Vocational Evaluation:

Perceived Professional Status

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elping professionals are pursuing their professional identity with much energy and commitment. of
A major concern relates to the difficulty members of the social community have in
omprehending occupational titles, e.g., medical technologists and cytotechnologists have no d
mbrella title except "allied health" which is viewed differently by various individuals (National of their
ommission on Allied Health Education, 1980). Cardiologists and orthopedic surgeons that are e of
nder the professional identity of physicians and an individual who has a job title of community ms to
alth worker may have the professional identity of a social worker.

There are many allied health and helping professions with small professional membership with
d, generally, the public does not understand the roles of these professionals or the contributions nuum and
ade in patient care and general health promotion. Also, the public is usually unaware that the 972;
ucational requirements and competency levels vary considerably among these occupations. tematic

Among the occupations in the field of health and helping professions is the vocational ition, 3)
aluator. That the evaluator should be considered a professional is beyond question at this time. and 5) a
ents who choose to see the vocational evaluator expect that person to act as a professional. oners to
t of being a professional would be to have the latitude to perform independently based upon a vledge,
ticular knowledge base. Another hallmark of a professional is to work without immediate
ervision (Maeroff, 1988). In addition the professional would many times work in relative d as a
ation from co-workers. Many professional Code of Ethics, including the one adhered to by y (1964)
cational Evaluators, allows for the individual to keep abreast of the knowledge in the field. gaging in
s would include training in the form of in-service training, workshops, and conferences; ms, the
ing proper professional publications and writing articles; and reviewing or otherwise In
oming acquainted with knowledge through books, videos, and online materials. being

The idea of professionalism seems to center around empowerment. Yet, there is no sure way to empower an individual even at the so-called professional level. Maeroff (1988) considers empowerment to be synonymous with professionalization. If an individual is empowered that person will try to enhance his/her position and circumstances. This can be accomplished through boosting one's status through knowledge, which is the access to power. Francis Bacon wrote that "Knowledge is Power." In general, if one acts as a professional then one will be treated as a professional. There seems to general agreement that two of the prime characteristics of a professional would be a body of abstract knowledge and provision of service (Goode, 1960; McDaniel, 1978).

Improving circumstances in any profession can be somewhat challenging especially if that profession is not well known. When a profession is well recognized, the persons operating within can feel better about themselves and what they may be doing for a living. This would also extend to the people that are being helped through the organization. In many of the health and helping professions, including vocational evaluation and rehabilitation counseling there has been a feeling that workers in those fields have been treated as underlings and have not been accorded the due recognition so richly deserved. However, it has been known that the professionals in these two fields and others draw strength from each other even though they may feel non-valued. In many areas there is a true team spirit that invades the workplace.

Probably one of the most challenging efforts to promote the profession in vocational evaluation is to strengthen the intellectual and methodological foundation of vocational evaluation. This can be done in a number of ways but primarily through a collaborative effort between vocational evaluators and their peers in other fields such as, medicine, counseling, and

therapy. Through this effort each will learn about the other; the vocational evaluator will almost certainly understand the techniques that will enhance their profession and raise it to a higher level than previously known. A strong initiative is needed in order to accomplish this change. Since vocational evaluators have been so accustomed to no power or prestige, opportunities and possibilities may be overlooked. Gross (1958) indicated that the process of obtaining recognition of a profession is a developing one. Sawyer, et al. (1980) wrote that "important internal structural changes take place, as well as, changes in the relation of practitioners to society at large" (p. 50). Studies on occupational prestige have been presented since 1925 when Counts (1925) first developed a study of the social status of occupations as a problem in vocational guidance. There have been periodic studies since that time punctuated by the much-replicated study sponsored by the National Opinion Research Center (1947). There was a replication of that study by Hodge, Siegel, and Rossi (1963) in which a correlation of .99 was established between the NORC study and the Hodge, et al. research. Hodge, et al. define the prestige position of an occupation as "a characteristic generated by the way in which the occupation is articulated into the division of labor, by the amount of power and influence implied in the activity of the occupation, by the characteristics of incumbents, and by the amount of resources which society places at the disposal of incumbents" (p. 287).

Since the inception of these studies the occupational structure in the economy of the United States has changed dramatically from the industrialized society to a services society to an information society. Yet, according to the number of studies on occupational prestige the stability of prestige has remained rather constant. Incidentally, in studies in other countries on this same subject the prestige hierarchical structure has generally remained the same across a

variety of nation, socialist as well as capitalist and in developed and undeveloped countries Hodge, et al. (1963).

