		UP		US		UFS		Σ = 16	
FOCUS GROUPS	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Disadvantages: Most of the tests we use in S.A. aren't standardised to our population groups and are therefore unfair to use in selection.	*				*	*			*		*		*		*		5	2

Phase 6: Identifying most common similarities and differences between focus groups 1 (staff), focus groups 2 (students) and occupational therapy training centres (universities).

By this stage the themes emerging under sub-categories "advantages " and "variations" had fudged, they were thus recorded under the single category i.e. advantages of/agreement with. Common sub-themes emerging for each core theme from all 16 focus groups where then recorded according to:

a. the strength with which a particular theme was supported or not by the 16 groups

b. the relevance of a particular sub-theme (whether strongly supported or not) to another.

Example:

Sub-theme 1:	Interviews are an important/essential part of selection.
Sub-theme 2:	Interviews should not be the only procedure used for selection.

c. the researcher's subjective interpretation of whether she felt the particular theme was of significant relevance to the entire selection process in the context of South Africa today and into the future. These sub-themes were selected regardless of the number of groups supporting them.

Example:

Because of the variety of fields of practice in occupational therapy in South Africa and consequently the possible personality differences, there is no single test which will identify all we need to know.

Phase 7: Analysis of core themes 7 and 8.

Core themes seven and eight did not give rise to the same four sub-categories of information that the first six core themes did. They were thus analysed in exactly the same way as described for phases one to six above, except that the information obtained from them was not sub-divided into the four broad sub-categories.

The findings of the analysis and interpretation of the data will be discussed in Chapter 4 and Chapter 5.

CHAPTER FOUR

RESULTS OF ANALYSIS

"We tend to get so concerned about seeking the right personality that we end up looking for some super human person ..... few of whom exist ..... the average person can also make a good occupational therapist. Perhaps we should also select average all-rounders and gear our training to build on the skills they need" (Quote from Focus Group: Senior Lecturer in occupational therapy, University of Pretoria).

4.1 INTRODUCTION

The analysis and findings of the data will be discussed according to the two sets of data gathered i.e. for the first, or quantitative phase, and the second, or qualitative phase. This included analysis of:

A. The questionnaire completed by all 8 training centres on the criteria and procedures used for the selection of Occupational Therapy students in South Africa.

B. The transcripts of the 16 Focus Groups conducted at each of the 8 Universities training occupational therapists.

NOTE: For purposes of making the reading of tables more reader friendly the focus groups are referred to as **staff** for focus group 1 (occupational therapy lectures and clinicians) and

students (from all four years of training) for focus group 2.

4.2. THE RESULTS OF THE ANALYSIS OF THE QUESTIONNAIRE ON THE CRITERIA AND PROCEDURE USED FOR THE SELECTION OF OCCUPATIONAL THERAPY STUDENTS IN SOUTH AFRICA

This will be discussed according to the various sections of the questionnaire (Annexure 4 attached).

4.2.1 GENERAL INFORMATION

A. Responsibility for the selection process

This is shared by both the University Administration and the Department of Occupational Therapy at 6 of the 8 Universities viz., MEDUNSA, Western Cape, Durban-Westville, Pretoria, Stellenbosch and Orange Free State. At the Universities of Cape Town and the Witwatersrand the administration is primarily responsible for selection of students.

Within these two broad descriptions there appears to be a variation in the degree of involvement and responsibility taken for the selection process by the various university's administrations and occupational therapy departments. Thus if this were to be based upon a continuum from one to the other then it would appear as follows:

Administration takes main responsibility — Occupational Therapy Department takes main responsibility

UCT/WITS — MED/UOFS/US — UDW/UWC/UP

B. Specific details of the process as undertaken by the Administration and/or Department (see Table 4.1 below):

Table 4.1 Responsibility for the selection process.

University	Administration	Department
MED	Ranks academic symbols and other credits.	Ensures that the departmental requirements are met. Attends selection committee meeting. Screens health questionnaire.
UDW	Receive all requests for admission. Dispatch application forms and questionnaires. Receipt of all money owed. Compilation of computer printouts of first and second choice applicants. Notification of selection results to all applicants. Registration of selected students.	Careers talks/information provided to potential applicants. Receipt of all matric results and screening for initial selection to determine who qualifies to be called for interviews. Organising and carrying out all interviews. Notification of successful and waiting list applicants.
UWC	Receive all requests for admission. Dispatch application forms and admission requirements. Notify unsuccessful applicants.	Selection and notification of successful and waiting list applicants..
WITS	Responsible for almost entire selection process.	May assist with administrative aspects of selection from time to time or may assist with interviews for all applicants to Medical Faculty including Occupational Therapy.
UCT	Responsible for almost entire selection process.	Head of department and first year class coordinator together with Assistant dean and faculty Officer, make final decision on who is accepted and waiting listed.
UP No's. indicate sequence of selection .	(1)Receives applications and sends out medical report forms and confidential report forms to all candidates. (2) Short lists according to their merit scoring system and categories applicants. (3) Sends short lists to departments. Notifies all applicants of results and deals with the waiting lists. (8) Sends medical forms to successful applicants and process these once returned.	(4) Organize interviews once short lists received. Process medical and confidential report forms once these are returned. (5)Carry out interviews and organize psychometric testing for those for whom it is considered necessary. (7) Determine rank order of successful and waiting list applicants and send these to administration.
US	Select those whose pass criteria for admission to the University. There is a selection committee which determines the successful applicants. Committee consists of the Dean, Assistant Dean, Heads of Department of Occupational Therapy, Physiotherapy, Speech and Hearing Therapy, Nursing and two doctors specifically appointed to the committee.	Responsible for final selection of those on the waiting list.
UOFS	Send out application forms. Receive and process data on forms, eg. work out academic points; adding credit points; preparation of final list without selection points. Notification of candidate that selection is successful/unsuccessful.	Contact with students/scholars who apply Compilation of departmental selection list according to departmental priorities. Deal with selection enquiries. Make final selection together with Faculty selection committee.

C. Approximate numbers and race groups of applicants applying and accepted into the various courses

Tables 4.2, 4.3 and 4.4. give approximate numbers of applicants applying and admitted to occupational therapy degrees for the period 1995 to 1996, as well as a breakdown of race groups applying and accepted to these courses for the period 1994 to 1996. Unfortunately, as can be seen from these tables, some occupational therapy training centres do not have statistics on the various race groups applying to their courses as this is not indicated on application forms.

Table 4.2 Approximate numbers of applicants applying and accepted into the various occupational therapy courses for 1995/96.

University	OT first choice	OT second choice	Approximate number who qualify for admission	Number accepted into First year
MED	78	172	26	25
UWC	123	unknown	±110 (90%)	30
UDW	130	110	±100	20
UCT	150-170	unknown	±120-136 (80%)	36
WITS	±132	±261	88 (66.66%)	30-40
UP	±350	unknown	unknown	40
US	±203	197	50-100	35
UOFS	200-250	50-500	150-188 (75%)	40
Totals	1366-1436			256-266

Table 4.3 Approximate numbers of the various races applying over the past 3 years, ie. 1994, 1995 and 1996.

University	African			Coloured			Indian			White		
	1994	1995	1996	1994	1995	1996	1994	1995	1996	1994	1995	1996
MED	63	71	55	2	0	01	21	18	21	0	3	2
UWC	45	57	40	45	55	70	16	14	21	0	2	4
UDW	47	39	40	3	01	01	76	80	72	20	32	17
UCT	-	40	33	-	19	15	-	19	36	-	66	33
WITS	-	20	14	-	-	01	-	30	25	-	-	600
UP	-	-	-	-	-	-	-	-	-	-	-	-
US	-	-	-	-	-	-	-	-	-	-	-	-
UOFS	3	1	10	3	4	3	0	0	0	32	31	345
Total			192*			91*			175*			1001

* based on figures available for 1996.

Table 4.4 Approximate numbers of the various race groups accepted into occupational therapy degrees for the period 1994 to 1996.

University	African			Coloured			Indian			White		
	1994	1995	1996	1994	1995	1996	1994	1995	1996	1994	1995	1996
MED	18	18	22	0	0	0	1	3	1	0	0	1
UWC	6	15	3	20	11	16	5	6	7	0	1	4
UDW	15	8	8	1	0	0	36	9	8	26	3	4
UCT	2	3	4	1	5	3	3	2	1	24	23	24
WITS	-	4	3	-	1	0	-	6	5	-	40	33
UP	-	-	2	-	-	0	-	-	6	-	-	23
US	0	0	0	2	5	2	0	0	0	38	30	28
UOFS	-	-	2	-	-	1	-	-	0	-	-	37
Total			44*			22*			28*			154*

* based on figures available for 1996.

4.2.2 SPECIFIC INFORMATION

This will be represented in tables according to the following information gathered:

a. Prescribed matriculation subjects, weighting of subjects and any other stipulated criteria, Table 4.5.

Table 4.5 Subjects, weighting and other criteria.

University	Specified subjects	Weighting of subjects	Other criteria stipulated
MED	Mathematics and Physical Science or Biology	Yes - score only on the 2 science subjects	Must have matric exemption. Must submit medical report.
UWC	Recommended Biology, Mathematics or Science	No	Matric exemption
UDW	Must have Mathematics or Biology or Physical Science with pass on HG or at least 50% on SG	No	Matric exemption
UCT	Mathematics or Science	No	Matric exemption
WITS	Mathematics and Science or Biology	Yes, Maths and Science or Biology	Must have visited an Occupational Therapy Department or Practice.
UP	Maths and Physics or Biology on HG or Maths or Biology on SG with 50% minimum	No.	Medical report Candidates have to fulfil all specific requirements There is no Provisional selection
US	Mathematics (essential), Physiology, Science, or Biology (recommended)	No	A) Candidates must visit a physical and psychiatric OT department and write a short report about the visit B) Submit medical report from GP
UOFS	Mathematics or Physical Science or Biology	Yes must have a specific number of points when two science subjects added together	Must submit medical report from GP

b. Methods of application of an academic points system (APS) at the various occupational therapy training centres, Table 4.6.

Table 4.6 Use of academic points system.

University	A		B		C		D		E		F		Cut-off *
	H	S	H	S	H	S	H	S	H	S	H	S	
MED	8	6	7	5	6	4	5	3	4	2	0	0	8 ie. Scores based on best two science subjects
UWC	-	-	-	-	-	-	-	-	-	-	-	-	not applicable
UDW	8	6	7	5	6	4	5	3	4	2	2	1	30 for advantaged 25 for disadvantaged
UCT	8	6	7	6	6	5	5	4	4	3	3	2	35+ for advantaged 32+ for disadvantaged
WITS	-	-	-	-	-	-	-	-	-	-	-	-	53 based on a formula (see page 73)
UP	5	4	4	3	3	2	2	1	1	0	0	0	Varies according to category of applicant. Category 1,3,5,6,= 18 Category 8 = 14. (see page 73)
US	-	-	-	-	-	-	-	-	-	-	-	-	Accept those with the highest percentage matriculation aggregate
UOFS	-	-	-	-	-	-	-	-	-	-	-	-	Minimum 65% matriculation aggregate. Also based on formula of which academic points make up 86%

c. Scoring adaptations for disadvantaged applicants to occupational therapy degrees, Table 4.7.

Table 4.7 Scoring adaptations and how these accommodate different levels of applicants, particularly disadvantaged applicants.

MED	Not applicable
UWC	Do not apply an APS specifically because it disadvantages those who apply from disadvantaged educational backgrounds
UDW	Have a quota system, i.e. admit 20 students a year of whom 40% (8) are from disadvantaged backgrounds and the remaining 60% (12) from advantaged backgrounds. Both groups go through an identical but parallel selection process where the cut-off for disadvantaged applicants is 25 and advantaged applicants is 30.
UCT	Any applicant with 42 or more is given an early offer for entry to the degree. Those with a score of 38 have better chance of access. Those with scores of 35-38 have a choice of completing the full programme in the years requiring or joining the academic development programme (ADP) where the first 2 years is completed over 3 years. Those with scores 32-34 must join the ADP.
WITS	Has a specific formula which they apply for determining the applicant's points, i.e. they take the marks for English, Mathematics, the best (other) Science subject and the best of the remaining two subjects. If a subject is taken Standard Grade it is calculated at 75% the equivalent of a Higher Grade subject. These points are then added, the average calculated and multiplied by 0.8. Additional points are added to disadvantaged applicants' scores according to various circumstances, this varies from year to year.
UP	Applicants are divided into categories and each category is allocated a number of places as follows: Category 1 Matriculants (completed the year before entry) 24 places Category 2 Those who have matriculated with or without further training *ad hoc* Category 3 Conversion from other degrees to occupational therapy 6 places Category 4 Foreign applicants *ad hoc* Category 6 Army applicants 2 places Category 7 Disadvantaged applicants 8 places Cut-off for categories 1 to 6 is 18 and for category 8 it is 14.
US	No adapted system but this is currently being revised.
UOFS	Select according to a formula based on three marks, i.e., the aggregate percentage for the Standard 9 and mid-year matriculation marks is calculated (forms approximately 86% of total mark) plus a personal bonus mark (approximately 6%) is calculated whereby applicants from the University's catchment area, particularly rural areas, get additional points.

d. Interviews. Table 4.8. Only three of the eight occupational therapy training centres make use of interviews for selection. The decision on who should be called for interviews and how the interview is carried out is represented in table 4.8.below.

Table 4.8 Interviews.

UDW	WITS	UP
Interview decision based upon		
Applicant must satisfy the following - ¤ Matric exemption ¤ Academic merit points - merit 30 - DET 25 ¤ Pass in a science subject ¤ Be OT first choice	Interview all those who achieve a basic cut-off	*Category 1 Short list and rank 150 applicants with the highest score *Categories 2 and 6 *ad hoc* *Categories 3 and 8 All are invited for interviews because there are so few
Manner in which interviews are conducted		
Structured interviews consisting of a panel of constant interviewers representing psychiatric and physical OT. Responses are ranked on a 5 point scale for 5 set questions, 3 of which the applicant has 10 minutes to prepare answers. The 4th and 5th allows for open questioning . Scored on the average for each question. Interviewers may not have prior knowledge about candidate e.g. matric results. Interviews not adapted for disadvantaged applicants except to have a translator present in the case of difficulty of expression if English is not the mother tongue.	Unstructured interview consisting of panels constituted by the Faculty, there may or may not be an OT on the panel. Any question may be asked but usually relate to reasons for choice of career and elaboration on questionnaire. Interviews are not adapted for disadvantaged applicants and there is no translator present.	Semi-structured interviews consisting of : ¤ a one-to-one interview ¤ a group interview of ±9 applicants and 3 interviewers The interviewers represent physical and psychiatric OT and include a clinician. There are standard questions and examples of answers rated on a scale of 1 (weak) - 3 (excellent) scored on the average for each question. Interviews are not adapted for disadvantaged applicants and there is no translator present but Category 8 interviewed in English.

e. Questionnaires. Seven of the eight training centres make use of questionnaires.

Table 4.9 Questionnaires.

University	Questionnaires used?	For what purpose	Questionnaires scored and how
MED	No	N/A	N/A
UWC	No	N/A	N/A
UDW	Yes	Yes, as background information for interview (i.e. one person on interview panel has access to this information others do not) also used to check any discrepancies in information provided.	No
UCT	Yes	Used to determine a personal score, this is determined by the Assistant Dean and is added to Matric score for students who have a matric score of 35+ points and for disadvantaged applicants.	Yes this is done by Assistant Dean.
WITS	Yes	Used for interview and scored to add to overall rating	Yes, a points system is applied.
UP	Yes	To assess activity profile and is used for leader profile assessment	Yes, applicants get scored specific points for leadership, eg. Secretary of club, head girl = highest score
US	Yes	Data collection for Biodata questionnaire for planning.	Not yet - but possibly will in future
UOFS	Yes	To add to scores	Personal bonus points for eg. leadership. Area bonus points i.e. if they come from the catchment area or a rural area.

f. Psychometric testing. These are only used by two training centres and details are represented in Table 4.10.

