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Come, join, lead: Attracting students to careers in aging and promoting involvement in gerontological societies

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Abstract

Geriatric educators face the challenge of attracting more clinicians, scientists, and educators into geriatrics and gerontology, and promoting involvement in gerontological societies. A survey of psychologists ($N=100$) examined factors that attract students in clinical/counseling psychology to practice with older adults, as well as experiences in organizational service. For 58%, interest in aging began at the undergraduate level, but for others interest developed later. About one half cited academic exposure such as mentorship (51%), research (47%), or coursework (45%) as sparking interest, along with family (68%) or work experience (61%). Involvement in professional organizations lags (58%), in part owing to misperceptions about what those activities require. A continued targeted effort at the undergraduate and graduate level is essential to attract students to careers in aging. To preserve vital professional organizations, enhanced outreach may be useful to dispel myths about service and encourage engagement.

Keywords

Education; leadership; professional role; societies; training

Introduction

Background and rationale

Across all health professions, there is a drastic shortage of professionals prepared to provide health care (Institute of Medicine, 2008) and mental health care (Institute of Medicine,

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2012) to older adults. How can we attract and retain the next generation of gerontologists? In this article we report on data from a survey of geropsychologists, with implications for disciplines across gerontology.

Prior research has demonstrated that as people move through formal education and toward a career, several factors influence career choices including individual factors such as personality and values (Barrick, Moun, & Gupta, 2003; Simpkins & Davis-Kean, 2005), the family (Wong, Wong, & Peng, 2011), peer groups (Malgwi, Howe, & Burnaby, 2005), the classroom (Gendron, Welleford., Pelco, & Myers, 2014), and the social roles and norms more generally (Eccles, 2009).

Once someone has committed to a career in aging, how might professionals in the field promote membership and leadership in professional societies? Professional societies are critical networks that address core issues such as educational standards, ethical norms, and guiding policies and are key vehicles for providing mentorship and acculturation of students into a profession (Sinha & Cullen, 2015). Further, involvement in professional organizations can benefit an individual by providing key leadership and networking opportunities (Escoffery, Kenzig, & Hyden, 2015). Bringing students and early career professionals into these organizations—and particularly into leadership roles—can also be advantageous to the organization itself, as new ideas and fresh motivation have the potential to energize the organization. However, across many professional societies, membership is declining while the average age of members is advancing. For example, within the American Psychological Association, the average age for members in 2015 was 57.6 years, whereas in 2005 it was 52.6, and in 2000, 51.4 years (American Psychological Association Center for Workforce Studies, 2015).

Barriers that detract students from careers in aging include negative attitudes about aging, concerns about the capacity to be effective, and the complexity of geriatric care (Meiboom, De Vries, Hertogh, & Scheele, 2015). On the brighter side, each year a substantial (though still inadequate) number of students do dedicate themselves to geriatrics and gerontology. It is vital to know what attracts students to work with older adults, when those attitudes and preferences are developed, and how they are nurtured and sustained. Furthermore, even after people attain careers in geriatrics, it is important to know what keeps them there and how they engage in professional organizations.

Objectives

In this study we aimed to replicate and expand a previous survey of geropsychology graduates (Karel, Molinari, Gallagher-Thompson, & Hillman, 1999). We replicated previous items on clinical competencies and expanded content in four areas: (1) influences that attract people to careers in aging, (2) the evolution of their interest over time, (3) factors that attract or impede involvement in professional societies, and (4) research/teaching competencies. Previous papers have described our results concerning clinical and research/teaching competencies (Carpenter, Sakai, Karel, Molinari, & Moye, 2016). The focus of this article is to describe how students come to geropsychology as a profession and what factors contribute to their efforts to join and lead professional societies. Our goal is to inform future educational and outreach initiatives by gerontology faculty and society members that may

increase engagement by students and professionals in gerontology and gerontological organizations. The study was exploratory in nature. Although we did not have formal hypotheses, we expected that participants would describe a variety of personal and professional influences as informing their career choice, as described above. Regarding involvement in professional organizations, we the authors, as past and current leaders of several geropsychological organizations, had heard from other members that students and young professionals did not understand what service roles entailed and doubted whether they had skills to contribute, but otherwise we were uncertain what participants would report regarding involvement in professional organizations.

Method

Participants

Graduates of doctoral programs and/or postdoctoral programs in clinical and counseling psychology that have geropsychology tracks ($N = 100$) completed an online survey between January and February of 2014 in a cross-sectional observational cohort study. Participants were eligible if they completed their doctoral degree (PhD or PsyD) between 1990 and 2013 as described elsewhere (Carpenter, et al., 2016).

