Leadership and Occupational Therapy

Elnora M. Gilfoyle

As I stand before you for my final presidential address, I am reminded of the Roman god, Janus, blessed with the ability to look backward and forward at the same time. As I review the 3 years in which I have been privileged to work with many of you personally and to represent all of you, I am awed by our accomplishments and humbled by areas in which our reach has exceeded our grasp.

But today I do not want to dwell on looking back. Today, the Janus in me wants to concentrate on gazing ahead. Our past serves best when reflection upon it reveals visions of the future.

My vision of the future includes the fruition of goals that we as individuals and our associations have striven for over the years:

- A body of creditable research that defines occupational therapy clearly to both our advocates and our critics.
- A respected and understood practice whose service promotes health and productive living for our consumers.
- Job security for our members through the promotion of the discipline of occupation and the application of the science of therapy.
- Planned growth for our association that allows us to forecast changes in the environment and institute appropriate actions.
- A professional society whose membership is enhanced by diversity of populations.

But my vision of occupational therapy in the nineties and beyond also includes an emerging role for all of us—leaders who direct their services to address the complex social and economic needs of society.

The dualities of American society have never been more evident. As a culture, society is also Janus-like, looking in two directions simultaneously. We accept change as our only constant. We value compassion and competence equally. We seek interdependence as the outcome of individual efforts. We strive to balance our social challenges for a healthy society with available economic resources. Only a few individuals have the knowledge, beliefs, and experiences that enable them to balance these dual demands effectively. As I see it, most of these individuals are occupational therapists.

In the profession of occupational therapy and in the persons of its practitioners, these dualities, with which the rest of society struggles, have been resolved. Our daily lives consist of adapting to environmental changes in our methods and media, changes in our consumers, and changes in ourselves. Our profession depends on the blending of art with science, caring with skill. And central to occupational therapy is our concept that the health–caring relationship is a creative partnership between therapist and patient. As health care providers, we are not professed healers. We are professed facilitators.

It is from this role as professed facilitators that my vision of our new role emerges. In the 1990s, people will call upon a new kind of leader to reconcile society's dual desires. Among those leaders, 1 see all of us—the members of the profession of occupational therapy.

Leadership, like excellence and synergy, is a popular concept these days. But I believe leadership is something different from what is touted under the label of a leader. Leadership has little to do with personalities and even less to do with charisma. Leadership's essence is in performance. Leadership is the work of the leader, a leader who empowers others and serves for the good of the whole.

Bennis and Nanus (1985) proposed that leadership is the wise use of power and that power is the basic...
social energy needed “to translate intention into reality and to sustain” it (p. 17). They viewed leadership as the critical ingredient by which progress is made. Leaders direct change that builds confidence and empowers others. Leaders influence, guiding direction, action, and opinion. Leaders transform others and, in the process, themselves.

Your performance as an occupational therapist epitomizes the concepts of transformative leadership. Indeed, the basic values and philosophies inherent in occupational therapy are the same as those in transformative leadership. As an occupational therapist and transformative leader, you facilitate change in behavior; you build confidence and empower others. Transformative leaders empower other persons, they commit people to action, they convert followers into leaders, and they convert leaders into agents of change. They are the persons who understand behavior and help others shape their own futures (Bennis & Nanus, 1985).

The foundation of effective leadership is the leader’s thinking through the mission, defining goals, and establishing clear and visible directions. Leadership is not, by itself, a good or desirable quality, rather, leadership is a process. A leader sets goals, sets priorities, and maintains standards—but a leader must be willing to make compromises. Before accepting a compromise, an effective leader thinks through what is right and desirable for the good of the whole. A leader’s first task is to be the trumpet that sounds clearly a direction for the future. His or her second most important task is to help others sound their own trumpets with equal clarity.

Effective leaders create trust. They trust others and others trust them. To trust a leader does not require others to agree with, or even like, him or her. Trust is the conviction that the person means what he or she says. It is simply the belief in something called integrity. A leader’s actions and professed beliefs must be congruent.

When I scanned my own past and thought about leadership roles in which I had participated, it became clear to me that the leadership process has the same requirements as does being an effective occupational therapist. My professional preparation and experiences provided me with the values and philosophies for leadership. I am convinced that occupational therapists have the abilities to be effective transformative leaders. We have only to accept the responsibility.

Because leadership is in the performance, on what stages can occupational therapists demonstrate their abilities? I believe there are several. We can perform as leaders in the way we care for ourselves. We can perform as leaders in our relationships with our consumers. We can perform as leaders in our profession. We can perform as leaders in health care and in education. And, through our performance on these stages, we can perform as leaders of society.