Table 4.10 Psychometric testing.

University	Psychometric testing used	If yes, which test
MED	No	
UWC	No	
UDW	No	
UCT	No	
WITS	No	
UP	Yes	Personal Orientation Inventory
US	No, only after applicant is selected	
UOFS	Yes, only if there are specific doubts about applicant or conflicting information	16 P.F.

g. Testimonials and letters of reference. Are asked for or referred to by four of the eight training centres and this information is represented in Table 4.11.

Table 4.11 Testimonials and/or letters of reference.

University	Requested or made use of	How they influence
MED	No	N/A
UWC	Yes	Refer to those who send them for additional information but not scored
UDW	Yes	Request names of referees but only use if there is any serious query. Haven't done so to date
UCT	No	Will only refer to those who send them if they wish to substantiate information, eg. on questionnaire
WITS	Yes	May use information in the interview
UP	Yes	Have been replaced by a confidential report from school or employer, used to verify information where uncertainties exist, not scored.
US	No	N/A
UOFS	No	N/A

h. Other procedures used or relevant factors which influence selection at the various training centres.

Table 4.12 Other procedures.

MED	May consider second choice applicants if pool of first choice is small. They find it more reliable to choose those whose first choice is physiotherapy or radiography than those whose first choice is medicine. They also give additional points for applicants who have credits for relevant subjects if the initial pool is low.
UWC	Applicants have to submit a certified copy of their standard 9/ standard 10 results (if available) or most recent school results. These are used to provide general information about the academic potential of the applicant but are not scored. Applicants have to submit a written assignment of approximately 300 words covering the following: ¤ reasons for choosing occupational therapy ¤ reasons why they think they would be a good occupational therapist ¤ a description of the problems of at least one disabled person in their community and an explanation of how they think occupational therapy can be of assistance.
UDW	¤ applicants get additional points for all relevant subjects successfully completed in any tertiary degree/diploma. ¤ applicants who reapply get one additional point for each year they have reapplied as this is seen as an indication of a high level of motivation to become an occupational therapist. ¤ they run two separate selection processes, one for disadvantaged applicants and the other for advantaged applicants. These processes run concurrently and follow precisely the same procedures except that disadvantaged applicants come in at a lower cut-off . In this way applicants from each group do not compete with each other. ¤ scores are given for matriculation points, the interview and additional points gained. These are computed according to a formula . Weighting is such that academic scores do not necessarily over-ride interview and other scores.
UCT	Applicants who demonstrate success at university in a degree other than occupational therapy have a better chance of being accepted to the course.
WITS	The Faculty admits six special cases to Faculty degrees. Each case is judged individually, thus an occupational therapy assistant or community rehabilitation worker may be admitted based on factors such as mature age exemption, possessing at least four matriculation subjects of which one must be mathematics and positive recommendation. All applicants are considered whether they are first choice or not.
UP	Any additional information provided from the applicants school, employer or medical reports is considered in making final selection.
US	Are currently revising their entire selection process.
UOFS	Applicants are given an area of origin mark if they come from a catchment area and especially if they are from ex-DET schools, these marks are combined and added to their selection mark.

i. Method in which the final score is obtained (see Table 4.13 below).

Table 4.13 Scoring.

University	How do you score data collected on each applicant after they have completed the selection process?	Once applicants are scored, how do you decide which applicants are accepted?	If you have a waiting list, how do you determine this?
MED	Done by the administration according to rank order	Strictly by rank order	Strictly by rank order
UWC	The profile of each applicant is rated according to : ¤ accepted ¤ waiting list ¤ not accepted	Various lecturers assess group of applicants. They are then put forward at a group selection and motivated. Group decides on who and what priority.	No rank
UDW	Use formula, i.e. Matric score and interview score x 2 and 1 additional point for each previous application and 1 additional point for all subjects which will give credit for OT courses and/or 0.5 for each subject passed in a tertiary institution	The first 12 highest scorers in rank order for non-affirmative action group. The first 8 highest scorers from affirmative action group	Candidates : ¤ 13-24 rank order, non-affirmative action list. ¤ 9-12 rank order, affirmative action group list.
UCT	Matric score and personal score (scored from questionnaire by Assist. Dean) = Faculty Score	All applicants with the same Matric score are considered (personal reports are read). Applicants with higher matric scores are considered above those with lower scores. Those with same scores - personal report is used to determine priority	Ranked according to Matric scores
WITS	Add all scores i.e. Matric rating, interview and biographical questionnaire.	Put in rank order	Ranked according to scores
UP	**Categories 1,6,8 :** **Category 3** Academic points 40% : 30% Psychom.tests 40% : 50% Interviews 15% : 10% Group 5% : 5% Leadership 5% : 5%	All points added up and rank order compiled, i.e. 1st 24 Category 1 1st 6 Category 3 1st 8 Category 8 1st 2 Category 6	10 Category 1 5 Category 2 Category 8 kept separate. All who do not get in are placed on waiting list due to minimal numbers of applicants.
US	A scoring of the non-academic merit system is carried out by the administration and final scores are presented to the selection committee.	Decisions are guided by the items for which the highest scores are obtained.	The same procedure for successful applicants is followed to prioritise waiting list.
UOFS	3 marks added together i.e. academic mark (86%) + personal bonus (7.5%) + area mark (6.45%) = Selection mark.	Rank order.	Rank order.

4.3 THE RESULTS OF THE ANALYSIS OF THE SIXTEEN FOCUS GROUPS OF EACH OF THE 8 UNIVERSITIES

4.3.1 COMPOSITION OF GROUPS

Focus group 1 (lecturer/clinicians group): Table 4.14 below indicates the breakdown of the eight groups of occupational therapy lecturers and clinicians according to their sites, numbers, gender, field of practice, job-description and race group.

The presence of an asterisk indicates when a participant other than an occupational therapist was present in a group and was included at the request of the particular site due to that participant having particular insight into selection of occupational therapy students. In these particular cases two were occupational therapy technical lecturing personnel from the University of Durban-Westville who had had many years of experience in selecting students and the third was the Deputy Dean of the Medical Faculty at the University of Pretoria who had also had particular experience in the selection of medical students.

Table 4.14 Composition of lecturer/clinician focus groups.

		MED	UWC	UDW	UCT	WITS	UP	US	UOFS	TOTALS
Gender	Male	3	0	2	2	0	0	0	0	7
	Female	5	8	8	6	8	11	11	10	67
Field	Physical	4	2	2	4	4	5	6	6	33
	Psychiatry	3	4	4	3	3	5	4	3	29
	Community	1	2	2	1	1	0	1	1	9
Job description	Lecturer	4	3	4	3	5	3	6	4	32
	Clinician	4	4	4	5	3	7	5	6	38
	Other*	0	0	2*	0	0	1*	0	0	3
Race	African	4	0	1	2	2	0	0	0	9
	Coloured	0	3	0	1	0	0	1	0	5
	Indian	1	0	3	0	0	1	0	0	5
	White	3	4	6	5	6	10	10	10	54
TOTALS		8	7	10	8	8	11	11	10	73

Focus group 2 (student group):

Table 4.15 indicates the breakdown of student focus groups according to the gender, year of study and race group. Although it was requested that students from all years of study should be represented, at some sites on the particular day the group was held, certain student groups were unable to attend due to lecture commitments.

Table 4.15 Composition of student focus groups.

		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Gender	Male	0	2	0	0	0	0	0	0	2
	Female	6	5	8	7	9	8	7	8	58
Year of Study	First	2	3	2	3	2	2	2	2	18
	Second	1	1	2	0	0	2	1	1	8
	Third	2	2	2	2	4	2	2	2	18
	Fourth	1	1	2	2	3	2	2	3	16
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

4.3.2 THE RESULTS OF THE ANALYSIS OF THE TRANSCRIPTS FOR FOCUS GROUPS 1 AND 2

These will be presented in table form, according to each core theme. The score percentage given after each sub-theme indicates the number of groups and the particular training centres in which a particular sub-theme was raised by one or more participants within a group. In this way it is possible to obtain a rough idea of the degree of agreement or disagreement for a particular sub-theme and in which groups and universities these were strongest. These scores are not intended to be an accurate quantification of the strength of agreement or disagreement for a particular sub-theme.

Table 4.16 Core theme 1. The academic points system (APS).

	Frequency (n= 16)			
	Staff	Students	Total	%
ADVANTAGES OF THE ACADEMIC POINT SYSTEM				
The APS is a valuable and important component of selection because it provides a measure of academic potential as well as an indication of whether the applicant would be able to cope with the basic level of stress attached to academic performance but ...	7	6	13	81
The APS should not be the only method of selection. Applicants need to demonstrate a combination of practical and theoretical skills/abilities as well as possess certain desirable personality traits, social skills and the motivation to want to pursue OT as a career.	7	6	13	81
If the APS is to be used it should be based upon a more flexible cut-off point and this should not be too high.	7	2	9	56
Use of APS provides a starting point from which to screen out the large numbers of applicants who apply for OT courses.	0	3	3	19
The use of the APS is not to determine if the applicant will become a good OT but to get an idea of whether they have the academic potential to cope with the degree.	2	0	2	13
DISADVANTAGES OF THE ACADEMIC POINTS SYSTEM				
The APS is both unfair and unreliable.	8	8	16	100
The APS does not necessarily reflect relevant academic demands at school which are very different to those at university.	4	7	11	69
The APS unfairly reflects the academic potential of educationally disadvantaged scholar's ability because generally their teaching and resources are poor and they often do not have a choice of the necessary science subjects.	5	4	9	56
Based on the generally high cut-off points, average scores do not have a chance and it is not always the top scorers that make good OT's. On the contrary we may be selecting individuals with traits which may be undesirable for OT. Average scores may indicate more balanced personalities.	6	3	9	56
There are different standards between (the old) matric boards and in different schools which do not allow for valid assessment of applicants potential.	2	3	5	31
The use of a single examination to measure academic potential is questionable. Selection should rather evaluate academic potential over several examinations and/or years of study.	1	5	6	38
There are many incidents of people whose academic performance is poor/average at school but good at university and *vice versa*.	3	0	3	19
OTHER RELEVANT POINTS				
There is inadequate recruitment and career counselling done in schools to market OT, career counselling should be available to all schools, especially in disadvantaged schools. (*Repeated point made throughout themes).	6	4	10	63
Our profession needs people who are going to be life-long learners.	2	0	2	13
Our profession needs a diversity of people not just academic achievers, to meet the diverse and many demands of our profession.	4	1	5	31

Table 4.17 Core theme 2. Specification of subjects.

	Frequency (n=14)			
	Staff	Students	Total	%
DESIRABLE SUBJECTS				
A knowledge of mathematics gives people the ability to be more analytical/logical thinkers and problem solvers, both of which are desirable abilities in OT. It also compliments certain prescribed subjects in occupational therapy degrees, eg. physics and statistics.	7	7	14	88
Biology is an important subject because it assists students with certain related prescribed courses in OT, eg. physiology, anatomy and clinical sciences.	6	7	13	81
There should be **at least** one science subject but it should not be stipulated which one and the cut-off point for this subject should not be too high.	4	2	6	38
Creative subjects such as art, music and even domestic science/home economics provide relevant skills and may indicate problem-solving and creative abilities	2	4	6	38
Language ability, especially English for those whose mother tongue is not English, is important and applicants should preferably have an African language if their mother tongue is English	4	1	5	31
UNDESIRABLE SUBJECTS				
There is too much emphasis put on mathematics. There is no evidence to show one needs it either to pass or become a good OT.	5	7	12	75
The amount of physics and science one applies in most OT degrees does not warrant making them compulsory subjects especially if the applicant has mathematics.	5	4	9	56
Having biology as a matric subject is more important than mathematics.	0	2	2	13
There is no evidence to show that one needs biology to pass OT.	1	0	1	6
There is no proof that a knowledge of mathematics and science indicates an ability to think more logically or critically than those without these subjects.	1	0	1	6
RELEVANT POINTS				
It is possible to pass university subjects without having related sciences at school provided the student is academically sound, works hard and where necessary has bridging courses and support available.	3	2	5	31
It could be agreed that by stipulating specific subjects we are tending to select a homogenous group, e.g. more physically orientated than psychiatrically oriented - rather than selecting a diversity of people.	2	0	2	13
We need to investigate a good mix of subjects that demands both analytical thinking and memory/recall in order to get a good balance of learning skills.	2	0	2	13

Table 4.18 Core theme 3. Interviews.

	Frequency (n=18)			
	Staff	Students	Total	%
ADVANTAGES OF AND RELEVANT POINTS				
Interviews are an important/essential part of selection because they allow person-to-person contact and thus a more holistic/qualitative insight into the individual's personality, motivation, relationship with others and relationship with self.	8	7	15	94
Interviews should not be the only procedure used for selection but should be supplemented with other criteria and procedures.	6	6	12	75
They are a less restrictive and more probing method of gathering information than in "paper" procedures such as questionnaires, essays and testimonials.	5	6	11	69
Interviews should be done properly (structured) if they are to be used at all. Suggestions provided as follows : ¤ They should be carried out by a properly trained, representative panel (e.g. physical,/psychiatric),be made up mainly of OT's and should provide for cultural and language diversity. ¤ The panel should preferably remain constant. ¤ Group interviews could be used to reduce anxiety of interviewees but should then be properly facilitated to prevent domination by some. ¤ They should not be too formal or too short.	4	6	10	63
DISADVANTAGES				
They are unfair and unreliable for a variety of reasons, viz. They are subjective, some people do not perform well in interview situations, many disadvantaged applicants have little if any experience of interviews and applicants can put forward a facade of eg. learning/saying what they think you want to hear.	7	5	12	75
They are highly stressful and can result in anxiety which can negatively effect the way the applicant presents themselves.	5	4	9	56
There are many logistical problems related to interviews which include cost, time, access and person-power.	4	4	8	50
RELEVANT POINTS				
The ability of skilled interviewers making optimal use of the interview situation in bringing out the best and identifying deficits in individuals, should not be underestimated.	3	4	7	45
Selection, including interview, should take place over a reasonable period of time to allow applicants to acclimatise and be adequately observed. This would allow for the application of a battery of selection procedures at one specific time.	4	3	7	45
Those who go to the effort of learning interview skills and coming properly prepared for an interview should be viewed as proactive and not be penalised with attitudes of "he's obviously been trained".	2	0	2	13
Telephonic and other advanced technology should be considered for interviews where applicants cannot make it to the interview.	2	0	2	13
Interviews provide selectors greater opportunity to identify applicants who may present with psychological/psychiatric problems. Interviews provide fairness and greater opportunity for selection for those who have not achieved in other procedures and criteria such as APS, questionnaires, etc.	4	0	4	25

Table 4.19 Core theme 4. Psychometric tests.