Procedures

Directors of clinical training (DCT) for each doctoral or postdoctoral program in psychology with a stated track in aging were identified through one of three sources located within the United States. First, we selected graduate and postdoctoral training programs that are members of the Council of Professional Geropsychology Training Programs (CoPGTP). Second, we identified graduate programs with an “aging” emphasis in the *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology* (Norcross & Sayette, 2013). Finally, we selected postdoctoral training programs through an online search of programs in the Association of Psychology Postdoctoral and Internship Centers (APPIC); criteria included a “full-time” postdoctoral fellowship with supervised experience in “geropsychology.” DCTs from these programs were sent an e-mail explaining that the purpose of the study was to gather information about training from graduates of aging programs. We requested that the DCTs forward our e-mail to program graduates who completed their degree from 1990 to 2013. In all, we contacted 24 doctoral programs and 21 postdoctoral programs; 24 DCTs indicated they had sent the survey to graduates. The remaining DCTs indicated that they do not have a geropsychology emphasis, did not have required information about trainees, or did not respond to our request.

Interested individuals could take the online survey by clicking on the link included in our e-mail message. The beginning of the survey included a consent form. At the conclusion of the survey, participants were offered the opportunity to be entered into a lottery to win one of four gift cards for their participation in this study. The study was approved by the Institutional Review Board at the University of Washington.

Measures

A survey was constructed as follows. In addition to ascertaining demographic and employment characteristics, items were developed to be consistent with a previous geropsychology training survey (Karel et al., 1999) and expanded to assess additional domains described above. Specifically, as described in this article, participants were asked to describe when they developed an interest in aging (e.g., undergraduate, graduate, postgraduate), what factors led to their interest (choosing from a list of options, e.g., family influence), what organizations they belong to, what positions they have had in those organizations, and to rate nine factors that may facilitate or inhibit participation in a professional organization (see the appendix). The survey draft was reviewed and edited by the research team and by five external expert consultants for comprehensiveness, clarity, and brevity.

Statistical methods

Data analyses were primarily descriptive in nature (frequencies, means), complemented by examination of group differences using chi-squared and *t* test analyses. Analyses were performed in SPSS version 22.

Results

Participants

Eighty-seven psychologists who had completed all their training and 13 current postdoctoral fellows completed the survey (Table 1). Participants ranged in age from 27 to 68, $M(SD) = 38.5 (5.8)$ and were 1 to 22 years postdegree, $M(SD) = 8.2 (5.1)$. Most were female (74%). The majority identified as non-Hispanic White (84%). Of individuals who had completed training, most (62%) found a geriatric focused job, in an average of 2.3 months after the end of formal training ($SD = 4.1$ months); the longest search lasted 2 years. For respondents who were not able to obtain a geropsychology focused position, 72% said they were nonetheless able to carve out a geropsychology emphasis within their position. Participants reported working in a medical center or clinic (67%) or university settings (32%). Current activities include clinical care (72%), clinical training or supervision (47%), administration (46%), teaching (42%), and research (38%).

Stages and sources of attraction to geriatrics

About one half (58%) first identified an interest in aging while still an undergraduate student, whereas 39% did not develop an interest until graduate school, and 3% until internship (Figure 1). The most frequently reported influences were a family (68%) or work experience (61%). Academic exposure was important, with influence from a mentor (51%), research (47%), or coursework (45%). Some respondents also noted the importance of a volunteer experience (39%) or perceived job opportunities working with older adults (32%). By far the least frequent influence was outreach from a professional organization (2%). (For example, the Gerontological Society of America sponsors an outreach “Ambassador Program” to recruit students and introduce them to the organization. Similarly, the Association for Gerontology in Higher Education sponsors a “Careers in Aging Week” with

a wide range of outreach efforts across universities and colleges across the world to promote career opportunities in aging and aging research). The majority (89%) of respondents cited three or more influences.

Involvement in professional organizations

About one half of respondents (58%) were members of professional organizations in aging: Gerontological Society of America (GSA) (31%), American Psychological Association (APA) Society for Clinical Geropsychology (39%), APA Division on Adult Development and Aging (26%) (both are divisions within APA as well as stand-alone organizations), Psychologists in Long Term Care (PLTC) (13%), Association for Gerontology in Higher Education (AGHE) (3%), and American Society on Aging (ASA) (3%). Those working in academic settings were more likely to be members of professional organizations (75% of those in academia vs. 47% of those not; $\chi^2(1) = 6.19, p = .01$). Early career psychologists (ECP, defined as 10 or fewer years since graduation) were just as likely to be members as participants who had been in aging careers more than 10 years (58% vs. 57%; $\chi^2(1) = .01, p = .94$).