Taking care of ourselves is the positive force that promotes the ability to seize opportunities for the future. Self-esteem and innovation provide the ingredients for taking care of ourselves. Self-esteem is a central human need to experience ourselves positively, to feel pride in our accomplishments, to feel competent and effective at what we do, to feel cared for and valued. Self-esteem is a transactional process between the self and the self’s actions. Self-esteem permits peak performance and facilitates breakthrough performance—a positive response to stress (Gilfoyle, 1986).

Breakthrough performance is like magic; it is when we do more than we expect of ourselves. Having self-esteem allows us to know we can do it. Breakthrough facilitates innovative actions that reach beyond our expectations. Integration of action with the environment becomes an innovative performance. Breakthrough becomes the clear target in which creativity is stimulated (Gilfoyle, 1986).

As I look to the future, I believe the dualities of American society provide an environment in which the leadership performance of occupational therapists shall be a breakthrough for society’s accomplishments toward balancing our social and economic resources. Through the science and art of occupational therapy, we will achieve our mission: productive living for the special populations we serve.

Leadership facilitates excellence.

By caring for ourselves as occupational therapy leaders, we can achieve excellence. Caring for ourselves is a leadership process. To truly care for ourselves and become leaders, we must define our own priorities; assess our present situation and available resources; identify actions that are realistic within our established priorities, current situations, and available resources; and seize opportunities presented by the environment (Gilfoyle, 1986). As leaders, we need to perceive ourselves as origins with the ability to control our own destinies and to enhance our performances. As leaders who possess self-esteem and the ability for innovative actions, we can take care of ourselves by declaring what business we are in and establishing priorities to meet the challenges presented by the environment.

By practicing the techniques of caring for ourselves, we evolve into leaders who care for others. Caring leadership manifests itself most clearly in our relationships with our patients, but also sets a unique example for the entire health and human services endeavor. Occupational therapy does not provide care to, nor does it take care of, a person. Rather, our concept of care is something engaged in a person—a mutual cooperation. Occupational therapy health care is an active relationship geared to “helping another grow and actualize” (Mayeroff, 1971, p. 1). Therefore, the concept of caring as an occupational therapy philosophy can be defined as a process of relationships that involves the empowerment of others. To care for a person is to help that person grow, develop, and adapt. Caring is a process that helps another gain self-actualization, achieve a state of independence, move toward healthfulness, and experience productive living (Gilfoyle, 1980). The caring philosophy practiced by occupational therapists is a leadership process.

Caring, as we practice it in occupational therapy, possesses three attributes: (a) knowing in caring, (b) skill in caring, and (c) attitudes in caring. Transformative leadership also possesses these attributes; as leaders,
we must have the knowledge, skill, and attitudes that lead to effective performance.

Knowledge is an aspect of caring that appears to apply more directly to the philosophy—methodology of the science of therapy; however, **knowing in caring** is an art that requires integration of affective and cognitive domains. Knowing is general and specific, direct and indirect, explicit and implicit. To know in caring is truly an art that is basic to the essence of our practice (Gilfoyle, 1980).

Caring involves knowing who the person is. So does leadership. Knowing includes the ability to respond to another person's needs while recognizing our own abilities and limitations (Mayeroff, 1971). So does leadership. To truly care for someone, we must experience them directly. As leaders, we find we lead most effectively when we experience those whom we lead with the same directness.

Finally, in a caring relationship, we frequently find we know more about a person's behavior than we can put into words. So do leaders. In a caring relationship, restricting knowledge to what can be put into words is like restricting the meaning of communication to the spoken word. The aware, caring leader—the transformative leader—uses this implicit knowledge to reach beyond the expected limits of a situation. The aware leader who has cared for himself or herself and who possesses self-esteem uses implicit knowledge to facilitate the same kind of breakthrough behavior in others.

**Caring skill** and leadership skill depend on the same leadership processes of caring for self—continually assessing our actions, learning from our past, and adapting to the present. The outcome of the process results in the alternating rhythms of being able to maintain and modify our own behaviors or actions so we can help others. Skills provide us with abilities to adapt our behaviors according to the demands of the environment at any specific time and at any specific place.

**Attitudes of caring** and transformative leadership include patience, honesty, trust, humility, hope, and courage (Mayeroff, 1971). “Patience is the process of enabling another to grow in his or her own time and in his or her own way” (Gilfoyle, 1980, p. 520). Honesty is a positive attitude of seeing others as they are and not as one would like them to be or feel they must be. Trusting is the process of letting go—of aiding a person's sense of independence and sense of responsibility for self. Therapeutic relationships must not foster a dependency upon the therapist, but a trust in the client to grow and be independent. An effective leader also trusts those with whom he or she works (Gilfoyle, 1980).