	Frequency (n=16)			
	Staff	Students	Total	%
ADVANTAGES				
They give an indication of potential areas of ability and interest and thus assist in sieving out the many applicants for OT courses.	6	7	13	81
They should not be the most deciding procedure in selection, they should be combined with other procedures and are only useful if they are carefully selected to measure only what is needed and are standardised and controlled.	8	6	14	88
They assist in providing certainty about applicants where there may be some doubt and could assist in possibly determining potential persons who may drop a course for wrong choice reasons.	3	1	4	25
They are more unbiased and objective than other procedures and less threatening than interviews for some.	1	2	3	19
They may benefit those who have not done well academically.	1	0	1	6
DISADVANTAGES				
They are untrustworthy and unreliable because it is easy to manipulate them and they may also provide false information/impressions about individuals.	6	6	12	75
Most of the tests used in South Africa are eurocentric and are not standardised to our various culture groups and are thus biased or unfair for the majority of our population.	5	2	7	44
They are time-consuming, costly and difficult to administer to large numbers of applicants.	3	3	6	38
They are too fragmented showing only part of the entire person.	4	0	4	25
OTHER RELEVANT POINTS				
OT training centres need to more thoroughly investigate tests and only use those which are relevant, trustworthy and standardised.	3	0	3	19
Because of the variety of fields of practice and consequent personality differences in OT, there is no single test which will identify all we need to know.	1	1	2	13

Table 4.20 Core theme 5. Biographical questionnaires

	Frequency (n=16)			
	Staff	Students	Total	%
ADVANTAGES				
They are important in providing a more holistic balanced picture of the applicant, especially with regard to interests and extra-curricular activities.	8	5	13	81
They should not be used in isolation but combined with other procedures.	5	0	5	31
They provide information which can be used for elaboration in the interview.	3	2	5	31
They can give an indication of the knowledge of and insight into OT of the prospective applicant.	2	1	3	19
The data obtained in a questionnaire can provide valuable information for research purposes.	1	2	3	19
They provide an advantage to those who may be academically weaker or who express themselves better in writing than verbally.	0	3	3	19
DISADVANTAGES				
They are unfair and unreliable for the following reasons :				
They are open to abuse, eg. forgery and provision of inaccurate information because of the difficulties in authenticating the information provided.	6	3	9	56
They generally have a eurocentric bias in favor of certain extra-mural activities and achievements, eg. debating, sports captains, travel, etc.	4	.0	4	25
There are advantages and disadvantages in rural and urban areas which could bias impressions, eg. rural schools have smaller classes and numbers thus making it much easier to achieve in sports etc. Urban schools have greater access to resources and these applicants may have greater access to visit OT departments and find out about OT.	3	3	6	38
There is nothing to prove that having leadership abilities, being good at sport or debating, etc. necessarily makes one a good OT.	2	2	4	25
ADDITIONAL POINTS				
If used, they should be properly formulated with relevant questions which accommodate cultural diversity and optimally use questions to probe.	7	2	9	56
They should have minimal if any weighting and only be used for informative reasons rather than decisive ones.	4	0	4	25
There should be established ways of authenticating information, eg. signed and stamped by school principal.	2	0	2	13
Applicants should have a choice of language when completing these questionnaires.	0	1	1	6

Table 4.21 Core theme 6. Testimonials/letter of reference.

	Frequency (n=16)			
	Staff	Students	Total	%
ADVANTAGES				
They are useful in providing a broader and more complete and positive picture of the applicant and can be used as a check and balance against other information provided, eg. questionnaire and information which can be used in the interview.	4	4	8	50
They should be confidential to be of any value at all, both to provide greater objectivity and because of their openness to abuse. Ways of control and authentication should be built in.	7	5	12	75
They should not be given priority in selection.	0	2	2	13
DISADVANTAGES				
They are very subjective and biased in favour of the applicant. Referees are usually chosen because they will portray the applicant in a positive light, rarely, if ever, putting down negative information.	7	5	12	75
They are usually unreliable if written by school principals because they rarely know the applicant and tend to have set responses or "suck information out of their thumbs".	4	4	8	50
They are untrustworthy because they are open to forgery and fraud.	2	3	5	31
They are a waste of time and little value should be attached to them.	2	0	2	13
They can lead to sexual harassment by teachers who may promise good testimonials in return for favours.	0	1	1	6
ADDITIONAL POINTS				
They should be carefully structured providing guidelines to referees on specific information required about the applicant. They should be carefully and properly analysed to "read between the lines".	5	2	7	44

Table 4.22 Core theme 7. Fairness and the educational/socially disadvantaged applicant

	Frequency (n=16)			%
	Staff	Students	Total	
Bridging courses should be provided before and/or during the first year. We need to be specific about what it is we want to bridge and some form of subsidy should be provided for this.	4	6	10	63
The academic points required should be lowered for disadvantaged and higher points given for other procedures such as interviews, questionnaires, etc. That for advantaged should be higher for academic points and not so strongly weighted for other procedures.	6	3	9	56
Although it is unfair not to select disadvantaged students it is equally unfair to select them and then not supply them with adequate and appropriate support when setting the same standards/expectations as for advantaged students.	3	2	5	31
An academic support programme (ASP) is essential if selection is to be adapted to accommodate disadvantaged applicants. ASP's should include : ¤ Programmes to improve teaching skills of lecturers. ¤ Programmes should be continuous for all years of training not just first year. ¤ Should provide more than academic support, eg. social support.	4	4	8	50
Attendance at ASP's can isolate disadvantaged students, especially if they are in the minority in the class.	1	0	1	6
The process of recruitment and selection should extend over a longer period, eg. present special projects to potential applicants whilst still at school and observe their progress, which gives the applicant a chance to adapt and reduce anxiety.	3	4	7	44
A realistic quota system should be introduced.	4	2	6	38
A quota system is not necessarily the answer because one then creates a divided class of those who achieve academically against those who do not (statement by an African participant).	1	0	1	6
The process of creating fairness for the disadvantaged must not be allowed to lower standards.	0	5	5	31
There is a need for a major awareness coverage through television, radio and the written media to enlighten disadvantaged communities about OT. Insufficient numbers are applying for courses making it difficult to increase numbers. Sending recruitment teams into less accessible areas should be considered and much improved career guidance facilities should be created in historically disadvantaged schools.	3	4	7	44
More should be done to accommodate special needs with regard to fees, support, regulation etc. Disadvantaged students often spend excessive time during the critical (continued p88)	4	0	4	25

orientation period running around in a high anxious state trying to sort out problems of fee payment, finding cheap accommodation, etc. Sometimes this is to the extent that they may spend the rest of the year trying to catch up. Specific people need to be appointed at universities or departments to provide ongoing advice and support to alleviate the stress and problems caused by this.				
Make it compulsory for applicant to visit an OT department before final selection. This can be arranged during the selection/interview process for those who have come from outlying areas.	1	2	3	19
Make use of a broad-minded selectors and have specific persons appointed/available during the selection process to offer guidance and support during the process.	0	3	3	19
We need to properly define disadvantaged. Some people are more so than others and **some exploit the situation** (bold area expressed by an African participant).	1	2	3	19
It is unfair to make African applicants compete in a system using eurocentric criteria. The current add-on system, based on eurocentric criteria, further advantages the advantaged and disadvantages the disadvantaged. A handicapping system should be introduced for advantaged applicants to level the playing fields.	2	0	2	13
There is a need to get disadvantaged communities more involved in selection and allocation of bursaries to ensure greater commitment of successful applicants to return to their communities.	2	0	2	13
Disadvantaged applicants can study first as OT assistants or do a diploma course before moving on to their degree course.	0	3	3	19

Table 4.23 Core theme 8. Desirable characteristics of occupational therapist working in the new South African health system.

	Frequency (n=16)			
	Staff	Student	Total	%
The ability to adjust to all levels/types of people, cultures, ages and backgrounds, including a willingness to learn about, communicate and understand cultures without bias or prejudice.	7	6	13	81
Must be flexible/adaptable.	5	7	12	75
Be assertive, able to stand up for what one believes in, and defend the profession.	6	6	12	75
Be creative, innovative, inventive and imaginative.	6	6	12	75
Able to persevere, have drive and determination.	5	5	10	63
Have self-confidence and the courage of one's commitments.	5	3	8	50
Have good management skills.	6	2	8	50
Be good communicators, both verbally and listening ability and also be able to project, present and express oneself well.	4	3	7	44
Be both physically and emotionally strong.	2	5	7	44
Positive orientation, able to build upon oneself, able to change and open to positive criticism and be able to deal with stress and own emotion/emotional control.	4	2	6	38
Friendly and able to easily relate to others. Good IPR's.	3	2	5	31
Life-long learners. Able to keep up to date and continuously update knowledge. Have an academic/relevant orientation also up to date with current, relevant health and political affairs. Treatment developers. Someone who can create their own development.	3	2	5	31
They must be dynamic.	4	1	5	31
Have initiative and insight.	3	2	5	31
The ability to "think on their feet" (quick, rational thinkers).	5	0	5	31
Be a motivator and be able to motivate others.	3	1	4	25
Have visionary ability, entrepreneurship, able to rise above day to day matters and think forward.	1	2	3	19
Leadership - the ability to take charge of situations.	1	2	3	19
Be independent and able to work independently.	3	0	3	19
Have sound/healthy judgement.	1	2	3	19

The preceding results will be discussed in detail in Chapter 5. It is clear from these results that further and more intensive analysis of the findings is required to reveal more of the intrinsic and covert issues related to selection of occupational therapists in South Africa.

CHAPTER FIVE

INTERPRETATION OF RESULTS, DISCUSSION AND RECOMMENDATIONS

"Part of the richness of our profession is that there are so many different types of people in it. We must be wary of seeking out a stereotype. Our whole educational endeavor is to produce people who are individuals and not people who are clones" (Quote from focus group by Professor in Occupational Therapy, UCT).

5.1 INTRODUCTION

In this chapter the results of the findings of both the questionnaires and the focus groups will be discussed. Comparisons will be made between the two and they will be discussed in the context of the literary review and particularly with reference to the changing South Africa and the recommendations made by the National Commission on Higher Education (NCHE).

It is important to note that where percentages are given regarding specific opinions around a particular point, these are simply to indicate the percentage of groups in which one or more participants supported that particular point. They may thus indicate, to an extent, the degree of support for it but they cannot be regarded as a true quantification of the support for it.

5.2 DISCUSSION OF THE RESULTS

5.2.1 GENERAL COMMENTS

The responses from the focus groups, when viewed in totality, did not demonstrate any major contradictions or extreme differences in opinions around any specific theme. This applied across the full spectrum of the 16 groups and 8 institutions as it did when comparing staff against student groups. There were some differences in emphasis where one group felt more strongly about a particular point than another as can be seen by the analysis of responses in Chapter 4. There were also no major differences between the opinions of English speakers and Afrikaans speakers from the various HWUs. In fact controversial opinions were expressed across a diversity of staff/student groups, race groups and institutions. The examples given below are mainly extracts from Core Theme 7 discussions:

"There was a black girl in the same class ..... we were an Afrikaans medium school ..... and she couldn't understand Afrikaans at all, ... the teachers gave her extra attention (*sic*) in some subjects and some of them were translated into English and it kept **us** (emphasised) behind. Because we couldn't get finished in the time, it took us twice as long (*sic*)" (First year student Pretoria).

"... it's essential we have a bridging programme ..... it's a very unfortunate problem ..... but on the other hand , you don't want to be producing OTs of mediocre standard. You don't want ..... you know ..... I wouldn't like my ..... if it was my family to be treated by an OT who was average" (Fourth year student Wits).

"Zak (African male Fourth year student) brought up a very good point, he said ..... it comes from the fact that with educationally disadvantaged, I mean, it obviously means that they're financially disadvantaged as well and now you're putting them through a bridging course at university where they have to pay accommodation ..... and instead of being over four it's five years (*sic*) that's a whole lot more money" (Final year student UDW).

"I don't think there will ever be this fairness ..... because really if you try to be fair taking from the people who have been disadvantaged and put them in OT which means you are also going to effect the ..... standard .... (more than one voice agreeing in the background and repeating something about the standard of OT)" (Final year student MEDUNSA).

The general trend of consensus is reassuring on the one hand in that it demonstrates a level of uniformity of attitude towards the process and problems of selection, however as there was a comparatively larger number of White, advantaged, participants within most groups, who were mainly female, the responses cannot be seen as being adequately representative of the desired spectrum of race and gender opinions necessary for a truly unbiased evaluation.

In the analysis and interpretation of the results of this research the researcher has attempted to demonstrate the the manner in which the four levels of analysis which symbolic interactionism addresses (Chapter 3, page 46) are demonstrated, i.e.

¤ the manner in which the self renders its environment socially significant, is transformed as such and construes the environment anew for example:

" ... I believe that if there are fewer interviewers in the room, I think it might make ..... uh ..... decrease the nerves a bit" (Second year student, UDW).

" Ja! ..... it may decrease the nerves a bit but on the other hand if you look at the subjectivity ..... I mean if it's just Ms X and Mrs Y ..... it's two of them right? I think I'd rather take my chances with more". Followed by laughter from group (Fourth year student, UDW).

" Well we had four and four seemed quite adequate it was a nice number ....." (First year student, UDW).

¤ The ways in which the social worlds are built up by negotiated perspectives and continually redefine reality, for example:

"I think that the profession gives space for everybody, it gives space to people who are practically oriented and those who aren't so academically oriented, the people who get bored, who are academic, can then move out and do something else like developmental work ..." (Clinician/Lecturer, UP)*

" I agree, but on the other hand there is already such a shortage of OTs and I think we must ..... (pause) ..... the percentage wise must be more of those who do the work than are educational because it's not logical that the educators should be more than the clinicians (*sic*)" (Clinician/Lecturer, UP).*

* Researcher was unable to identify speakers from transcription.

¤ The manner in which social worlds influence one another and engender new constellations of meaning, for example:

"They (psychometric tests) will help for those who say they are scared of ..... (pause) ..... like people who are shy ..... psychometric tests will help for those, mostly ..... (pause) .....who've got a problem ..." (Third year student, MEDUNSA).

"Ja! I think these tests are better than an interview (laughter from group as this student had previously stated she did not present well in an interview), because in the interview if they ask what type of person you are it's difficult for you to say the truth about what type of person you are" (Fourth year student, MEDUNSA).

¤ The relationship between such worlds and the overarching symbolism that lends some coherence to society, for example:

"I think the points system or the academic record is a valuable one, not so much that I think that one should over rate it as some universities do but I think that if you have a minimum score that applies ..... it's very valuable and from our records there was definitely a correlation between what our students were selected on and their performance later on" (White, Senior Lecturer, MEDUNSA).

"... I want to add to that ..... the purpose sometimes of the selection, especially the academic selection, is (to establish) whether the student can pass the course, ... whether they can meet the academic requirements of the subjects that they're studying, not necessarily whether they're going to be good OTs ..." (Professor, MEDUNSA).

" I think maybe it's a valuable system but what concerns me is that each 'varsity uses it differently ..... like only considering mathematics and science ..... I think that if it was used across the board ..... (pause) ..... and had a cut-off point ..... (pause) ..... then it gives students

who were not exposed to decent maths and physical science teachers, (the opportunity) to also prove themselves in other subjects" (African, Senior Lecturer, MEDUNSA).

5.2.2 THE ADMINISTRATION OF THE PROCESS OF SELECTION

As a result of the increasingly large numbers of applicants to occupational therapy degrees throughout South Africa, the administrative management of the process of selection is becoming increasingly unwielding. Furthermore, the researcher is of the opinion that the indications arising from this research and the new Policy Framework for Higher Education and Transformation as recommended by the NCHE (August 1996) will necessitate making access to disadvantaged applicants more of a reality than it is at present. This will result in far greater pressure on administrative and departmental resources than may exist at present. It therefore appears sensible that the process should be shared in a realistic balance between the University Administration and the Occupational Therapy Departments in which the administration would take responsibility for the bureaucratic side of selection leaving departments free to get on with the more important practical application and results of the various selection procedures.