Next, participants described their roles within professional organizations and barriers to/facilitators of involvement. Within these organizations, 29% participated as a committee member, but only 13% as an officer, 9% as a committee chair, and 6% as a section or division chair. When probed about barriers to pursuing involvement in professional organizations (Figure 2), a significant proportion of respondents noted a lack of interest (63%), and doubts about their qualifications (62%) and potential contributions (48%). Nonetheless, others acknowledged benefits to being active in professional organizations, such as career promotion, professional connectivity, and representation of their interests. Some reported feeling an obligation to serve but were unsure how to get involved (30%) and, in some cases, did not feel particularly welcome by people in the organizations (19%). For the most part, ratings on these factors did not vary between those who were and were not early career except that ECPs stated they felt less qualified to be a leader, $M(SD) = 1.92 (1.10)$ versus $2.48 (1.12)$, $t(85) = 2.21, p = .03$. Those who were not members of professional organizations reported more disenfranchisement, feeling less welcome, $M(SD) = 2.09 (1.17)$ versus $2.65 (0.89)$, $t(98) = -2.65, p = .01$, and less aware of the process of becoming involved, $M(SD) = 1.66 (1.18)$ versus those who were members. $2.19 (1.02)$, $t(98) = -2.34, p = .02$.

Discussion

This survey research with geropsychologists explores why they gravitated to a career in aging and what has sustained their identity, with the goal of informing future outreach efforts across gerontology and geriatrics. In terms of influences on choosing a career in aging, previous research on the development of curricular, extracurricular, and career interests has identified several influences, all reported by our survey respondents as well. These findings are consistent with influences reported in previous surveys with geropsychologists (Karel et al., 1999; Woodhead et al., 2013) and physicians (Meiboom et al., 2015), highlighting several points where expanded and deliberate outreach to students

may be productive for drawing them into the field. Direct experiences with older adults within families, presumably with grandparents and other relatives, led to career interests for some participants. Work and volunteer experience that bring people into contact with older adults also matter. The role of a singular mentor is also important, offering support to mentoring initiatives within professional organizations. Coursework and research experience were entry points, lending credence to efforts to develop and expand geriatric coursework and clinical training experiences. Although psychologists typically declare an interest area upon entry to graduate school, our results suggest that graduate school, and even internship and fellowship remain important entrance points for “setting the hook” for interest in aging, as 42% of our sample said their interest arose at this stage in their training. Thus, across all levels of medical and graduate training it is essential to offer and promote clinical practice with aging populations for those who are interested in aging and those who might become interested.

Only 58% of those surveyed belonged to an aging-related professional organization, suggesting the need to be more explicit in demonstrating the benefits of membership. Further, our results suggest that some people have not pursued leadership opportunities within these organizations because of factors that can be addressed. Clearly disseminating the organization’s needs and leadership responsibilities might facilitate engagement. Those same sources could be used to address misconceptions that deter people from volunteering, by highlighting specifically what people can contribute (to address the belief that they do not have anything to offer) and noting the diversity of backgrounds of previous leaders (to address the worry that people are unqualified). Trumpeting the benefits of taking on a leadership position (e.g., helps promote your career, insures your interests are front and center, and enhances professional connections) may facilitate greater involvement. Finally, efforts to enhance the perceived accessibility, receptivity, and friendliness of the organization could promote early and sustained involvement.

There is keen interest among professional organizations to engage early career professionals. Our survey suggests that early career psychologists were equally likely to be members and, for the most part, had similar perceptions of professional membership and involvement. These findings suggest some degree of success in engaging early career geropsychologists in professional societies, given that their rate of involvement was similar to the involvement of more senior career professionals. If early career professionals enter into membership and subsequent service roles, it is possible that they will model this affiliation to peers, who may follow suit and join gerontological organizations. Indeed, there is anecdotal evidence to suggest that early career geropsychologists are “early adapters,” as they perceive a long career ahead and desire to differentiate themselves and take advantage of ways to highlight their credentials. For example, half of the new applicants for the American Board of Professional Psychology (ABPP) are those who choose the “early entry option (Cox, 2016),” a process for professional boarding available to early career psychologists that can begin during graduate school.

For society leaders interested in promoting membership, it may be possible to leverage some of the factors that attract people to geriatrics and gerontology in the first place to encourage involvement. Students and professionals interested in older adults often pursue education

and careers in aging because of a heartfelt commitment to helping this underserved group. That same impulse toward social justice could be harnessed in messages that convey the importance of membership and leadership. In any case, professional organizations must undertake sustained and intentional efforts to develop features that offer real value to members and to communicate the benefits of membership, the rewards of service, and the importance of leadership in preserving and promoting the vitality of professional organizations that are consistent with their professional interests.

