THE ISSUE IS

Assertiveness Training for Occupational Therapists

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erapists need to become aware of the importance of assertiveness and need to learn how to communicate assertively. Difficulties in conflict resolution, assuming proactive leadership roles, and juggling career and familial responsibilities have hindered the development of the predominantly female profession of occupational therapy. Increasing assertiveness can aid in the communication process that is essential to becoming effective in these areas.

As the profession moves forward into new service roles, the ability to assertively communicate ideas and beliefs in accordance with occupational therapy is important. “The greatest challenge to occupational therapy lies in the ability to communicate... assume proactive roles in health care and take leadership roles in programs, departments, and community outreach” (Burke, 1984, p. 11). In determining the variables that differentiate occupational therapy leaders from nonleaders, Scott (1985) highlighted the importance of experiences that develop managerial, competitive, and leadership skills and alter beliefs of women about themselves as leaders. Gibson (1983) states that few female occupational therapists are motivated to assume administrative or managerial responsibilities outside of their own departments. She attempts to delineate the sociological and psychological issues facing women in management, especially barriers of sex stereotyping, which trap them in traditional roles and limit the ways in which they can develop and use their abilities. Gibson asserts that growth and enhancement of the field necessitates the acquisition of leadership and organizational skills. She identifies assertiveness training as one of the crucial skills for occupational therapy managers to learn.

Jakubowski-Spector (1973) identified trends that have increased the awareness and need for assertiveness training. As women strive for self-actualization and growth, they have difficulty tolerating interpersonal conflicts and standing up for rights; this interferes with their attempts to achieve greater self-fulfillment. Many women do not have the necessary skills to cope with resistances resulting from the inflexibility of sex role attitudes. Although women’s self-examination and awareness has increasingly resulted in higher aspirations, their limited self-perception interferes with their achievement (Jakubowski-Spector, 1973).

Occupational Therapy Manpower: A Plan for Progress reports a 95% female profession (AOTA, 1985). Occupational therapists should look at their own professional development and reflect upon how the trends outlined by Jakubowski-Spector might be influencing their own careers. Competent therapist might be unable to achieve because they cannot tolerate interpersonal conflicts such as those that arise between therapists and doctors, managers and administrators, occupational therapists and other professionals. Professional growth is stifled if therapists accept the limitations of circumscribed roles or do not have the necessary skill to cope with the resistances they encounter when attempting to expand their role responsibilities. Assertiveness skills enable therapists to combat limited role expectations and recognize personal strengths and weaknesses. This fosters self-confidence and enables them to go beyond self-imposed limitations and limitations set by others.

Self-limiting aspirations can be seen in the profession’s delay in expanding to new arenas in health care and allowing others to provide services in which occupational therapy might have served the public need better. Although therapists understand the viability of occupational therapy in promoting health, until recent years few have ventured beyond the institutions to sell occupational therapy services in nontraditional settings. We have been dependent on third-party reimbursement and have been reluctant to independently seek additional private and public funds. Occupational therapy has struggled to achieve autonomy and a clear identity in a primarily male-dominated health care system. Gibson (1983) states that the avoidance of direct communication has retarded and blocked women’s search for identities that incorporate self-respect, dignity, and autonomy. Until more women in the profession develop assertiveness skills, the struggle to establish a clear identity and autonomy will remain difficult.

Assertiveness training is directed at teaching skills to enable a person...
to state views and desires directly, spontaneously, and honestly. The assertive people can evaluate a situation, decide how to act, and then act without reservation, feeling good about themselves and others while respecting the feelings and rights of other people. Acquiring new assertive behaviors involves becoming more aware of one's own attitudes, actions, and reactions (Phelps & Austin, 1975). Instances of difficulties related to values and personal behaviors are not in the purview of the aspiring manager alone. The student, the neophyte, the working mother, and the administrator all experience role conflict, anger, and overload.