From the analysis of the questionnaires it appears that at least half of the occupational therapy training centres allow their administration to deal with the greater part of the selection process which includes making some of the initial decisions about applicants.

When taking into account what is invested in this process and the nature of the profession of occupational therapy, the need for greater departmental involvement in the decision-making process of who should and should not be admitted is strongly recommended. Neither

Administrative nor even Faculty personnel are in a position to have a suitably holistic and informed perception of the type of person sought out for a career in occupational therapy.

In this connection, the NCHEs recommendations for the implementation of a National Admissions Clearing House aimed at facilitating the administration of student applications to the various universities and providing a more comprehensive career counselling service has advantages and disadvantages. Having a facility that sifts out those applicants who are suitable for occupational therapy degrees and then funneling them into the correct faculties at university level will help to reduce the number of applicants to these degrees who are really uncertain of their choice. At the same time it will provide a welcome additional career counselling service.

However such a system also raises concern in that, if it is not properly informed, it could exclude many potentially suitable applicants or include many unsuitable applicants. At worst it could take on the role of deciding who should and who should not be admitted to occupational therapy degrees without the relevant training centres having any say. To this end it is critical that occupational therapy training centres are vigilant about providing their comments on the NCHEs recommendations and that a collective input be made by them on what they recommend would be the most suitable manner in dealing with potential applicants to occupational therapy degrees. This would also include providing very carefully compiled information on occupational therapy as a career to the NCHE with the suggested recommendation that the Occupational Therapy Association of South Africa (OTASA) be constantly approached for updating of this information. This in turn would necessitate that occupational therapy training centres would have to provide OTASA with regular updating

on details of their courses and selection requirements (refer to Chapter 6 for concluding recommendations).

5.2.3 THE NUMBER, GENDER AND RACE GROUP OF APPLICANTS APPLYING TO OCCUPATIONAL THERAPY DEGREES

Based on the statistics provided by training centres it is estimated that the annual number of first choice applicants to occupational therapy degrees is approximately 1500-1600 and these compete for approximately 250-270 places available at universities (see Chapter 4). Thus one in approximately six of these applicants has a chance of being accepted. This does not include the estimated 600 or more second choice applicants who apply annually to courses. And given the apparently poor recruitment carried out by training centres, especially amongst disadvantaged communities, it is obvious that these figures do not represent the potential market of applicants. Should an intensive and realistic recruitment strategy be implemented throughout South Africa it is quite possible that these figures could be doubled or even trebled and include a more appropriate culturally heterogeneous representation of the South African population.

The complete records of the numbers of race groups applying annually to the various training centres are not available for the years 1994, 1995 (4 training centres) and for 1996 (3 training centres). This is cause for concern in view of the need for training centres to be particularly vigilant about ensuring access to race groups other than White, and given the serious shortage of race groups other than White currently registered as occupational therapists. The present practice at some universities of not requiring applicants to put their race on their application forms, which appears to be based on sensitivities around racism, further serves to disadvantage the disadvantaged and should be seriously reconsidered by universities in the

future. In provinces such as the Western Cape, with its large population of Coloured people, this practice makes it virtually impossible to apply any form of affirmative action. In the interim it is still possible for occupational therapy training centres to obtain an idea of the race group of applicants and those who are potentially disadvantaged by making use of indicators such as name, surname, school and area of residence.

The numbers of race groups, other than Whites, applying and being accepted into occupational therapy degrees across the majority of the training centres remains unacceptably low. The incomplete records of numbers of the various race groups, especially those other than White, who apply and are accepted to occupational therapy degrees demonstrates, in some cases, a reduction of the numbers of these race groups applying and being accepted over the past 3 years. To the contrary it appears that the number of Whites applying and accepted to courses remains generally constant with decreases in some centres and increases in others. White applicants are still in the majority when it comes to applying for and admission to occupational therapy degrees.

A chi square calculation carried out by the Medical Research Council to determine the significance of the difference in numbers of African, Coloured, Indian and White occupational therapists registering with the SAMDC over the past two years reveals no significant change (race $P = 0.895$; gender $P = 0.950$) in the predominantly White profile which reaffirms the findings of this research.

It was repeatedly revealed by participants in the focus groups (63%), particularly by African students, clinicians and lecturers that there was a serious lack of knowledge by most

communities about the role and existence of occupational therapy within health care and hence the apparently low numbers of this group of applicants to occupational therapy degrees.

The following extracts from focus groups demonstrate this:

"... I think the main problem is to .....(pause) ..... I don't know ..... (pause) ..... to try to expose people to the content of OT ..... So that people know more about it all over the societies (*sic*) ..... (pause) ..... they know about it as other ..... as they know about nursing, medicine, radiography..." (Third year student MEDUNSA).

"... because many students they like the word occupational therapy ..... (pause) ..... only the word ..... (pause) ..... (lots of laughter from other group members) ..... they come here and when you ask them the question, 'what is OT?' she'll say it's occupational therapy ..... (pause) .....she has the nicest way of saying it but they don't understand what it is" (Third year student MEDUNSA).

"We need OTs who are assertive ..... you have to fight for your role ..... more so in the community where it's not clearly defined ..." (Senior Lecturer, MEDUNSA).

"For me it's awareness ..... (pause) ..... from everyone ..... (pause) ..... especially from the socially disadvantaged ..... um ..... people ..... um ..... awareness about OT ..... (pause) ..... what OT is ..... (pause) ..... how to get into OT ..... (pause) ..... without that awareness I don't think people are going to be in a position to choose to become OTs" (African, male, clinical occupational therapist, Cape Town).

Training centres, particularly HWUs will have to guard against appearing complacent with regard to the current situation. There are obvious reasons for the low numbers of race groups

other than White being accepted into these degrees, not the least being a general paucity of applicants to them.

Bhagwanjee in Bhagwanjee *et al.* (1966) when discussing access to the HWUs and HBUs quotes the following figures for 1993: of the total 380,184 students registered at South African universities, 21% were registered at HBUs and 45% at HWUs with the remaining 35% registered at distance universities. What was significant, according to Bhagwanjee, is that during the period 1988-1993 HWUs recorded a negligible growth rate of 1.5% per annum whilst HBUs nearly doubled their numbers during this period. By 1993, 44% of all African students registered in the higher education sector were registered at HBUs whilst only 13% were accommodated at HWIs.

Nevathulu cited by Sathekge (1996) maintains that African pupils with good matriculation passes are snapped up by the HWUs leaving the HBUs with those pupils who generally have weak scores in the sciences. He maintains that the apartheid burden should be shared by all universities and not just be the responsibility of a few.

5.2.4 THE ACADEMIC POINTS SYSTEM

With the exception of the University of the Western Cape, all other training centres apply some form of academic points system. These vary from using the Swedish rating scale, or adapted versions of this, to using either matric aggregates or combinations of the matric and standard nine aggregates. Some training centres also weight science subjects. Whatever the method the bottom line is that the final academic score for applicants to the majority of training centres forms the most heavily weighted criterion and therefore the most influential aspect of the success or failure of the applicant being accepted.

In addition, with the exception of the HBUs, who have lower cut-off points or as in the case of the UWC none at all, the HWUs have high cut-off points or are in positions to accept those applicants with very high academic scores by virtue of the high academic level of their pool of applicants to some of these Universities. Lecturers from at least two of the HWUs informed me during the data gathering that although they might have a cut-off point of, for example, 65% aggregate they have so many applicants with aggregates of 75% and above, they do not really need to consider any applicants below these scores.

What is reassuring is that all eight training centres apply one or other form of adaptation to their existing selection process in order to accommodate educationally disadvantaged applicants. However when one compares the proportions of race groups accepted into training centres in 1996, it is obvious that the number of race groups other than White accepted through this adapted method, are very limited and in most cases well below what they should be with regard to what proportions would be required to make up a more heterogeneous student intake.

Based upon the statistics gained from the 1995 census, a heterogeneous intake to occupational therapy degrees would roughly consist of approximately 12.66% Whites; 76.28% African; 8.54% Coloured and 2.54% Indian. Obviously this is a hypothetical breakdown and does not take into account existing numbers of qualified therapists as well as the natural tendency for certain training centres, by virtue of the particular racial character of the province in which they are situated, to attract greater numbers of specific race groups. Thus, for example, greater numbers of Indians apply to UDW and greater numbers of Coloureds apply to UCT, US and UWC than in other provinces.

The focus groups from both staff and students across all training centres, indicated a strong support for the use of some system to measure the academic ability of applicants. This is supported by Bridle (1987), King (1988) and Smith (1991).

However the use of academic points should not be the only criterion taken into account and should be combined with other procedures in order to adequately determine other desirable characteristics and abilities. This is supported by Collins and White (1993).

There was significant support from focus groups for a more flexible cut-off point (56%) and this should not be too high. It was also stated that academic points should **only** be used to determine academic potential and not the potential to become a good occupational therapist. This is supported by Talbot (1996), Bridle (1987), Rothman and Powis *et al.* (1988) and Glick (1994).

Participants in the focus groups were unanimous in their agreement that the exclusive use of academic points to select occupational therapy students was both unfair and unreliable, their reasons are given in Chapter 4 Table 4.16. These opinions are supported by the findings of Mitchell and Fridjohn (1987) and Mitchell *et al.* (1987).

Although we can anticipate greater uniformity of evaluation of matriculation scores with the introduction of a single matriculation board, it is still possible that provincial idiosyncrasies and other problems may creep into the system as has been demonstrated in 1996 when the first single examination board matriculation results proved to be a fiasco.

The tendency to select applicants with the highest academic scores means that those with average or even above average scores do not have a chance of being accepted. The argument is that those with more average scores could indicate a more healthy balance in terms of life style whilst those with very high scores could also possess negative characteristics which are contrary to those desirable in occupational therapy. This is supported in the findings of Bridle (1987) and Parlow and Rothman in Powis *et al.* (1988) as discussed in the literature review. A further example from a focus group to support this is:

" I'm picking it up with our new students ..... (pause) ..... I think our cut-off point is busy getting higher and higher ..... (pause) ..... and in some of the students even presentation and human relations is a problem" (Senior Clinician, UOFS).

More than half (56%) of the groups felt that the application of academic points to educationally and socially disadvantaged applicants was unfair because their academic achievement rarely reflects their potential. It is impossible to equate the scores of applicants who come from often severely impoverished and educationally disadvantaged backgrounds with few resources with those from more advantaged backgrounds who have generally been exposed to a wide variety of resources and experiences.

Another point raised by a number of groups (38%) was that it was questionable how fair the use of **one** single examination (i.e. matriculation) was in determining the academic potential of an individual. A broader review of academic ability over a longer period of time was considered to be more reliable.

The problems associated with the use of the academic points system continue to be controversial, particularly in South Africa. Whilst the use of matriculation scores may be fairly reliable predictors of academic performance for Whites, Indians and Coloureds, Potter and Jamotte (1985) found that the most significant outcome of their studies was the failure of most school performance variables to predict African matric results (DET Schools) to any satisfactory degree of accuracy. But perhaps the most controversial issue associated with the use of an academic points system, is the system of favoring those with the highest academic scores.

5.2.5 STIPULATED AND RECOMMENDED MATRICULATION SUBJECTS

The stipulation or strong recommendation by all the training centres that mathematics and/or biology and/or physical science are essential or desirable subjects, but with the emphasis on mathematics, creates serious problems with regard to accessibility for those applicants from ex Department of Education and Training (DET) schools, many of whom have either not had a specific choice of these subjects or have had extremely poor education in them.

Sethakge (1996) sites Dr. Prins Nevathulu, Director of Corrective Action at the Foundation for Research and Development, who maintains that in African schools one out of three hundred and twelve (312) pupils who start mathematics and science, pass their matriculation examinations in these subjects. This fact and a fairly strong view emerging from the focus groups (38%) and particularly from the lecturer/clinicians (50%) suggests that provided the applicant has a science subject on matriculation level would be adequate, makes it essential for training centres to revisit and possibly adapt their admissions requirements with regards to stipulated subjects. An alarming quote from an African clinician in one of the focus groups was; "... I had problems with my first year in biology and I had done so well in Standard 10 in

biology. So imagine a person who ..... like...who had never done biology before ..... like ..... joining in that biology thing ..... (laughs) ..... I don't know it was a nightmare for me".

Focus groups generally showed mixed feelings for and against the stipulation of mathematics as a prescribed subject. Participants in 88% of the groups (14/16) supported mathematics because of their conviction that it indicated an ability to think logically and analytically, to problem solve (which is important in occupational therapy) and that it provided an important foundation for certain subjects within most occupational therapy curriculae such as physics, physiology and statistics.

Opposing this view participants in 12 of the 16 groups (75%) felt that there was too much emphasis placed on mathematics and that there was not sufficient scientific evidence to prove a relationship between mathematics and an ability to pass related subjects within the occupational therapy curriculum or to be greater analytical thinkers and problem solvers.

Pre-matric scores in mathematics could be a guide to determining matric results in this subject according to Potter and Jamotte (1985) who found that the stable single indicator for both the 1980 and 1981 matric symbols was the pupils performance in mathematics. Both the standard 9 and pre-matriculation mathematics performance were moderately firm predictors of matric mathematics.

de Witt (1990), in her research, found that to pass the BSc Occupational Therapy degree at the University of the Witwatersrand a mathematics mark of 62% on higher grade or 82.7% on standard grade is needed. Also that students admitted without biology failed biology 1 at a

significantly higher rate than those with biology as a matriculation subject, ($p= 0.037$, chi-square). Furthermore those students admitted without physical science and physics did not demonstrate this problem.

Most groups (81%) felt that biology was important and in some cases more important than mathematics because it was far more relevant to related subjects in occupational therapy such as anatomy, physiology and clinical sciences. However it was also expressed that there was no proof to show that matric biology was essential to pass the required subjects in occupational therapy.

Participants in more than half (56%) the groups felt that the amount of physics and science applied within the occupational therapy curriculum did not warrant making these compulsory matriculation subjects.

There was reasonable support (31%) for the fact that applicants who did not have a specifically related matric science subject such as maths or biology, could still pass the related courses at university level. This was provided the student worked hard and had access to academic support if necessary.

Another significant point made by one participant was that by stipulating a specific subject set, training centres could be selecting out an homogenous group who could be orientated towards a more specific field of practice e.g. physical occupational therapy. In this way the need for diversity within the profession could be negatively influenced.

38% of groups supported creative subjects such as art, music and even home economics as providing relevant skills to future occupational therapists.

Participants in 31% of the groups supported the view that English speakers with good marks in an African language at matric level and African speakers with English at matric level was desirable.

The overall interpretation was that at least one science subject at matriculation level was important and that this provides a helpful aid for university related sciences, but specification of a particular science subject was not necessary. Also that if a cut-off for these subjects was to be stipulated it should not be too high. Training centres who have preferences for certain science subjects could recommend these rather than regulating them. In this way it would not exclude access to courses for potentially excellent applicants who may have many or most of the other requirements.

As long as training centres continue to be rigid in their subject requirements for entry to their degrees, they will continue to deny access to those very groups of people they so desperately need to select into these degrees.

5.2.6 INTERVIEWS

Only three of the eight training centres make use of some form of interview system. One or two of the others may include the odd informal interview for applicants about which they may have doubts, but these are not an integral part of the selection process.