Limitations

This survey focused only on clinical/counseling psychology graduates within the United States; surveys that focus on career trajectories across health disciplines and within other countries are needed. Further, this survey of those who had pursued specialty training in geropsychology could be complemented by surveying those who did not to provide comparisons. Our survey results are cross-sectional and descriptive in nature and do not link career influences and activities to other outcomes (e.g., job satisfaction, salary). In addition, we aimed to solicit participation from all graduates whose programs met our inclusion criteria, but our sample was a convenience sample limited to those whose e-mail addresses were accurate and who chose to respond to the survey. Respondents may vary from non-respondents in ways not assessed herein, for example, they may be those more identified with geropsychology professionally.

Conclusion

Across the United States and internationally there is a geriatric workforce crisis. As leaders in gerontology and geriatric education work to address this crisis, educational programs must continue to promote the positive rewards of careers in aging, confront the bias in favor of youth over age (Gonsalkorale, Sherman, & Klauer, 2014), decry myths and emphasize accurate knowledge about aging (Cowan, Fitzpatrick, Roberts, & While, 2004), and challenge perceived disadvantages that camouflage the actual benefits of careers and professional society involvement in aging. Active and multidimensional outreach at the medical and graduate school level of training, as well as at the community college and 4-year undergraduate level, is needed to attract and sustain professionals to careers and leadership in aging.

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Appendix

1. We would like to know more about your career interests and professional identity, particularly with respect to older adults. When you were at this stage in your training, how interested were you in older adults?

	0	1	2
	Older adults were not an interest	Older adults were of some interest	Older adults were a <u>major</u> interest
Undergraduate education	0	1	2
Graduate education	0	1	2
Internship	0	1	2
Fellowship (if applies)	0	1	2
Postlicensure	0	1	2

2. Listed below are some reasons that prompt career interest in older adults. Check those that prompted your interest. (check all that apply)

- ☐ Family experience
- ☐ Volunteer experience
- ☐ Work experience
- ☐ Research experience
- ☐ Coursework
- ☐ Guidance from mentor
- ☐ Outreach from professional organization:
- ☐ Perceived job opportunities
- ☐ Other : _____

3. Are you a member of any of the following professional organizations?

	Check all that apply
American Psychological Association	
Division 12:2 (Society for Clinical Geropsychology)	
Division 20 (Adult Development and Aging)	
Division 17 Special Interest group on Older Adults and Aging	
Association for Gerontology in Higher Education	
Gerontological Society of America	
Psychologists in Long Term Care	
American Society on Aging	
Please list other gerontological organizations of which you are a member:	
Please list other organizations to which you belong that are important to your professional identity:	

4. Within a gerontological professional organization, Have you ever served

As a committee member?	☐ Yes	☐ No
As a committee chair?	☐ Yes	☐ No
As an officer?	☐ Yes	☐ No
As a section or division chair?	☐ Yes	☐ No
Other:	☐ Yes	☐ No

5. People take on leadership roles in organizations for many reasons. Rate how much each statement is true for you.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
1. I am interested in being a leader (e.g., officer or chair)	0	1	2	3	4
2. I feel qualified to be a leader	0	1	2	3	4
3. I believe I have a lot to offer	0	1	2	3	4
4. I understand the process by which I can become involved	0	1	2	3	4
5. I think that being active makes me feel less professionally isolated/more connected	0	1	2	3	4
6. I feel an obligation to volunteer service on behalf of my organization and those we serve	0	1	2	3	4
7. I believe that being active insures my interests (e.g., on billing, care, research) are being addressed	0	1	2	3	4
8. I feel that being active promotes my career advancement	0	1	2	3	4
9. I feel welcomed by people in the organization	0	1	2	3	4

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Figure 1.
Strength of interest in aging by phase of training.

Figure 2.
Barriers/facilitators to involvement in professional organizations.

Table 1

Participant characteristics.

	Total (N = 100)		Psychologists (n = 87)		Fellows (n = 13)	
	M (SD)	Range	M (SD)	Range	M (SD)	Range
Age	38.5 (5.8)	27–68	39.0 (5.8)	29–68	35.6 (4.6)	27–38
Years since degree	8.2 (5.1)	1–22	9.1 (4.9)	2–22	2.2 (0.9)	1–4
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Gender						
Male	26	26.0	23	26.4	3	23.1
Female	74	74.0	64	73.6	10	76.9
Race/ethnicity						
Black	2	2.0	2	2.3	0	0
Asian	6	6.0	5	5.8	1	7.7
White, Hispanic	3	3.0	3	3.4	0	0
White, Non-Hispanic	84	84.0	73	83.9	11	84.6
Other	5	45.0	4	4.6	1	7.7