Labovitz (1978) describes the conflicts that arise when therapists return to the work force. Societal norms mandate the allocation of women's time and resources to the family first and to the occupation only after family responsibilities have been discharged (Labovitz, 1978). Similar issues exist for dual-career families (St. John-Parsons, 1978). The median age of occupational therapists is 34 years (AOTA, 1985); hence, although exact figures are not available, it can be assumed that a large percentage of therapists fit into this dual-career category. Women unable to say "no" to the demanding roles of family and career may become "superwomen" taking on more than can be accomplished. Phelps and Austin (1975) caution that never saying "no" simply means getting "busier and busier." The conflicting demands of family and career require a strong conviction of personal direction, beliefs, needs, and wants along with a willingness to work with a respect for all concerned to achieve a balance between these demands.

Although many occupational therapy students are not immediately faced with the problems discussed above, interpersonal conflict and the need to communicate more assertively are of concern to them too. In a seminar designed to discuss issues related to the fieldwork I experience, themes related to conflicts with authority emerged. Students expressed a concern that they would assume prescribed roles without questioning because they lacked the necessary skills to become change agents.

The goal of professional training is to prepare participants to enter new roles; therefore preparation entails learning new skills, behavior patterns, norms, values, and attitudes and acquiring a self-identity with the profession as an occupational therapist (Sabati, 1985). Do the values and attitudes we transmit facilitate the development of autonomous roles? Matthews (1975) asserts that the socialization of women who enter the traditionally female and helping professions is a process whereby women acquire skills, attitudes, and values that include dependence and subservience. Yetza (1979) also suggests the possibility that our educational process may reward attributes such as conformity and passivity and urges that we examine the content and teaching methods in our educational programs to promote socialization of autonomous and assertive behavior (1975).

The nursing literature also has identified the need for assertiveness training. Two articles discuss the changing and expanding role of nurses in the context of historical rewards for passivity, dependence, and domination by a largely masculine population of physicians and administrators (Numero, 1980; Hutchins & Colburn, 1979). The articles identify assertiveness as necessary to the changing role. In another study, the inability to express anger and effectively communicate with supervisors and peers was seen as contributing to a high turnover rate in nurses (Duldt, 1981). In light of these concerns, assertiveness training groups, workshops, and courses were developed for experienced as well as student nurses (Numero, 1980; Duldt, 1981).

Many approaches can be used to gain assertiveness skills. Therapists can take assertiveness training workshops, lectures, and courses provided at local continuing education centers and other community-based programs. Becoming familiar with the assertiveness literature is another avenue by which to gain skill. Phelps and Austin (1975), however, recommend supportive group structures in which members have a common reference point from which to work. The success of occupational therapists supporting each other in confidence building and problem solving was evidenced in the Labovitz study (1978). Therefore, assertiveness training groups for therapists sponsored by local occupational therapy associations are recommended.

Providing assertiveness training in occupational therapy curricula is another approach. This can take many forms: self-contained workshops, courses, or seminars, assertiveness modules incorporated into management or communication skills courses, or assertiveness training groups provided in conjunction with fieldwork experiences. The effectiveness of various assertiveness training formats has been examined in the literature (Bander, Russell, & Weiskott, 1978; Gay, Hollandsworth, & Galassi, 1975; Stak & Pearlman, 1980). The application of formats to assess the effectiveness as well as the overall outcome of the training on students' assertiveness levels would be valuable. Several tools with high reliability and validity are available to measure change in assertiveness levels (Bourque & Ladouceur, 1979; Burkhardt & Green, 1979; Galassi & Galassi, 1974; Gambrill & Richey, 1975). An important dependent variable, however, would be fieldwork performance scores, especially in the areas of interpersonal and communication competencies. Longitudinal studies of career performance (indicating the number of graduates assuming leadership positions) would provide valuable information about the importance of assertiveness in occupational therapy practice.

Assertiveness training is necessary to the profession's growth. Assertiveness is something learned, and tailoring the learning process to the unique demands and needs of occupational therapy will make the learning process meaningful and effective.

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