Both the NORC study (1947) and the Hodge, et al. study (1963) 90 occupations from U.S Supreme Court Justice to Shoe Shiner. Since these studies 50 to 36 years have elapsed and with that passage of time new occupations were introduced. According to Hodge, et al. it would be difficult to replicate the NORC study (1947) or their study at the present time or anytime in the future due to the tremendous occupational shift. Thus, Sawyer, Allen, and Maki (1980) created a study specific to a particular area, namely, health professions. It was their belief along with Barber (1963) and Elliott (1972) that occupations in various professions clustered at one end or the other of the continuum. Thus, it would be futile to continually study occupational prestige across all occupations as has been found in many studies previous to this time (Inkeles & Rossi, 1956: Smith, 1943). However, Chan, Parker, and Lam (1986) challenge this thinking and believe that a replication of previous studies or using a full range of occupations is the only methodological manner in which to conduct a study of this type.

With a variety of professions emerging within the last 50 years it is important to determine the prestige of each merely to ascertain whether society in general has knowledge of a profession and can identify with it in some manner. Vocational evaluation is certainly not a new profession but it has only been organized as a profession for the past thirty years. There are other examples of emerging professions within the field of rehabilitation, e.g., work adjustment, job placement.

The rationale for still another study in occupational prestige is to learn the status position of the occupation of vocational evaluation as perceived by individuals outside of the profession.

In this study only occupations in the health and helping professions were used following the Sawyer, et al. study (1980) and Chan, Parker, Johnson, Langton, and Corthell (1986). The research question was to determine a perceived hierarchical ranking among 19 health and helping professions across gender, college level, and ethnicity.

The purpose of this study was to explore the issue of the perceived professional status of allied health and helping professions, with special focus on vocational evaluation and present the results of the professional status ranking of these occupations. A secondary purpose was to stimulate further awareness and research relating to the professional development within the continually emerging professions in the allied health helping fields.

Method

A list of 19 health professions was taken from an unpublished study by Saxon and Sawyer. A graduate student was thoroughly briefed on the list and what to do. This student went to a large concourse in the middle of a large southeastern university. A table was set up and as students came by during class breaks the student would ask if anyone was interested in completing the survey. As a matter of courtesy this student offered a piece of candy to anyone who completed the survey. This procedure was followed for five days at different times of the day. Ninety-four students participated in the research and all surveys were useable.

Participants included 52 females and 42 males. Eighteen participants are minority and 76 non-minority. Seven participants are classified as freshmen, 14 as sophomores, 32 as juniors, and 17 as seniors.

Results

Table 1 presents the total rankings of occupations based on perceived status by the total

94 participants. Table 2 presents the rankings of occupations based on perceived status by participants' gender. The Kendall rank correlation coefficient, τ (tau) of .72 yields a $Z = 4.05$; $p < .001$. This indicates very minimal inter-gender differences in the rankings of the 19 occupational titles in terms of perceived prestige. Table 3 presents the rankings of occupations based on perceived status by participants' college level. The Kendall Coefficient of Condordance yields a $W = .9007097$. When N is larger than 7 the following formula for X^2 can be used: $X^2 = s / {}_{1/12}\, kN\,(N + 1)$; $X^2 = 64.85$, $df = 18$; $P < .001$. We can conclude with considerable assurance that the agreement among the four college levels is higher than it would be by chance. This indicates very minimal inter-college level differences in the ranking of the 19 occupational titles in terms of perceived prestige. Table 4 presents the rankings of occupations based on perceived status by the participants' ethnicity. The Kendall rank correlation coefficient, τ (tau) of .67 yields a $Z = 3.79$; $p < .001$. This indicates very minimal inter-minority/non-minority differences in the rankings of the 19 occupational titles in terms of perceived prestige.

Conclusion

The results indicate that the 94 participants had very little differences in their rankings of the 19 occupations concerning their perception of the prestige of the occupations. These individuals, who probably have a more comprehensive understanding of the general allied health and helping professions, then would be found in the general population, ranked the occupation of vocational evaluator as having the lowest perceived level of prestige. The occupations of job placement and work adjustment specialist are also ranked in positions just above the vocational evaluator. Based on these findings we can conclude one of two things: 1) this groups of

individuals know exactly what a vocational evaluator does and therefore, believe that this occupation has very little prestige, or 2) this group of individuals do not know exactly what a vocational evaluator does in their professional role. Of course, if the first statement is true, the profession of vocational evaluation may have a difficult time of improving its prestige ranking. Another possibility may exist if the second statement is true. Maybe the profession of vocational evaluation has been remiss in public relations. Maybe, the importance of and the actual professional services of a vocational evaluator has not been communicated to the general population. The marketing of a profession is, as best, a gradual process that must incorporate not only perceived status by others, but also a sense of credibility by professional peers, individuals receiving services, and the general public. The future of allied health and helping professions, as a group, may depend on how this marketing process of the professionalization of each occupation occurs during the next decade. The present environment of managed cared and cost containment, mandates that viable professions not be lost because of a lack of appropriate professional marketing.

