NATIONALLY SPEAKING

Occupational Therapy Management: Accepting the Challenge

Over 30 years ago, June Sokolov, the second Eleanor Clarke Slagle lecturer, focused her address on the art of administration in occupational therapy (Sokolov, 1957). Subsequent Slagle lecturers (AOTA, 1985b) and recent authors of this column identified many challenges and opportunities in our profession (Fine, 1988; Foto, 1988a, 1988b; Gilfoyle, 1987; Hightower-Vandamm, 1980; Jaffe, 1985). Because it is often the managers of occupational therapy departments who meet these challenges, they assume a special role in shaping professional practice. This column will address the special skills managers need to shape professional practice.

Developing Management Skills

To some degree, all occupational therapy practitioners are managers. One of the earliest challenges new practitioners face is developing basic caseload management skills. An important prerequisite to the development of management skills is the ability to accept supervision and direction. With guidance, novice practitioners gain competence and become increasingly able to rely on their own skills and standards. Mitchell (1985) asserted that this "apprentice" stage of career development is important, regardless of whether a therapist is developing a specialized or a general clinical focus. When people assume supervisory responsibilities before they have established professional competence, their self-confidence, and the confidence of their subordinates, can be undermined.

For many therapists, supervision and program development are the first steps in the exploration and development of management skills. These activities often stimulate a new perspective on the occupational therapy process and product.

A supervisor must be able to articulate values and priorities, because communications to subordinates regarding job performance need to be based on these values and priorities. Early appropriate supervisory experiences can occur with volunteers and Level I fieldwork students. These experiences give new professionals the opportunity to do the planning necessary to direct another person. It is equally important for new professionals to give and receive feedback and to have firsthand exposure to the real complexities of effective communication. After the therapist has gained confidence and at least 1 year of experience, he or she can begin to supervise Level II fieldwork students (AOTA, 1983a, 1983b). The American Occupational Therapy Association also recommends that therapists have a year of experience before they supervise certified occupational therapy assistants (AOTA, 1983a).

Program development offers similar growth opportunities. In early career stages, therapists may act as the liaison between the occupational therapy department and a treatment team. Therapists quickly become sensitive to differing perceptions of occupational therapy's contributions. Turf issues may arise that force the articulation of boundaries and the justification of a particular perspective. This is often the impetus for a therapist to network with colleagues in similar programs and begin a literature review. These are important opportunities for the therapist to learn to use basic systems negotiation and marketing resources. Other growth opportunities include joining a quality assurance committee, scheduling in-service training sessions, and assuming responsibility for clinic inventory.

It is important that staff therapists have the opportunity to explore some of these activities and test their values in order to shape their career goals. Bailey (1988) found differences in values between occupational therapy administrators and clinicians. Capability, a sense of accomplishment, freedom, and ambition were characteristic values of administrators.

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Helpfulness, lovingness, and inner harmony were likely to be more important to clinicians. Both valued responsibility. The opportunity to experience aspects of a managerial role can help a therapist conceptualize appropriate career goals.

Becoming a Supervisor

A person’s first step toward a career in management is to become a supervisor. Metzger (1978) noted that the “supervisor is the person in the middle. The supervisor represents the administration to the employees and represents the employees to the administration. . . . In almost every instance, the basic difference between a supervisor and a worker is the supervisor’s responsibility to get work done through other people” (p. 3). It is my experience that occupational therapy supervisors also relate closely to Fidler’s (1985) concept of supervision as a learning/growth process. In her discussion of supervision within an educational context, she described supervision as “a dyadic relationship committed to the learning and growth of the individual” (p. 152). She contrasted supervision with administration by noting that “supervision is concerned with the professional development of the individual, administration with maximizing goal achievement of the organization” (p. 152). Mitchell (1985) suggested that a “significant change for individuals at this stage is that they move away from taking care of themselves, and assume responsibility for the quality of work of others” (p. 369). Characteristics that are critical in this role include (a) self-confidence, (b) belief in one’s ability to help others, (c) ability to direct the actions of others while allowing for their freedom and growth, and (d) willingness to evaluate the quality of another’s work.

Fidler (1985) pointed out the importance of a shift in perspective from that of a therapist, whose focus is on the alleviation of pathology or disability, to that of a supervisor, whose focus is on the facilitation of learning and professional growth. In the latter, feelings and behavioral responses are explored only in relation to this professional growth perspective. Fidler cautioned that “personal problems which seriously interfere with learning and growth may well need to be worked through in therapy . . . but the supervisory session is not therapy and the resolution of these problems belongs in another setting” (p. 151).