In view of the holistic and interpersonal nature of occupational therapy as a profession, and

thus the importance of a more qualitative evaluation of applicants to the various degrees, it is surprising that so few occupational therapy training centres make use of the interview as a selection procedure. Although there are very real logistical problems which tend to mitigate against the use of interviews, these are not insurmountable, especially when one considers that one is investing time, effort and expense in helping to identify students who may drop out of the degrees, Mitchell *et al.* (1990), or with undesirable characteristics, Edward's *et al.* (1990), or of disclosing facets of an individual not amenable to discovery by examination scores, Glick (1994).

There was strong support from 15 of the 16 focus groups (94%), that interviews were a valuable selection procedure primarily because of the person to person contact they allow, which many thought was important when selecting for a profession such as occupational therapy. Some examples of the positive comments around interviews were as follows:

" ... I think that there is a qualitative component which is essential (to selection), where the points system is a quantitative measure there needs to be a qualitative measure..." (Senior Lecturer, UCT).

" ... in the same way academic excellence will give you one side interviews will give you another ..." (Lecturer UCT).

" ... interviews gives the person with not great matric marks also an advantage" (Third year student Wits).

"I'm a very peoples person and I felt that an interview definitely would have helped, they would have got to know me as a person and not just as someone who did badly in maths..." (Fourth year student UCT).

" ... in an interview one can easily see if someone puts a front forward and he's not really what he is" (First year student UP).

There was also strong support (75%) from groups for the fact that interviews should not be the exclusive procedure used for selection. It was also recommended by more than half the groups (63%) that if interviews are to be used at all they must be used properly. This is supported by Schuss in Edward's *et al.* (1990). Some good suggestions for making interviews more objective and structured were provided by groups and are listed in Table 4.18.

Several of the participants pointed out that the face to face contact and probing nature of an interview can provide insights impossible to obtain in any other way and although there was not such strong support for placing a score value on the interview it was felt they can contribute towards a more holistic and comprehensive picture of the applicants as well as providing selectors with the opportunity to identify applicants who may have serious psychosocial problems which make them unsuitable for occupational therapy, as supported in the findings by Edwards *et al.* (1990). Examples:

" ... on paper you can put on ..... but it's only when you've spoken to someone that you can really get behind who the person is" (Third year student UOFS).

" ... you're face to face ..... it's your verbal skills, it's your non-verbal skills, it's a lot more than you can get with a questionnaire" (Lecturer US).

There was also quite strong opposition to interviews (75%), based on opinions that they were unfair, subjective and unreliable. They were unfair in that they could be highly stressful to some and the resultant anxiety could have a negative effect upon the interviewees performance, they were also considered unfair in that many disadvantaged applicants had had little if any experience in interviewing which put them at a further disadvantage in the selection process. They were considered to be unreliable because interviewees could put forward a front and say what they think the interviewer wants them to say. They were subjective in that interviewers could have specific biases that could disadvantage some. Examples of comments:

"I think that they are essentially subjective and I think that if a kid that can communicate well, that's fine, but (the one) who comes across better is going to get a higher score than the quieter child who's a bit shy , who would make a wonderful OT but doesn't cope well in this type of situation" (Senior Lecturer UDW).

"... this could determine me getting in or not ..... nerves play a very important role and it's very hard to sit in front of a panel of people you don't know and answer their questions (*sic*)" (First year student UDW).

" ... I don't think interviews are necessary ..... like for example myself, I'm good at writing and doing my things alone, but when it comes to being exposed to other people, I perform

very, very badly. I'm very anxious you know ..... but that doesn't mean I don't know what I'm doing" (Fourth year student MEDUNSA).

Participants in a surprisingly large number of groups of both students and staff (45%) were of the opinion that skilled, experienced and well-trained interviewers are able to bring out the best in each interviewee, pick out those who are providing unreliable information and identify those with serious psychosocial problems.

The researcher is of the opinion that in a profession such as occupational therapy, where the ability to interact with others, frequently in interview-type situations, is crucial in that it forms such a large part of future therapist/patient interaction. Thus while it cannot be expected of inexperienced scholars to be expert interviewees during the selection process, this opportunity will provide selectors with the chance of assessing whether the basic foundation for building interpersonal skills, exists.

It can be argued that the applicant who becomes so anxious that she/he cannot perform well in an interview situation, is not really suitable for a career such as occupational therapy. Although it is possible that such skills can be developed, there is also the risk that they cannot in certain individuals.

The researcher is also of the opinion that the African applicants, who by the very nature of their culture are socially interactive from an early age and therefore, with sensitive interviewers who have insight into and understanding of African cultures and can preferably speak their language, African applicants should be able to cope as well if not better than some of their counterparts of other cultures, even if they have not previously been exposed to

an interview situation. Vargo *et al.* in King (1988) supported interviews only for disabled people and those whose mother tongue was not English.

Another disadvantage of interviews mentioned in (50%) of the groups was that they are associated with quite considerable logistical problems such as making interviews accessible to those in geographically outlying areas and their costs in terms of the time and person-power required to implement them. These are integral problems but their disadvantages should be weighed against the benefits derived from interviewing.

Ways of overcoming these logistical problems were also provided by some of the participants and the researcher has added some of her own suggestions, these are:

- making use of technology such as televised and telephonic interviews, which although not as ideal as the "real thing" still provide the opportunity to get to know applicants better.
- a system of inter-institutional and interprovincial cooperation could be set up in various centres to interview applicants in cases where access to the particular university of application is too far.
- a system of mobile interview panels attached to a specific university, who would travel to central points in outlying areas and carry out interviews over a day or longer. These could include panels for other health sciences courses in order to rationalise costs and person power. It would however be essential to train such panels properly in what each profession was looking for and obviously such panels should have representation of at least one of each health professional group for which interviews are being carried out.

5.2.7 PSYCHOMETRIC TESTS

Only one (UP) of the eight training centres includes psychometric testing as an integral part of selection, the UOFS also uses testing but only where there may be doubts about an applicant.

Unfortunately the researcher did not present this question very well to the focus groups in terms of evoking more clarity with regard to what specific tests would be most suited to selection and which not. The groups however showed a surprisingly positive response to the use of testing in general (81%) particularly to test aptitudes and suitable characteristics. This method was also seen as assisting in identifying and sifting out unsuitable applicants.

Participants in most groups felt they should definitely not be used exclusively (88%) and if used at all they should be standardised to the South African population.

Participants in most of the groups (75%) felt they were untrustworthy because they can be manipulated and can even provide inaccurate information about an individual under certain circumstances. They were also considered to have logistical problems such as being time-consuming, and costly if administered to large numbers, particularly as they are only able to provide fragmented information about the applicant. Examples of comments included the following:

"... you don't really get the whole picture, you get a one-sided picture and it's easy to manipulate those tests" (Clinician UWC).

"It's probably a good aid (to selection) but you've got to have the right battery of tests" (Clinician UDW).

"They have their place but you can't go on them exclusively" (Fourth year student UP).

"... you react to different situations differently in everyday life (*sic*) and a test can't tell you how your going to react ..." (First year student UCT).

" you're never really going to know if ..... this is who the person is or this is a false person whose put on" (Third year student Wits).

"they will help for those who are scared or shy" (Third year student MEDUNSA).

In reviewing the fairly extensive research carried out in the area of attempting to identify "typical" and "ideal" characteristics of occupational therapists i.e. Bailly in Lloyd and Maas (1992), Shipham and van Velze (1993), Peackock (1984), Hendricksen and Bridle (1962), Brollier (1970), Nielson and Eaton in Sweinhart and Feinberg (1989) and (1990), Scott (1985), Clarke and White (1983), Johnson and Peacock (1984), Nordholme and Westbrook (1980) and Westbrooke *et al.* in Clarke (1976). All of these produced interesting but conflicting results in terms of ideal or core characteristics of occupational therapists.

In view of this and the varied opinions of the focus groups, the researcher is of the opinion that the use of personality tests is limited and if used exclusively could result in selecting out a stereotypical group of individuals who would not necessarily meet the many and diverse needs within the profession of occupational therapy. At best aptitude tests are useful in

confirming fields of interest and aptitudes and some psychometric tests may be helpful in identifying psychopathology where this is suspected.

5.2.8 BIOGRAPHICAL QUESTIONNAIRES

Six of the eight training centres make use of biographical questionnaires. Two make use of questionnaires either to supplement information about the applicant (UDW) or obtain data for planning and research purposes (US). The remaining four training centres (Wits, UCT, UP and UOFS) actually have a scoring formula for the information provided in their questionnaires.

Participants in most focus groups (81%) were of the opinion that questionnaires were helpful supplements to the selection process in that:

- they provided additional information about applicants which provided a more holistic picture of them.
- they can provide topics for more probing discussion for the interview, and
- they are helpful in determining how much the applicant knows about his/her career choice.

Participants in focus groups also felt they had disadvantages particularly with regard to their reliability as it was difficult to control and authenticate the information provided in them. Participants from both the staff and students groups felt they were unfair in their present form as the questions set and the type of information scored e.g. captain of cricket/debating etc. had a eurocentric bias. These opinions are supported by Sedlacek and Prieto (1990).

5.2.9 LETTERS OF REFERENCE OR TESTIMONIALS

With the exception of three or four groups, most of the participants reacted to the question on the use of testimonials/letters of reference with laughter and a fair amount of negative body language such as raising eyes to the roof etc.

Four of the eight training centres make limited use of these, they are either only consulted for back up information if there is doubt about the applicant or the information is used to supplement existing information. The University of Pretoria has now replaced theirs with a confidential report from teacher or employer which should provide more reliability. They are not scored at any of the four centres requesting them.

Participants in 50% of the groups felt they may be useful in providing additional information about applicants but generally participants in most groups felt their reliability was extremely questionable if they weren't confidential reports (75%). Some participants felt that they should not be given priority as a selection procedure (13%).

The greatest criticism about them was that they were too subjective and biased in favour of the applicant (75%). They were also felt to be unreliable if provided by school principals, students particularly felt that school principals rarely knew the applicant well and often used a set format for letters of reference which wasn't necessarily accurate at all. They were also considered to be open to forgery/fraud by participants in five of the sixteen groups. Students at MEDUNSA were particularly skeptical about the validity of letters of reference and even maintained they could be used by teachers to exploit female pupils.

5.2.10 FINAL METHODS OF SCORING APPLICANTS

Some training centres appear to have quite involved and comprehensive scoring methods whereby a series of different aspects of the selection process are weighted and scored.

Others seem to place the greater part of their score weight on the academic scores of applicants with less value being given to other procedures.

It seems fair to assume that the greater number of procedures used to select, the more even the distribution of weight for the various procedures used and the greater the structure and fairness with which such procedures are applied, the greater chance one has of obtaining a more comprehensive picture of the applicant and providing him/her with a fairer chance of being selected.

In this regard, although it is not the intention of the researcher to be judgemental in this report, of all the training centres evaluated it would appear that the University of Pretoria provides the most intensive battery of procedures, the greatest structure and generally appears to weight each aspect fairly so that, for example, academic points do not necessarily supersede everything else. The researcher shares this opinion particularly for the benefit of other occupational therapy training centres, because she feels that the many years of experience that the Occupational Therapy Department (UP) has had in selection and the comprehensiveness of their existing process could provide valuable information for utilisation by other training centres who wish to revise their own process. However this assumption is purely based on perceptions with regard to practical and procedural policies and not on those of equal access.

Comments made by participants across all the focus groups, repeatedly stated for each of the first six selection procedures discussed (core themes), that a particular procedure should not be used in isolation. The implication being that selection should involve more than one procedure for evaluating the applicants suitability. It thus seems realistic to recommend that wherever possible selection of occupational therapy students should involve a comprehensive battery of procedures which are weighted in such a way as not to give abnormal weight to the information obtained from some procedures at the expense of others which may be equally important.

5.2.11 FAIRNESS AND THE EDUCATIONALLY/SOCIALLY DISADVANTAGED APPLICANT

This core theme evoked responses that covered both the issue of making selection fairer as well as making the actual academic and practical training of disadvantaged students fairer. As these two issues are closely linked both will be discussed, however the emphasis will be upon that of fairness and selection.

Generally groups supported a combination of adaptations and implementations, viz. that selection of disadvantaged applicants should include a combination of procedures such as interviews and questionnaires, over and above the evaluation of academic points and that scoring should be weighted more in favour of other procedures than in favour of academic points.

It was also suggested that the opposite should be applied to advantaged applicants i.e. heavier weighting on academic points and less on other procedures. The researcher is of the opinion that applying such a method could widen the gap between the two groups because of the risk

that it would result in only extremely high academic scorers being accepted into the advantaged group whilst those on the disadvantaged side would have much lower academic scores.

Based on these comments the researcher is of the opinion that a system of selection based on an acceptable cut-off point for all applicants would allow for a more balanced and fair selection process, doing away with the current problem of selecting extremes i.e. top academic scorers on the advantaged side and much lower scorers on the disadvantaged side of the spectrum of applicants. This would only be valid provided it was combined with other procedures for which scores could be given. It would create logistical problems for those training centres that have large numbers of first choice applicants but this could be overcome by possibly considering some form of quota system for the various groupings of academic scores within the spectrum from top to cut-off point.

The provision of bridging courses was put forward as a solution by participants in 63% of the groups, prior to selection or during the course of training. This principle is supported by the Forum of Vice-Chancellors of Historically Disadvantaged Universities (1966) who in their deliberations suggest that by identifying applicants early who would not qualify in terms of the points system, pre-entry courses could be introduced to provide them with the capacity to achieve the necessary points at matric level. They recommend that such a system should be more thoroughly investigated.

Participants in 31% of groups felt that although it was unfair to select disadvantaged students into occupational therapy degrees it was equally unfair not to provide the necessary academic

and social support for them if they were expected to comply with the same expectations/standards as set for advantaged students.

Academic support programmes (ASPs) were thus considered essential supplements to accommodating disadvantaged students (50%) and should include:

- programmes to improve the teaching/understanding capacity of lecturers.
- programmes which are continuous over all 4 years of training.
- programmes which include social support and not just academic support.

A problem related to ASPs raised by an African participant in a staff focus group was stated as follows: "... even if you get in and you're the only one who has financial problems, you're the only one who has dif ..... you know ..... difficulty to get to the whole thing. If you do have an academic (support) group you're the only one that has the problem, so even then the problem mounts..... you don't have a good foundation then you get that sorted out , it doesn't do good for your confidence. For years after you're still catching up, you know, throughout the degree you're catching up ..."

This statement illustrates the problems related to ASPs, particularly where there are only one or two students in a class attending, they tend to isolate groups and lower confidence. Whereas if there were larger groups of students, of all race groups including whites, attending ASPs this would create a greater sense of solidarity and normality. The use of a quota system for lower academic scorers and disadvantaged which was recommended by participants in 38% of groups, could increase the numbers of these students within classes. A participant

in one of the staff groups felt that a quota system could also serve to form divisions within classes.

The above problem does not obviate the tendency which exists for compartmentalisation between advantaged and disadvantaged and the researcher is therefore of the opinion that the development and introduction of special mechanisms for socialising and integrating classes is an essential component in order to build greater tolerance and understanding of one anothers cultures, needs and values.

The selection process should extend over a prolonged period to allow for adequate time to implement various procedures and to allow selectors time to observe applicants participating in the programme. This will also allow disadvantaged applicants time to adapt and reduce their anxiety levels thus raising their performance level.

Participants in 5 of the 8 student groups (62.5%), including the MEDUNSA student group, were adamant that while it was essential to make selection fairer for disadvantaged applicants, in the process of doing so standards should not be lowered.