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Table 1

Total Rankings of Occupations Based on Perceived Status

Ranking	Total Subjects (N=94)
1.	Physical Therapist
2.	Respiratory therapist
3.	Clinical/Counseling Psychologist
4.	Practical Nurse &
5.	Physician Assistant
6.	Occupational Therapist
7.	Speech Therapist
8.	Rehabilitation Nurse
9.	Audiologist
10.	Rehabilitation Counselor
11.	Rehabilitation Engineer
12.	Mental Health Counselor
13.	Nutritionist
14.	Clinical Social Worker
15.	Case Manager
16.	Career Counselor
17.	Work Adjustment Specialist
18.	Job Placement
19.	Vocational Evaluator

Table 2

Rankings of Occupations Based on Perceived Status by Subject's Gender

Ranking	Female (n=52)	Male (n=42)
1.	Physical Therapist	Physical Therapist
2.	Respiratory Therapist	Respiratory Therapist
3.	Clinical/Counseling Psychologist	Practical Nurse
4.	Speech Therapist	Rehabilitation Nurse
5.	Physician Assistant	Clinical/Counseling Psychologist & Physician Assistant
6.	Occupational Therapist	
7.	Practical Nurse	Occupational Therapist
8.	Audiologist	Speech Therapist
9.	Mental Health Counselor	Rehabilitation Engineer
10.	Rehabilitation Counselor	Rehabilitation Counselor
11.	Rehabilitation Nurse	Audiologist
12.	Rehabilitation Engineer	Mental Health Counselor
13.	Nutritionist	Nutritionist
14.	Case Manager	Clinical Social Worker
15.	Career Counselor	Case Manager
16.	Work Adjustment Specialist	Career Counselor
17.	Vocational Evaluator	Work Adjustment Specialist
18.	Job Placement Specialist	Job Placement Specialist
19.	Clinical Social Worker	Vocational Evaluator

Table 3

Rankings of Occupations Based on Perceived Status by Subject's College Level

Ranking	Freshman (n=7)	Sophomore (n=14)	Junior (n=32)	Senior (n=17)
1.	Physical Therapist	Physical Therapist	Physical Therapist	Physical Therapist
2.	Clinical/counseling Psychologist &	Clinical/counseling Psychologist	Clinical/counseling Psychologist	Occupational Therapist
3.	Speech Therapist	Occupational Therapist	Occupational Therapist	Respiratory Therapist
4.	Respiratory Therapist	Physician Assistant	Practical Nurse	Speech Therapist
5.	Physician Assistant	Practical Nurse	Respiratory Therapist	Rehabilitation Engineer
6.	Rehabilitation Counselor	Respiratory Therapist	Physician Assistant	Clinical/Counseling Psychologist
7.	Occupational Therapist	Speech Therapist	Rehabilitation Nurse	Audiologist
8.	Rehabilitation Nurse	Rehabilitation Nurse	Speech Therapist	Rehabilitation Counselor
9.	Audiologist	Rehabilitation Engineer &	Nutritionist	Rehabilitation Nurse
10.	Nutritionist &	Audiologist	Rehabilitation Engineer	Practical Nurse
11.	Mental Health Counselor	Rehabilitation Counselor	Rehabilitation Counselor	Physician Assistant
12.	Practical Nurse	Nutritionist	Mental Health Counselor	Mental Health Counselor
13.	Clinical Social Worker	Mental Health Counselor	Audiologist	Nutritionist
14.	Rehabilitation Engineer	Clinical Social Worker	Clinical Social Worker	Work Adjustment Specialist
15.	Case Manager	Case Manager	Case Manager	Clinical Social Worker
16.	Work Adjustment Specialist	Work Adjustment Specialist	Career Counselor	Case Manager
17.	Career Counselor	Career Counselor	Work Adjustment Specialist	Vocational Evaluator
18.	Job Placement Specialist	Job Placement Specialist	Job Placement Specialist	Career Counselor
19.	Vocational Evaluator	Vocational Evaluator	Vocational Evaluator	Job Placement Specialist

Table 4

Rankings of Occupations Based on Perceived Status by Subject's Ethnicity

Ranking	Minority (n=18)	Non-Minority (n=76)
1.	Physical Therapist	Physical Therapist
2.	Clinical/Counseling Psychologist &	Respiratory Therapist
3.	Occupational Therapist	Practical Nurse
4.	Respiratory Therapist	Physician Assistant
5.	Rehabilitation Engineer	Clinical/Counseling Psychologist
6.	Physician Assistant	Speech Therapist
7.	Speech Therapist	Rehabilitation Nurse
8.	Nutritionist	Occupational Therapist
9.	Audiologist	Audiologist
10.	Practical Nurse	Rehabilitation Counselor
11.	Rehabilitation Counselor	Mental Health Counselor
12.	Rehabilitation Nurse	Rehabilitation Engineer
13.	Mental Health Counselor	Nutritionist
14.	Case Manager	Clinical Social Worker
15.	Clinical Social Worker	Career Counselor
16.	Work Adjustment Specialist	Case Manager
17.	Career Counselor	Work Adjustment Specialist
18.	Vocational Evaluator	Job Placement Specialist
19.	Job Placement Specialist	Vocational Evaluator