Specialization or Uniformity Within the Profession?

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The Issue Is

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Several articles on the developing specialty of hand therapy within occupational therapy were featured in the September 27, 1990, issue of OT Week. It was disturbing to read, however, that the American Society of Hand Therapists was founded in 1977 not to augment or promote occupational therapy's knowledge base or practice, but rather, to "foster the advancement of the profession of hand therapy" (Clark, 1990, p. 7). An ensuing OT Week article announced that the American Occupational Therapy Association (AOTA) would soon be sponsoring a specialty certification examination for pediatric occupational therapists (Joe, 1990). There are those occupational therapists who have strongly advocated for a mandatory fieldwork experience in pediatrics for all professional-level occupational therapy students. Likewise, those occupational therapists in mental health insist that a psychiatric fieldwork experience is essential. The hue and cry of the reductionists in the field calls for occupational therapists to specialize in treating narrow diagnostic classifications and populations. All of this activity flies in the face of occupational therapy's holistic roots, as expressed in the Philosophical Base of Occupational Therapy (AOTA, 1979), Uniform Terminology (Dunn & McGourty, 1989), and the Essentials (AOTA, 1983), which guide us in accrediting our educational programs. The frenzied use of the term specialty was abruptly halted a decade ago, when AOTA changed the name of specialty sections to special interest sections in recognition of the developing nature of occupational therapy as a profession. Yet the movement to fractionalize occupational therapy seems to be alive and well once again. Can a therapeutic intervention such as occupational therapy, which has a limited base of knowledge and little or no recognition in the academic community, presume to specialize? Should we not first establish occupational therapy as a specialty in health care and health promotion before we presume to apply occupation to specialty practice areas?

This debate is not a new one. The professional status of occupational therapy has been discussed at length for years. Although occupational therapy is currently engaged in a process of professionalization, the evidence suggests that it is not yet a profession. When we compare the status of occupational therapy with the criteria for a profession established by Schein (1972), we find that there is no body of knowledge to support the assumptions we hold true about occupation (Reed & Sanderson, 1983). In fact, the only doctoral program designed to study the science of occupation was recently inaugurated at the University of Southern California, Los Angeles, and the two other doctoral programs in occupational therapy do not require a focus on occupation.

Yerxa (1991) challenged participants at the January 1990 Directions for the Future Symposium to commit to the development of occupational therapy as an accepted academic discipline. Her message was clear and unsettling: Unless occupational therapy becomes grounded in research and scientific inquiry, it will be disregarded by the academic community and relegated to a purely technological status. To my horror, there were participants who asked, "What is so bad about being a technology?" If this is the prevailing sentiment (and I do not think it is), then why should we explore the nature and meaning of occupation? Let us instead be content to let our patients aimlessly squeeze putty, stack cones, lift weighted canes, and bake brownies without really knowing how these activities facilitate occupational performance or our understanding of occupation.

My intent is not to trivialize this serious issue. Rather, as members of a developing profession, we need to decide on a systematic method for building a unifying knowledge base to justify the use of occupation as a therapeutic intervention. Premature specialization around diagnostic categories or disabled populations will only serve to fragment our small numbers and divert our attention from the task at hand, which is the development of a specialty of occupational therapy that is grounded in research and that is recognized and respected as a unique discipline. To this end, I agree with Witman (1990), who summarized her experience at the Directions for the Future Symposium by stating that "such meetings must occur on a regular, ongoing basis in order to determine more specifically what the focus of occupational therapy is now and what it should be in the future" (p. 1131). I would go a step further by placing at the top of the agenda the development of an action plan that would allow us to integrate professional foundations into practice and to systemi-
atically research the viability of our assumptions surrounding occupation. Although not an easy task, this effort will draw the academic and practice worlds together in the attempt to develop a professional specialty that is unique in the world of health care. Once this is accomplished and we understand more clearly the phenomenon of occupation as it affects human function, we can then further the science of occupation by applying it to more specific areas of practice.

The development of a profession takes years. Occupational therapy is a young, emerging discipline with tremendous potential for influencing health care and the way society views its role in promoting wellness. We should not be duped by the ready availability of employment opportunities as an indication that we have arrived and we are here to stay. The pendulum in the marketplace swings, sometimes unpredictably, in response to a multitude of socioeconomic factors. The services that will be paid for are those that are essential and efficacious. Let us work collaboratively to ensure that occupational therapy develops as a recognized discipline and specialty, in and of itself, before we squander our limited resources in an attempt to address reductionistic intervention techniques based on narrow diagnostic classifications. Directions for the Future efforts should and must continue with all of the vigor and effort that the membership can muster. We must unify around occupation—work, activities of daily living, and play—as the central focus of our developing profession.

References

American Occupational Therapy Association. (1979). The philosophical base of occupational therapy (Resolution 531-79) [Internal document]. (Available from AOTA, PO Box 1725, Rockville, MD 20849-1725)


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