A humble attitude allows therapists to continually learn about others and about themselves. Therapists who “know” their clients completely and feel they have nothing more to learn do not care. Nor do leaders. Leadership, like occupational therapy, is an ongoing process of learning about others (Gilfoyle, 1980). As we empower others, watch them gain self-actualization, and experience productivity, we learn about them as unique individuals with a multitude of abilities and qualities to share.

Hope is realizing the present, with its possibilities and energies for growth and modifications. Hope in caring provides us as therapists with the art of setting expectations for the growth of our consumers. An important aspect of hope is courage. Courage is the reaching out for and attempting new frontiers. The courage to venture into unknown expectations is vital to caring. Hope and courage are key ingredients of leadership (Gilfoyle, 1980).

The outcome we strive to achieve from our performance as leaders of patients is human wholeness—the integration of mind, body, and spirit in constructive relationships and productive functioning. Each individual whom we serve is a person of intrinsic worth, endowed with natural dignity and the right of autonomous choice.

However, an individual leader cannot serve everyone's needs. As leaders who have set our priorities, assessed our present situations, and identified actions that are realistic within those parameters, we must seek others whose knowledge, skills, and abilities will enhance and complement our own. As occupational therapists, we must realize that some of our greatest challenges as leaders will be in developing creative partnerships among our colleagues, among various parts of our association, among other health care professionals, and among other segments of society. Yet, I believe some of our greatest rewards will come from accepting these challenges—from seizing these opportunities as they occur.

One of our most important environmental resources is each other. Faced with a problem we cannot solve, a need for new information, or a desire for a fresh approach to our daily practice methods, we find our interpersonal and professional relationships become energizers. Other people help us enhance our self-esteem and we help them enhance theirs, because relationships are communication. The main function of communication is to generate ideas. Energized by our professional partnerships, we can listen to our inner speech, bring out our inner thoughts, and verbalize these thoughts to benefit ourselves and others. Our professional relationships, as resources for idea generation, promote innovation. Professional partnerships are another key to breakthrough performance and to transformative leadership performance.

As occupational therapists, we have a rich history that lends itself naturally to a leadership role in creating partnerships. Our historic foundations are linked with the 18th-century European social movement for moral treatment and work therapy, although our more recent development has been linked with medicine. Our evolving theoretical base rekindles the concepts of work, productivity, self-sufficiency, and human wholeness associated with the social movements of the 19th century. As our profession expanded its heritage, we emerged in the 20th century identified not only with medicine, but by law, as an education-related service (Gilfoyle, 1988). We practiced reconciling the dualities of society long before it became a trend to do so. Occupational therapy emphasizes abilities rather than disabilities, health promotion rather than treatment, wellness rather than illness, productivity rather...
As leaders, we are responsible for actively supporting it. In essence, we empower others rather than control: recognizing the potential in others and to uncover what is already there" (Gilfoyle, 1987).

Last, and most enduring, we as occupational therapists must lead societally. Thwarting society’s negative attitude toward chronic impairments is a challenge we must face, not only to ensure occupational therapy’s future in the health care marketplace but, more importantly, to preserve the dignity and self-esteem of those we serve. As a human enterprise, our profession has a unique contribution to offer persons receiving health care services and to teach other health care providers. Our concept of the health-care partnership is itself a creative partnership between therapist and patient, a partnership that respects a person’s ability for self-actualization. Occupational therapy’s concept of health care provides a model for the kind of creative partnerships we must form with other agencies, professions, and members of society—a model of collaboration that will be the social energy necessary for innovation and excellence.

Occupational therapy’s caring relationships are based on a blending of the science and art of therapy. Blending science and art for therapeutic relationships is the hallmark of our profession, and this blending will provide the power to ensure our professional prominence tomorrow. More important, the synthesis will promote the quality of life for the special populations we serve. We are a profession unified by our humanity, not a pressure group unified for our self-interest. Our beliefs and values complement the leadership process. We shall be leaders who facilitate solutions to address the complex social and economic needs of society.

Now that we know what to do, will we do it? Our greatest obstacle to becoming transformative leaders is not other health care providers, society, or even government regulations. Our greatest obstacle to becoming transformative leaders is ourselves. We must resist the temptation to allow others to take the first step, to allow others to define our goals, or to allow others to usurp our position. If we had patients who worked at less than the level of ability which we knew them to be capable, we would use all of our techniques, skills, and insight to move them forward. We must do no less for ourselves. Now, when our society and world yearn for new leaders—now, when the need for transformative leadership is greatest—resenting a role for which we believe we are so clearly destined would seem a betrayal of the efforts that have prepared us to accept it. Leadership performance develops from experience and opportunity. We both have. We are right for the time, we are right for the place. Let us use our past to create a present that will bring us the future we all desire.

As I conclude my term as your president, I would like to thank you for the opportunity to perform leadership, to experience occupational therapy, and to enrich my own values for our profession.

References