A therapist’s shift to a supervisory role is best accomplished with the guidance of a mentor who can help in the development of new skills and attitudes. The mentor can also reinforce the supervisor when challenging situations threaten to undermine his or her confidence and self-esteem. This is particularly important in view of Metzger’s observation that the “responsibility of supervision of other people is complex, undervalued and misunderstood” (Metzger, 1978, p. vii). Mentoring may be available through one’s superior or through professional networks inside and outside the field.

Most of the information a new occupational therapy supervisor requires can be gained from on-the-job experiences and continuing education. These resources should be augmented by articles on supervision from occupational therapy literature and by AOTA documents. It is important for supervisors to recognize the need for new learning and to seek information about supervision as energetically as they seek information on the latest treatment techniques!

Advanced Level Roles

Within occupational therapy, the roles of supervisors, managers, and administrators are somewhat blurred and job titles vary. Supervisors usually assign caseloads, assess staff skills, facilitate working relationships and support staff development. Supervisors frequently retain some clinical responsibilities in addition to their supervisory duties. Managers are typically department heads within an organization. Occupational therapy managers usually directly supervise all staff. Additional responsibilities include budgeting, materials management, program planning, and quality assurance. Occupational therapy administrators usually have only supervisory level employees reporting to them, are responsible for a large staff (i.e., 15 people or more), and are responsible for occupational therapy services in several program areas.

Once a therapist attains a management or administrative position, he or she needs a broad array of new skills and attitudes. At this level, therapists must know how to “exert influence by means other than direct supervision, such as idea sharing, personnel selection, and resource allocation” (Mitchell, 1985, p. 370).

Because managers operate at a systems level, they must be attuned to changing events, both inside and outside the organization, that influence department functioning. Their role in the integration of group efforts with organizational goals and demands also becomes more important. Managers are responsible for envisioning and articulating the role and scope of occupational therapy services within an organization. They must select and develop staff to implement services, and they must develop systems to ensure adequate control of the quality and efficiency of these services. They must also look after the “bottom line” and be ready to shift resources as demands change.

Management requires an understanding of organizations and how they work. Therefore, many managers appropriately opt to obtain graduate education in some realm of management. Advanced management education better prepares occupational therapy managers to analyze issues in light of management theories and practices, in much the same way that occupational therapy professional education provides practitioners with clinical theories on which to base their clinical reasoning processes. Seminars and literature on management and occupational therapy keep managers current. The ability to identify and use resources is necessary to meet changing demands. For instance, many hospital-based managers have recently had to upgrade their knowledge and skills about marketing, product-line management, and outcome measurement. This ability to build on a solid base of management skills is critically important for self-renewal and the maintenance of competence in today’s competitive environment.

Emerging advanced level career roles for occupational therapy managers include multiservice manager,
program manager, consultant, and researcher. Product-line management and the flattening of organizations (i.e., reducing the number of administrative layers) have resulted in opportunities for occupational therapy managers to administer several related therapy departments and coordinate interdisciplinary services to meet the needs of a particular population. The tremendous growth of occupational therapy has created opportunities for occupational therapy consultants to assist hospital- and community-based organizations establish services. Occupational therapy managers also act as consultants to insurance companies to review therapy services (Foto, 1988b). Additionally, experienced managers may be consulted when experienced on-site management is not available, or may provide existing managers with a fresh perspective on ways to improve operations.

Related Research

As in many other occupational therapy practice arenas, research related specifically to supervision, management, and administration is just beginning to emerge. A wealth of general management research is available that can be related to the management issues facing occupational therapists. Recent studies specific to occupational therapy include those by Brollier (1985); Brollier, Bender, Cyranowski, and Velletri (1986); Bordieri (1988); and Bailey (1988). Much of this research focused on human resource management and examined job satisfaction, compared motivational variance between staff and administrators, and assessed the factors that predict administrative role selection. There is room for extensive research about leadership styles and job satisfaction and the relationship of these factors to turnover, burnout, and career changes. Additionally, research in the areas of expectations for productivity, assessment of space requirements, measurement of quality and outcome of care, and comparative analyses of staff development and supervisory strategies would all yield information that could assist in the complex tasks of management. Many of these topics could be addressed in relationship to both registered occupational therapists and certified occupational therapy assistants. This kind of information is likely to be increasingly available only if occupational therapy managers and administrators pursue advanced studies (doctoral level and beyond) to advance their thinking and research skills.

In summary, the specialization of occupational therapy management is a developmental process that requires the acquisition of specialized skills and attitudes through experience, continuing education, literature reviews, and advanced study. This development is nurtured and sustained by access to a mentor and through the use of professional networks.

References