The lack of knowledge about occupational therapy both as a health care resource and as a profession amongst particularly African communities was repeatedly cited by participants (63%) as being one of the main reasons for not getting enough African applications to the various degrees offered in occupational therapy. Examples of these comments were given in point 5.2.3 (page 98). To this end there were suggestions (44%) around the need for a major awareness campaign particularly within communities with large concentrations of African

and disadvantaged people. It was even suggested that recruitment teams be sent out into rural areas.

The Ministry of Education should be requested that ex-DET schools have better access to career guidance than they do at present. African communities should also be encouraged to participate in recruitment to obtain greater commitment of those selected in going back to work in their communities once qualified.

Participants from the students' focus groups (37.5%) suggested that disadvantaged applicants should first become occupational therapy assistants and then be allowed to be selected into degrees. In the opinion of the researcher this suggestion is impractical, costly, too time consuming and reactive in meeting the urgent need to get disadvantaged applicants into courses immediately. Certainly those who already have related support staff qualifications should be accommodated into occupational therapy degrees where such persons meet the basic requirements for entry into these degrees.

Occupational therapy training centres should create systems of selection which facilitate the special needs of disadvantaged applicants, for example, where appropriate adapting rules and regulations which may currently hinder their access to courses, making provision for staggered payment of fees and so on. Special support systems should be introduced which are specifically designed to enlighten students about the selection procedures and what to expect.

Once disadvantaged students are accepted, this support system should be available to help them sort out problems such as obtaining bursaries, accommodation and integration into student life in general.

There were conflicting views (19% in favour and 6.25% against) about making visits to occupational therapy departments compulsory prior to applying because of the difficulties, particularly for rural persons, to do this. A compromise was that where this was not possible it could be arranged for applicants to do so during the time they come into the university to register or attend interviews.

Particularly African participants in groups (18.75%) felt that the term disadvantaged should be more clearly defined. They felt that there were different levels of disadvantage and that some so-called disadvantaged students exploit the situation.

Participants in 2 of the 16 groups (12.5%) were the only ones who openly expressed strong rejection of the current selection system because of its eurocentric bias. Comments included the following:

"We're looking at a political issue here and OTs can come up with some system that doesn't fit the country ..... we are all going to be forced to level the playing fields ..... it should be irrelevant who you've got in the class because the class is not a competition ..... especially in this country...only the people who get six distinctions and all the prizes are the ones that are worthwhile..... forget the rest!" (Senior Lecturer in occupational therapy, MEDUNSA).

"We all have to get clever about how to teach people of different languages, different cultural groups and different backgrounds ..... it's a challenge and its very exciting" (same speaker as above).

"There needs to be a system of looking at a persons potential especially when they're from disadvantaged backgrounds" (Senior Clinician, Community, UCT).

One participant maintains that the existing system is an add-on one which further advantages the advantaged and disadvantages the disadvantaged. She quotes as example how unfair it is to make African applicants compete against others where points are added on for achievements which are eurocentrically biased and specific to those from advantaged backgrounds, for example, head of the chess or debating team or selected to represent their school in national or international science or sport competitions. She suggests that a method of leveling the playing fields might be one of introducing a handicapping system for those who are advantaged.

Such statements may appear extreme but in the researchers opinion, given the urgency of the current situation, they have merit and should be further investigated.

5.2.12 DESIRABLE CHARACTERISTICS OF OCUPATIONAL THERAPISTS WORKING IN THE NEW SOUTH AFRICAN HEALTH SYSTEM

The following summary is a description of what group participants felt made up the ideal characteristics of future occuaptional therapists working in South Africa.

They should have a special ability to adjust to all types of people and cultures which includes tolerance and a need to gain continuing understanding and acceptance of the diversity of people and cultures in the South African society. They should particularly be flexible individuals who are able to easily adapt to a variety of situations and circumstances.

They should be assertive and have the confidence and courage of their convictions to stand up and defend contentious issues related to the profession and their clients health.

They should have a friendly disposition, be able to listen and communicate well, be able to relate easily with all types of people and be able to work well within a multidisciplinary team.

They should have perserverance, drive and determination combined with a positive orientation which makes them open to change and able to accept constructive criticism, as well as to have the physical and emotional strength and control to deal with their particular field of work.

They should be creative, innovative and imaginative with an ability to " think on their feet", i.e. (quick, rational thinkers.)

They should be life-long learners, able to create their own development and keep up to date with relevant and new knowledge related to the profession as well as political and policy issues which affect physical and mental health care. They should have a visionary ability which allows them to rise above day to day issues and think progressively and proactively.

Deborah Ewing (1996) maintains that the need for "life-long learning" to help people deal with the rapidly changing work environment is well recognised.

Characteristics such as leadership, initiative, insight, independence, ability to motivate others and a healthy judgement were also considered important.

An ability mentioned by participants in 50% of the groups (mainly staff) was that they should have good management skills. This suggests the need to ensure that revision of curriculae includes adequate training in this area.

Whilst many of the above characteristics refer to the qualified therapist it is obviously necessary that the germ of these are present to a lesser or greater extent in applicants to occupational therapy degrees. Perhaps there is some truth in the old idiom that one "cannot make a silk purse out of a sows ear".

CHAPTER SIX

CONCLUSIONS

"People need to enter a rapidly changing world, where they will literally have to make their own jobs, knowing who they are. We are nurturing creativity: people only reach a creative level when they are doing what they are passionate about." Lourens cited in Ewing (1966).

6.1 PUTTING THE RESULTS OF THE RESEARCH INTO CONTEXT

There should be no argument that access into occupational therapy courses should be open to all who wish to apply, that the subsequent selection process of those who meet the basic criteria should be totally fair and that it should provide each applicant with an equal opportunity to show off his/her attributes, skills and character in the best possible way. However one must never lose sight of the simple but highly significant fact that such applicants are being selected into a profession where they will have to deal with members of the public, and their families, who may have been seriously physically and mentally disabled or traumatised. Thus at the end of the day one is selecting not for the sake of the applicant but for the sake of the public.

Selection of occupational therapy students thus cannot be a "free-for-all" it must ensure an acceptable process of selecting only those who will make the best occupational therapists.

Closely linked to ensuring selection of the most suitable applicants to occupational therapy degrees it is assumed that the basic vision of all occupational therapy training centres is to achieve a level of excellence in training which will ensure that on qualifying the therapist will be suitably skilled in providing the very best for his/her patient. It is extremely difficult to successfully reconcile an incorrectly selected applicant with the achievement of excellence both as an occupational therapy student and later as a qualified therapist.

Thus at the end of the day training centres need to produce occupational therapists of whom they are proud , who in turn are proud of the degree they have obtained and most importantly in whom their clients have trust. Thus while the process of transformation must be urgently and enthusiastically addressed by all training centres it should never be allowed to force standards into a level of mediocrity with which neither the producer, educator nor consumer will ever be happy.

Moffat Dyasi (1996) maintains that the basic ambition of scholars throughout the world is to be assured that their degrees are internationally competitive and that South Africans need to keep reminding themselves that they are part of a global village.

Dyasi's sentiments are reinforced by the words of Dr. Mamphele Ramphele cited in Bhagwanjee et al (1996), *"contrary to popular myth on both the left and the right, poor people did not struggle for liberation in order to have access to mediocrity - they are passionately seeking to gain access to the best this country can offer. Their commitment to excellence is evident in their preparedness to make sacrifices to enable their children to gain access to the best educational institutions available. Policies and practices that lead to mediocrity are a betrayal of their aspirations".*

However whilst mediocrity is the last thing any training centre should aspire to, it can be argued that it is even worse to produce excellence through unfair means. The NCHE (1996) places at the top of its list of deficiencies in tertiary education that of *"a system which still perpetuates an inequitable distribution of access of opportunity for students and staff along axes of race, gender, class and geographic discrimination"*. The statistics obtained in this research suggest that occupational therapy training centres would need to address their selection on at least two if not all these axes.

The NCHE (1996) sees the new policy framework for the transformation of higher education as playing a pivotal role in the political, economic and cultural reconstruction and development in South Africa. However in order to do so it maintains that the strengths within the system must be maintained but the weaknesses must be remedied. *"The system of higher education must be reshaped to serve a new social order, to meet pressing national needs and to respond to a context of new realities and opportunities" (page 3).* To this end they maintain that amongst other things a transformed system will be able to "*ensure access to a full spectrum of educational and learning opportunities to as wide a range as possible of the population, irrespective of race, colour, gender or age"(page 5).*

There are definite strengths in the existing selection models even if they are eurocentrically influenced and these should not be thrown out, but there are also weaknesses, particularly with regard to appropriateness to the South African situation. There is a need to introduce an Africanised model which takes the best of the old, adapts it and seeks ways of identifying new and more appropriate selection models which are acceptable to all South Africans.

In addition to the complexities surrounding selection is the reality that the best selection process possible is of little value if the training programme is not designed to bring out the best of each and every student selected. This means that together with the policy of social redress and greater access to disadvantaged applicants, there must be simultaneous provision of adequate academic support systems within training centres which provide support and capacity building programmes for both staff and students.

6.2 RECOMMENDATIONS FOR FUTURE RESEARCH

The purpose of this research was to evaluate selection of occupational therapy students in South Africa. Such a global evaluation possesses an inherent multitude of other possible research questions which arise during the process. In this particular evaluation it was essential to delineate realistic parameters of investigation which the researcher has attempted to do within the time frame, money and human resources available. Research questions which stand out as being those which require further investigation are:

- that of gender and the paucity of male occupational therapists in South Africa, how does it impact upon the image and development of the profession?

- the question of whether a typical occupational therapist stereotype exists in the minds of most selectors, if so what is it and is it an appropriate one?

- are there specific personality profiles more suitable to the various specialities and sub-specialities in occupational therapy?

- is selection dominated by eurocentric ideals and values?

¤ a more detailed investigation is needed into how selection can be adapted to make it more suitable to the South African context.

6.2 WHERE DOES ONE GO FROM HERE?

Throughout Chapter 5 the researcher has tried to provide recommendations for solving the various problems inherent in selection by extracting the most relevant of these as they emerged within the texts of the various focus groups. The following conclusions are based upon a summary of those issues which frequently arose throughout both staff and student focus groups and which the researcher feels encapsulate the problems and solutions to selection.

A) There is an urgent need for better marketing of the profession of occupational therapy both in terms of a career and in terms of its role in health care, particularly amongst African and disadvantaged communities. The best of social redress intentions will be futile if training centres continue to attract such a small pool of male, African and possibly also rural applicants to their courses.

B) Fair and acceptable selection requires that applicants be exposed to fair and appropriate criteria as well as to a comprehensive battery of selection procedures. The process as well as the outcome should be determined by the occupational therapy training centre, obviously in cooperation with the university, faculty and administration.

C) Because of the diversity of specialities, sub-specialities and other areas of work within the profession there is no single, typical or ideal occupational therapy personality. Selectors thus need to guard against becoming too fixated on specific character profiles which they feel are

the ideal when it is obvious from this and other research that the spectrum of possibilities of personality traits is considerable. To this end selection panels should include selectors from a diversity of fields of practice and areas of the profession who are preferably trained and attitudinally geared towards a broader perspective of personality possibilities.

D) Students mature and develop during the course of their training, thus provided the basic foundation of suitable characteristics is present and serious psychological problems are absent, proper education and training can nurture and develop both desirable characteristics and skills.

E) A new approach to selection should ensure that old methods are modified to be far more inclusive of all cultures and that those expectations and values based exclusively on eurocentric models be revised with urgency and adapted appropriately. In this evaluation the researcher found that most of the selection criteria and procedures used were particularly eurocentrically biased and biased in favour of the advantaged applicant. Fairness in selection cannot be obtained in a situation where some competetitors have an advantage from the start. Even if it means applying different criteria and procedures for different cultural groups as an interim measure until such time as a "middle-of-the-road" process is found which does not disadvantage any group of applicant.

The researcher is of the opinion that the current status of occupational therapy within the country is at a crossroads, because the diverse skills and abilities of occupational therapists makes them particularly valuable and appropriate contributors at all levels of health care intervention. However the continuing trend, revealed in the first phase of this research, towards qualifying predominantly white females in this country reflects both an unrealistic

and short-sighted future for the profession. It is highly unlikely that the government will continue to support the expensive education of a profession which so inadequately reflects the needs and diversity of the South African population and which, although producing occupational therapists of an internationally acceptable caliber, may still be producing therapists who tend to be more orientated towards urban, tertiary care practice.

Whilst the argument of poor salaries and inadequate creation of posts in community based rehabilitation and primary health care is a reality, in the researchers opinion it is only part of the problem. The more pressing part remains that training centres are not recruiting and training enough occupational therapists who adequately meet the diversity of populations and current health care needs of South Africa.

Dispite the enthusiastic and willing response of focus groups in contributing a vast amount of appropriate and valuable information, the researcher was repeatedly struck by the apparent lack of insight into the urgency of the problem. There were few suggestions of radical interventions to overcome the current situation. However the cooperation of training centres in this research and the evidence of their attempts at overcoming the current situation are a reassuring indication of their potential to succeed in addressing the problems that exist.

The reseacher feels that it will necessitate radical changes, requiring a comittment from training centres, to take in significantly greater numbers of non-white students and work towards goals within realistic time-frames which ultimately ensure that intake will reflect a more realisitically proportionate cultural diversity. The researcher is further of the opinion that unless training centres take immediate interim measures to change the situation, occupational therapy will either be gradually pushed out of the health system in South Africa

or will be forced by government policy to take steps which may be unprepared and unplanned and hence a menu for disaster.

The results of the focus groups has provided relevant and valuable advice on what they see as problems and possible solutions to selection as well as to provide a comprehensive view on those characteristics which are desirable in occupational therapists working in the new health system (Chapter 5). It is now up to training centres to meet these challenges collectively and proactively.

The following steps are recommended as a starting point:

(A) That occupational therapy training centres study the findings of this research and evaluate their own selection against these, seeking out ways in which they can adapt their own selection to make it more accessible where this is not the case.

(B) That an independent forum of training centres be established or preferably an *ad hoc* committee of OTASAs Education Standing Committee be elected, consisting of relevant role players, to draw up recommendations for the following:

- a strategy to implement a massive recruitment and marketing campaign, especially amongst disadvantaged communities and males.

- a strategy to bring about inter-institutional cooperation, especially in regions where there are two or more training centres, around issues such as pooling resources to rationalise selection and make it more accessible for applicants from regions far from their particular

university, as well as to share expertise in dealing with the challenges of training disadvantaged students.

¤ greater networking between all training centres to brainstorm ideas and share experiences, problems and solutions, particularly utilising the experience of training centres within the historically black universities.

It has been a daunting but most enlightening experience carrying out this research and it would never have been possible without the excellent cooperation of all who so willingly participated in and contributed to it, it is hoped that the results will provide constructive food for thought and some mechanism to meet the many challenges which selection continues to provide.

REFERENCES

African National Congress (1994a). A national health plan for South Africa. Johannesburg, ANC Offices.

African National Congress (1994b). The reconstruction and development programme. Johannesburg, Umanyano Publishers.

Agar M (1986). Speaking of ethography - Qualitative research methods, Series 2. Beverley Hills, Sage University Paper.

Arvey R (1979). Unfair discrimination in the employment interview: legal and psychological aspects. Psychological Bulletin 86(4);736-765.

Bailey J (1969). Relative effectiveness of personality, achievement and interest measures in the prediction of performance criterion. American Journal of Occupational Therapy XXIII(1);27-29.

Barber S (1996) Shock report on South African Schools. Sunday Times, 24 November, p1.

Basson A (1981) Die keuring van B.Kur studente by die Randse Afrikaans Universiteit. Magister Curatonius Thesis, RAU.

Bem S (1974). The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology 42(2);155-162.

Bhagwanjee AM, Gray AL, Smit JA *et al.* (1996) "From the vortex to the rainbow" Research capacity and develolpment - Situation analysis and strategic plan. Durban, University of Durban-Westville.

Botha E, Engelbrecht J (1992). Succeed at dissertation. Halfway House, Orion.

Bridle M (1987). Student selection: a comparison of three methods. Canadian Journal of Occupational Therapy 54(3);113-117.

Brollier C (1970) Personality characteristics of three allied health professional groups. American Journal of Occupational Therapy XXIV(7);500-505.

Bryman A (1974). Analysing qualitative data. London, Routledge.

Buckingham G, Mayock A (1994). An objective selection system to identify the qualities for a career in nursing. Nursing Education Today 14(3);209-215.

Burke J (1984). Occupational therapy: A focus for roles in practise. American Journal of Occupational Therapy 38(1);24-28.

Calitz F (1994). The South African dilemma. Paper presented at the 20th IAEA Conference, New Zealand.

Clark M, White KD (1983). Personality characteristics of Australian occupational therapy students. Australian Occupational Therapy Journal 30(1);23-28.

Coetzer G (1981). Development of criteria for the selection of black nurses. Master of Science in Nursing dissertation, University of the Witwatersrand.

Collins J, White G (1993). Selection of Auckland medical students over 25 years: a time for change. Journal of Medical Education 27;321-327.

Constantin S (1976). An investigation of information favourability in the employment interview. Journal of Applied Psychology 61(6);743-749.

Coombes P, Bennet M (1983). Student recruitment and selection in occupational therapy. Australian Occupational Therapy Journal 30(1);29-35.

Coombs R (1991). Non-cognitive components in the selection and training of medical students. Journal of Medical Education 25;539-541.

Creswell JW (1994). Research design, qualitative and quantitative approaches. London, Sage Publications.

Croen L, Reichgott M, Spencer R (1991). A performance-based method for early identification of medical students at risk of developing academic problems. Journal of Academic Medicine 66(8);486-478.

Danka M (1993). Differences in values and goals of occupational therapy students. American Journal of Occupational Therapy 47(5);453-459.

David P (1995). Service provision to black people: a study of occupational therapy staff in physical disability teams within social services. British Journal of Occupational Therapy 58(3);98-102.

de Ploy E (1989). Mastery in clinical occupational therapy. American Journal of Occupational Therapy 44(5);415-422.

de Witt PA (1977). An investigation into the possible correlation between the selection criteria for admission and success in the current undergraduate occupational therapy course. (Forthcoming).

des Ormeaux S, Redding A *et al.* (1990). GAIN: A successful recruitment and retention programme for disadvantaged students. Journal of Nursing Education 29(9);412-414.

Dyasi M (1996). Critical to analyse transformation concept - Education's dilemma. Daily News, October 14, p6.

Edwards J, Johnson EK, Molidor JB (1990). The interview in the admissions process. Journal of Academic Medicine 65;167-175.

Emmet R (1993). A descriptive analysis of medical school application forms. Journal of Academic Medicine 68;564-569.

Ewing D (1966). New ways of learning can help children cope better with school. Sunday Independent, Higher Education Review. May 19, page 7.

Ferreira M *et al.* (1988). A sociological analysis of medical encounters of aged persons at an out-patient centre. *In:* Introduction to qualitative research methods. Eds. Ferreira M, Mouton J, Puth G *et al.* Module 3. Pretoria, Human Sciences Research Council.

Fiedler I, Klingbeil G (1991). A recruitment model for selecting residents. Journal of Academic Medicine 66(8);476-478.

Forum of Vice Chancellors of Historically Disadvantaged Universities (1966). Report on deliberation of a joint strategic plan. Mid Rand, 09-10 March.

Glick S (1994). Selection of medical students: the Beer Sheva perspective. Journal of Medical Research 28;265-270.

Green A, Peters TJ, Webster DJ (1993). Student selection: are the school leaving A-level grades in biology and chemistry important? Journal of Medical Education 27;72-75.

Hendrickson D (1992). Personality variables - significant departures of occupational therapists from population norms. American Journal of Occupational Therapy XVI(3);127-143.

Herzberg GL (1994). The successful fieldwork student: supervisor perceptions. American Journal of Occupational Therapy 48(9);817-822.

Hesler A, Lewis L (1992). Evaluation of a summer pre-matriculation program for black and other non-traditional students. Journal of Academic Medicine 67(4);270-272.

Hjelle L, Ziegler D (1981). Personality theories: basic assumptions, research and applications. Auckland, McGraw Hill.

Jones M, Thompson C (1958). Developing composite criteria for the prediction of occupational therapy success. American Journal of Occupational Therapy XII(3);140-143.

King A (1988). Selection of students for occupational therapy. British Journal of Occupational Therapy 51(8);265-266.

Lotter C (1996). The role of the Matriculation Board in a changing educational environment. Paper presented at a Workshop on Student Selection, University of Natal, Durban. 12 April.

Lloyd C, Maas F (1992). The relationship between Carkhuff's helping dimensions and occupational therapy. Australian Occupational Therapy Journal 39(3);17-22.

Lloyd C, Maas F (1993). The helping relationship: the application of Carkhuff's model. Canadian Journal of Occupational Therapy 60(2);83-89.

Lucci J (1974). An approach to the selection of students. American Journal of Occupational Therapy 28(2);91-94.

McGaghie W (1990a). Perspectives on medical school admissions. Journal of Academic Medicine 65;136-139.

McGaghie W (1990b). Qualitative variables in medical school admissions. Journal of Academic Medicine 65;145-149.

Madill H (1988). Old values versus new developments: how will occupational therapists adapt to technological change? Australian Occupational Therapy Journal 35(3);114-122.

Mann W (1979). Interviewer scoring differences in student selection interviews. American Journal of Occupational Therapy 33(4);235-239.

Marshall C, Rossman G (1989). Designing Qualitative Research. London, Sage Publications.

Mitchell G, Friedjohn P (1987). Matriculation examination and university performance. South African Medical Journal 71;774-776

Mitchell G, Mitchell D, McGregor M *et al.* (1987). Selection of medical students - are all matriculation examinations equivalent? South African Medical Journal 72;416-418.

Mitchell G, Haupt J (1990). Selection of medical students, a follow-up study. South African Medical Journal 78;316-320.

Moller A (1995). Allport's theory of personality traits. In: Perspectives on personality. Durban, Butterworths.

Morgan D (1988). Focus groups as qualitative research. Qualitative research methods Series 16. Newbury Park, Sage University Paper.

Mouton J (1988). The philosophy of qualitative methodology. *In:* Introduction to qualitative research methods. Eds. Ferreira M, Mouton J, Puth G *et al.* Module 3. Pretoria, Human Sciences Research Council.

National Commission on Higher Education (1966). An overview of a new policy framework for higher education transformation. Press copy, 22 August.

Nordholm F, Kand F, Westbrook BA (1980). Changes of perception and self occurring during occupational therapy training. Australian Occupational Therapy Journal 27(1);6-11.

Parish J, Carr D, Suwinski M (1990). Undressing the facts: the problems encountered by male occupational therapists. British Journal of Occupational Therapy 53(2);67-70.

Parlow J, Rothman A (1974). Personality traits of first year medical students: trends over a six year period. British Journal of Medical Education 8;8-12.

Peacock A (1984). Occupational therapists: personality and job performance. Australian Journal of Occupational Therapy 38(8);517-521.

Phillips N, Renton L (1995). Is assessment of function the core of occupational therapy? British Journal of Occupational Therapy 58(2);72-74.

Potter CS, Jamott AN (1985). African matric results. Dubious indications of academic merit. Indicator South Africa 3(1);10-13.

Powis D, Naeme RL, Bristow T (1988). The objective structured interview for medical student selection. British Medical Journal 296(3);765-768.

Rhodes M, Bullough B (1994). The graduate record exam (GRE) as admission requirement for the graduate nursing program. Journal of Professional Nursing 10(5);289-296.

Schein E (1989). The clinical perspective in fieldwork - qualitative research series 5. Newbury Park, Sage University Paper.

Sathekge K (1996). Tackling race and gender biases in science. Sunday Independent: Higher Education Review, June 16, page 6.

Scott W (1985). Variables that contribute to leadership among female occupational therapists. American Journal of Occupational Therapy 39(6);379-385.

Sedlacek W (1990). Predicting minority student's success in medical school. Journal of Academic Medicine 60;161-166.

Setsoe G (1992). Selection of student nurses at Bofokeng Nursing College. Curationis 15(2);31-33.

Shipham E, van Velze C (1993). Core characteristics of a newly qualified occupational therapist. South African Journal of Occupational Therapy, November;16-24.

Smith C, Rodewhauser P, Markert RJ (1991). Gender bias in Ohio physicians in evaluating the personal statements of residency applicants. Journal of Academic Medicine 66(8);479-481.

Smith S (1991). Medical school residency performances of students admitted with and without an admission review. Journal of Academic Medicine 66(8);474-476.

Spradley J (1980). Participant observation. New York, Hold. Rinehard 7 Winston.

Swinehart S, Fienberg J (1990). The relationship between admission criteria and practise performances. American Journal of Occupational Therapy 44(5);447-452.

Talbot C (1996). The role of examining bodies in the changing educational environment. Paper presented at a Workshop on Student Selection, University of Natal, Durban.

Tamara E, Ben-Shem I (1993). Work values of freshmen in allied health and helping professions: a cumulative study. Occupational Therapy Journal of Research 13(4);253-269.

Tan C (1990). Academic standards and changing patterns of medical school admissions: a Malaysian study. Journal of Medical Education 24;319-327.

Taylor A, Clark C, Sinclair A (1990). Personality types of family practise residents in the 1980's. Journal of Academic Medicine, March;216-218.

Taylor J (1995). A different voice in occupational therapy. British Journal of Occupational Therapy 58(4);170-173.

ANNEXURE 1

OPERATIONAL DEFINITIONS

ACADEMIC POINTS SYSTEM (APS): Refers to the allocation of points to all or specific matriculation symbols and the summation of these points to give a total against which the academic performance of the applicant is scored. It may include the duplication of points for specific subjects which are considered desirable for specific degrees.

AFRICAN: Refers to members of indigenous African ethnic groups residing in South Africa. By virtue of the historical oppression of Africans in Southern Africa this term is, in the context of this dissertation, synonymous with the term disadvantaged.

HISTORICALLY WHITE UNIVERSITIES (HWUS): also referred to as historically advantaged institutes (HAIs) are those universities which were established during the colonial or apartheid era and which were originally open only to students of the White race with the exception of the English medium HWUs who admitted small numbers of other race groups. These universities thus have had long periods of time over which to build up resources and expertise and have been the *alma atae* of many of the past and present leaders of commerce, industry and politics in the country. As a result of this and the fact that they have a history of producing more research, these universities have through *alma ata* funding and SAPSE grants been financially more advantaged than historically black universities (HBUs). They fall into two main categories :

a. English medium, i.e., the universities of Cape Town, Rhodes, Natal and the Witwatersrand, and

b. Afrikaans medium, i.e., the universities of the Orange Free State, Potchefstroom, Port Elizabeth, Pretoria, Rand Afrikaans and Stellenbosch.

HISTORICALLY BLACK UNIVERSITIES (HBUS): also referred to as historically disadvantaged institutes (HDIs), are those universities which were originally established during the apartheid regime to accommodate race groups other than White.

They are all mostly younger than the HWUs and have been historically underfunded and under resourced. This has been partly due to a lack of substantial funders but also due to poor research output brought about in part by the vicious cycle of increased numbers of students and inadequate numbers of staff and funding. They were originally intended to further segregate race groups by being race-specific, i.e. Coloured, Indian and African universities, thus the University of Fort Hare, the North, Transkei, Venda, Zululand and the Medical University of South Africa were intended for Africans whilst the Universities of Durban-Westville and the Western Cape were intended for Indians and Coloureds respectively.

OCCUPATIONAL THERAPY TRAINING CENTRES: refers to those universities in South Africa which have departments of occupational therapy within their Medical or Health Science Faculties, i.e. Cape Town, Durban-Westville, MEDUNSA, Orange Free State, Pretoria, Stellenbosch, Western Cape and Witwatersrand.

SELECTION CRITERIA: Refers to those criteria stipulated in university of departmental regulations and which set down specific requirements which have to be complied with by applicants to courses in occupational therapy, before they can be considered for selection, e.g. matriculation exemption, mathematics, etc.

SELECTION PROCEDURES: Refers to those procedures which applicants to occupational therapy degrees have to undergo (after initial selection) in order to be considered for admission to a degree, e.g. interviews, completion of questionnaires, psychometric testing, etc.

DISADVANTAGED: In general refers to all race groups other than White who were subject to the segregatory and discriminatory effects of the apartheid system. This includes the African, Coloured and Indian race groups. Although all these race groups were all exposed to inferior education systems during the apartheid system, the system controlling African Education, i.e., the Department of Education and Training (DET) in Africans was particularly inferior and under-resourced.

ADVANTAGED: Refers in general to white South Africans who, by virtue of the political situation, had access to the best of all resources in the country, including education. Only very small numbers of other race groups, through financial advantage, were able to buy into some of these resources such as private education.

THE "IDEAL" SOUTH AFRICAN OCCUPATIONAL THERAPIST: This refers to those ethnographic and personality characteristics which subjects within the various focus groups perceive to be desirable for an occupational therapist to possess, in order to practise successfully within the South African context. These can be global, i.e. those essential for **all** occupational therapists regardless of what field they practise in, or they can be specific, i.e. those essential for practise in specific fields, e.g. psychiatry, community, etc.

FOCUS GROUPS: According to Morgan (1988) focus groups are basically group interviews, although not in the sense of alternation between the researchers questions and the participants responses. Instead, reliance is on interaction within the group, based on topics which are supplied by the researcher who typically takes the role of moderator. The level of moderator involvement in this study will be primarily non-directive, other than to provide core themes of discussion, to facilitate responses where necessary, and keep the course of discussion on track with the themes identified both by the moderator and the group. The data produced are the tape recordings and transcripts of the interactions between the subjects of all the groups discussed under Elite Focus Groups.

ELITE FOCUS GROUPS: This concept is based on Marshall and Rossmans (1989) definition of an elite interview which is a specialised type of interviewing which focuses on a particular type of respondent. "Elite's" are amongst other things, considered to be well informed respondents within a particular organisation or community. In this particular study the "elite" subjects within the focus groups will refer to :

a. Those directly involved and experienced in the selection process, e.g. Head of Department and specific administrative or other staff directly involved in selection.

b. Those involved in training the students who have been selected, i.e. the lecturers at a particular training centre.

c. Those who have recently undergone the selection process, i.e. students from all four years of training.

d. Those who practise as occupational therapists and who work with newly qualified therapists, i.e. occupational therapy clinicians.

PARTICIPANTS: In this context it will refer to those persons who are selected to, and who actively, participate in the focus groups.

SITE: Refers to any one of the eight Occupational Therapy Departments at the eight universities which provide training for occupational therapists in South Africa and which will be used as the sites for data gathering.

SITE COORDINATORS: Will be willing persons nominated by the heads of departments of the various sites, with whom the researcher arranges all details of the focus groups. They will be expected to act as a liaison between the researcher and the site and negotiate details of the focus groups with the heads of departments and university administrators, i.e. with respect to venues, dates, times and selecting groups.

ANNEXURE 2

REQUIREMENTS FROM OCCUPATIONAL THERAPY TRAINING CENTRES FOR THE EVALUATION OF THEIR CRITERIA AND PROCEDURES FOR SELECTION

REQUIREMENTS FROM OCCUPATIONAL THERAPY TRAINING CENTRES FOR THE EVALUATION OF CRITERIA AND PROCEDURES OF THEIR SELECTION PROCESS

1. Please complete the attached questionnaire and return to me as soon as possible but not later than 15 February 1996.

2. I have set aside the full day of .....from 8h30 to 17h00 in which to complete gathering of information from your department. I would need to accommodate the following into this time:

   2.1 Meet for approximately 1 hour with the head of department and/or selection coordinator to clarify any uncertainties with regard to the completed questionnaire.

   2.2 Conduct a 2 hour focus group* with lecturers and clinicians in which various key themes around selection of students will be discussed.

   2.3 Conduct a 2 hour focus group* with student representatives from all four years of study.

* specific details for requirements of each focus group are attached - see points 6.1+2 annexure 1.

Please could the elected coordinator notify me as soon as possible to confirm that the date is suitable and, if so, the specific times of the day during which the meeting and focus groups can take place.

3. Specific requirements of the person elected as my liaison/coordinator are attached (annexure 2) and further requirements will be discussed from time to time telephonically or through faxes.

FAX TO: **ROBIN JOUBERT**
DEPT. OCCUPATIONAL THERAPY
UNIVERSITY OF DURBAN-WESTVILLE.

FAX NO: **031-8202227**
TEL.NO: **031-8202310**

RESPONSE TO REQUEST

(delete where appropriate.)

The Occupational Therapy Department of the Unversity of ..... agrees/does not agree to your request to undertake data gathering for your research in their department.

2. The name of the person elected to act as your liaison/coordinator is:
.....

Telephone: **Work:**..... **Code:**.....

Home:..... **Code:**.....

Fax: ..... **Code:**.....

3. You may use this department as a venue to conduct your focus groups 3 and 4.

Signed: .....
Head of Department

Date: .....

ANNEXURE 3

REQUIREMENTS OF AND GUIDELINES FOR COORDINATORS

REQUIREMENTS OF COORDINATORS:

Dear Colleague,

Thankyou for so kindly agreeing to act as my liaison/coordinator in making the necessary arrangements for my data gathering, I certainly could not do it without your help. I hope I am not expecting too much of you but it is very difficult to make the kind of arrangements discussed below, from a distance.

As coordinator you would be required to assist me with the following:

1. Communicating all necessary information on the data collecting process to your head of department and staff.

2. Confirming the date of my visit and arranging times that would suit all concerned for:
   * a one hour meeting with head of department/member of selection committee to clarify uncertainties on the questionnaire (attached).
   * a two hour focus group with lecturers and clinicians
   * a two hour focus group with student representatives from all 4 years of training.

3. Arranging a suitable venue for the focus groups which should preferably comply with the following:

   * be big enough to comfortably seat 8/12 people but not so big that the accoustics are bad for tape recording the discussion.

   * be arranged in such a way that members can sit comfortably in a circle

   * preferably be airconditioned.

4. Arranging with the student groups to elect 2 representatives each and providing them with the instructions for their focus group 2.

5. Selecting a suitable group of lecturers and clinicians to participate in Focus Group 1
(see requirements in Annexure 1)

6. Assisting me with running the focus groups 1 and 2 by way of operating the tape recorder and making brief notes of key issues discussed.

7. You may be required to help me arrange subjects and venues for focus groups 3 and 4, but I will notify you of this at a later date.

I will need to contact you telephonically from time to time to make final arrangements or to discuss any changes in plans, you are welcome to contact me on tel: 031-8202310 or fax: 031-8202227, should you have any queries or problems. (My home phone number is 031-291903.)

DETAILS REGARDING FOCUS GROUPS:

A) Definition: A focus group is a form of group interview , however it does not take the form of alternation of questions and answers between the interviewer and respondents, instead it relies on interaction within the group, based on key topics which will be supplied by the researcher who takes on the role of facilitator. The level of involvement of the facilitator in this specific survey will be non-directive other than to facilitate responses and keep the course of discussion on track with those themes identified both by the facilitator and the group.The data produced from these discussions will be tape recordings and transcripts of the verbal interactions between the subjects of each group.

The focus groups used in this research are referred to as elite focus groups in the sense that the group members are selected for the purpose of being well informed about the specific topics under discussion.

NOTE:
GROUPS 1 AND 2 BELOW WILL BE CARRIED OUT AT EACH TRAINING CENTRE VISITED.

B. DESCRIPTION OF EACH FOCUS GROUP:

1. Focus group 1. (Lecturer/clinician group) should consist of not less than 8 or more than 12 of which approximately 1/2 will be lecturers and 1/2 clinicians.

Specific requirements for this group:

The mix of the group should **preferably** comply with as many of the following as possible:

* at least one person with good experience in the selection process,
* trancultural mix
* junior and senior members
* insight into the changing health care system and its implications for the profession
* represent physical, psychiatric and community practise.
* represent a variety of outlooks
* should have worked with newly qualified graduates
* have been involved in supervision of your students during clinical practical

2. FOCUS GROUP 2: (Student group)

This group should consist of two students selected from each year of training who are elected by their student group to represent the feelings of the entire group. For this reason it will be necessary for these representatives to meet with their specific student group prior to the focus group in order to canvas their ideas on the selection process as it applied to them. Guidelines on the type of information which should be discussed during canvassing are attached in annexure 3.

ANNEXURE 4

QUESTIONNAIRE ON THE CRITERIA AND PROCEDURES USED FOR THE SELECTION OF OCCUPATIONAL THERAPY STUDENTS IN SOUTH AFRICA

QUESTIONNAIRE ON THE CRITERIA AND PROCEDURES USED FOR THE SELECTION OF OCCUPATIONAL THERAPY STUDENTS IN SOUTH AFRICA

Name of University:.....
Name of person(s) completing questionnaire:.....

Designation(s):.....

Please place a cross in the appropriate box or specify in writing where requested, thankyou.

SECTION A: GENERAL INFORMATION.

1. Who is reponsible for your student selection?

a) The entire process is carried our by our our University Administration ☐

b) The entire process is carried out by our Department ☐

c) Part is done by the Administration and part by our Department. ☐

If you answered yes to (c) above briefly specify which part of selection is carried out by your department and which is carried out by the administration or attach details if you have these:

ADMIN	**OCCUPATIONAL THERAPY DEPARTMENT**
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

2. Approximately how many applicants do you recieve a year? (average over past three years)

   a) OT first choice (specify).....

   b) OT second choice (specify).....

   c) Of (a) above approximately how many qualify for admission to your degree in terms of basic requirements such as eg. correct subjects, points etc?.....

3. How many do you accept into first year?.....

4. a) How many of your OT first choice applicants for 1994 - 1996 were:

	1994	1995	1996
African	.....	.....	.....
Coloured	.....	.....	.....
Indian	.....	.....	.....
White	.....	.....	.....

b) How many of these were accepted into your first year

	1994	1995	1996
African	.....	.....	.....
Coloured	.....	.....	.....
Indian	.....	.....	.....
White	.....	.....	.....

SECTION B: SPECIFIC INFORMATION:

Curriculum and regulations:
Please attach a copy of your curriculum and regulations as printed in your 1996 Calender/year book.

B1. **Selection criteria:**
What criteria do you stipulate prior to even considering an applicant for your particular degree? ie

a) Specify essential **matric subjects** if any eg maths.
.....
.....

b) **Points system:** please indicate the scores you give per symbols A,B,C,D,E,F, on higher grade and lower grade

Symbol	Score: HG	SG
A	.....	.....
B	.....	.....
C	.....	.....
D	.....	.....
E	.....	.....
F	.....	.....

c) What is the cut off point for scores from which you will consider applicants for selection eg 35 points.

.....points

Do you have a lower cut off point for affirmativeaction/disadvantaged applicants? If so specify

.....points

d) do you weight any subjects eg maths or biology?

YES ☐ NO ☐

If yes, which subjects and how do you weight them?

.....

.....

.....

e) Are there any other criteria which you stipulate prior to considering an applicant for selection?

If so please specify what they are:

.....

.....

.....

.....

.....

.....

B2. <u>Selection procedures:</u>

2.1 **<u>Interviews:</u>**

2.1.1 a) Do you interview applicants ? YES ☐ NO ☐

If you answered NO, please move onto point 2.1 page 6.

If you answered YES then please continue below :

b) How do you decide on which applicants to interview?

.....

.....

.....

.....

2.1.2. How are your interviews conducted:

a) One on one (one interviewer one interviewee) ☐

b) Group (one interviewer many interviewees) ☐

c) Panel or board (many interviewers one interviewee) ☐

d) Other? please specify (eg combination) ☐

.....

.....

2.1.3. Are your interviews:

a) Structured (ie content developed from analysis of needs, standardised questions, sample answers provided for interviewers to help them give consistent rating, rating scale used with description of each expectation, interview is conducted by a board/panel who are specially selected and prepared prior to interview.) ☐

b) Semistructured (ie meets some but not all of the above) ☐

c) UnStructured (ie meets none of those discussed in (a)) ☐

2.1.4. Depending on your answer to 2.1.3. above, please briefly describe your method of interviewing or attach any written regulations, format, score sheets etc which apply.

(a) How many and who does your panel consist of?

.....

.....

(b) What type of questions do they ask?

.....

.....

(c) How do you score each applicant?

.....

.....

.....

.....

(d) Do you have a translator on you panel for applicants other than English speakers?

.....

.....

2.1.5. If you have an affirmative action policy, do you adapt scores or method of interviewing for affirmative action applicants and if so how? YES ☐ NO ☐

.....

.....

.....

2.2. **Questionnaires:**

a) Do you use questionnaires? YES ☐ NO ☐

b) If Yes, please attach a copy of your questionnaire.

c) For what purpose do you use the information obtained in the questionnaire?

.....

.....

d) If you score your questionnaire, how do you do this?

.....

.....

.....

.....

2.3. **Psychometric testing:**

a) Do you use any form of psychometric test to evaluate applicants?
YES ☐ NO ☐

b) If YES, what tests do you use?

.....
.....
.....
.....

2.4. **Testimonials/references:**

a) Do you request testimonials? YES ☐ NO ☐

b) Do you make use of references given? YES ☐ NO ☐

c) If you answered yes to either or both a) and b) how do these influence your selection of the student? (eg points are given for positive comments etc.)

.....
.....
.....

2.5 Are there any other procedures you use or factors which you include in selecting your students? YES ☐ NO ☐

a) If YES, please describe these:

.....
.....
.....
.....

B 3.**SCORING:**

a) How do you score all the data collected on each applicant after they have completed the selection process?
(Please specify or attach documentation if available)

.....
.....
.....
.....

b) Once you have scored all applicants how do you decide who should be accepted into your available places?
(Please specify or attach documentation if available)

.....
.....
.....
.....
.....

c) If you have a waiting list, how do you determine the rank of those on it?

.....
.....
.....

B4. If there is any other factor related to your selection procedure which has not been covered above, please would you briefly mention it:

.....
.....
.....
.....

Please accept my most sincere gratitude for taking the time to complete this questionnaire.

Robin.

Robin Joubert.

ANNEXURE 5

LETTER TO HEADS OF DEPARTMENTS OF OCCUPATIONAL THERAPY TRAINING CENTRES REQUESTING FEEDBACK ON SUMMARY OF QUESTIONNAIRE FINDINGS

University of
Durban-Westville

PRIVATE BAG X54001 DURBAN
4000 SOUTH AFRICA
TELEGRAMS: 'UDWEST'
TELEX: 6-23228 SA
FAX: (031)820-2383
☎ (031)820-9111

DEPARTMENT OF OCCUPATIONAL THERAPY
TEL: (031) 820-2310
FAX: (031) 820-2227

28 OCTOBER 1996

Dear -

RE : MOT - RESEARCH ON EVALUATION OF SELECTION OF OCCUPATIONAL THERAPY STUDENTS IN SOUTH AFRICA I.E. QUESTIONNAIRE ON THE CRITERIA AND PROCEDURES USED FOR SELECTION OF OCCUPATIONAL THERAPY STUDENTS IN SOUTH AFRICA

1. Please find attached a summary of my interpretation of the information completed by you in my questionnaire earlier this year. Please carefully read the sections related to your particular selection process and provide the necessary corrections, modifications and additions. This may be done on a separate piece of paper provided you clearly indicate exactly what page and question number you are referring to.

2. Some of you referred me to specific addendums/annexures attached eg. questions used in interview, etc. but never attached these, please send any of these which you may feel relevant.

3. I have highlighted sections which are particularly unclear - please provide written clarification.

It is obviously important that the information portrayed in this research is accurate and I would like to ensure this is so, your co-operation in this matter is thus crucial.

I sincerely appreciate the inconvenient time of this request and ask for your forgiveness but my time is running out and I need the information back as soon as possible, but not later than 30 November 1996.

My best wishes and God's blessings to you all for Christmas and the New Year.

Kind Regards.

ROBIN JOUBERT

ANNEXURE 6

LETTER TO STUDENTS WITH DETAILS OF REQUIREMENTS FOR FOCUS GROUPS

REQUIREMENTS FROM STUDENTS FOR FOCUS GROUP 2:

Dear Student O.T's,

I am currently completing research for my Masters degree in Occupational Therapy which is aimed at evaluating existing criteria and procedures used by South African Universities for the selection of students. In order to do this I am canvassing the views of a wide variety of roleplayers from student to consumer.

In your case, this information would be shared in the form of a focus group discussion in which 2 representatives from each year of training will be elected by your student group to participate in sharing your views and experiences about selection.

Your participation in the process is most sincerely appreciated and will contribute towards finding solutions to improving existing selection of OT students in South Africa.

The staff member from your university who is assisting me with this process is..... and s/he can be contacted should you have any queries or problems.

The following is required of you:

1. Each student year (1,2,3 & 4) to elect two representatives to participate in the focus group discussion.

2. These representatives are then required to do the following:

   2.1. Give their names to ..... (coordinator) as soon as possible
   2.2. Negotiate a suitable time for the focus group meeting, with student reps from the other years and the coordinator.
   2.2. Arrange a class meeting to discuss the key issues attached.
   2.3. Make notes of the class's responses to these issues
   2.4. Come prepared to share these responses at the focus group discussion.

I realise this is a difficult and busy time of the year and therefore am all the more appreciative of your cooperation in this process.
I look forward to meeting you soon.

Yours sincerely,
Robin Joubert
Robin Joubert (Ms)

Please see details of key issues upon which you need to canvas your student group attached.

GUIDELINES FOR STUDENT CLASS REPRESENTATIVES TO USE IN CANVASSING THE OPINIONS OF THEIR CLASS PRIOR TO PARTICIPATING IN THE FOCUS GROUP.

1. What do you feel about using the academic point scores for matric results as a criterion for admission into the selection process?

2. What do you feel about insisting on subjects such as eg mathematics, as a criterion for admission to the selection process?

3. What do you feel about making use of interviews as a procedure for selection?

4. What do you feel about making use of psychometric tests (eg aptitude and personality tests) as a procedure for selection?

5. What do you feel about making use of *biographical questionnaires as a procedure for selection?
(* questionnaires which ask for details about the applicant eg age, sex, interests, leadership, school performance etc.)

6. How should selection be made as fair as possible to ensure that educationally and socially disadvantaged applicants don't lose out in the process?

7. What type of person do you think the OT of the future in South Africa needs to be? (characteristics.)

8. Are there any other issues related to selection which you feel need to be discussed? Please mention them.