Males Are Leaders More Often

In “Variables That Contribute to Leadership Among Female Occupational Therapists” (The American Journal of Occupational Therapy 39: 379–385, 1985), Scott cites authors who note that frequently the executive structure in female-dominated professions is male.

I have noticed that there is a trend in occupational therapy for the small percentage of male therapists to dominate two areas which, in my opinion, are indicators of professional leadership. These two areas are chairperson and department articles were authored by male and 27 by females. When the Nationally Speaking and department articles were added, 21 of the total 57 articles were authored by males and 36 (63.2%) by females.

Scott did not compare advanced degrees held by her leader and nonleader subjects. In occupational therapy, male therapists hold advanced degrees more often than female therapists (1). This may influence the trend toward male leadership in occupational therapy. Male therapists also earn more than female therapists even within the same position and with similar experience (1). This is possibly due to the public’s erroneous notion that males have greater economic needs than female therapists.

The number of technical programs headed by males was 5 of 59 (8.5%). My guess for this low number is that chairperson positions or even faculty positions in professional-level programs hold a higher sense of achievement or leadership than do positions in technical-level programs.

The percent of male COTAs has decreased from 11.7% in 1973 to 6.3% in 1982 (1). I wonder if this decrease is due to male COTAs becoming OTRs or assuming other leadership positions. The percent of male OTRs increased by 1% from 1973 to 1982 (1).

Scott found that women occupational therapists perceive the female-dominated field as more supportive of leadership activities in women. My brief review of the references used suggests that male occupational therapists a) are being supported for leadership activities equally or more so by female therapists, b) are assuming academic and clinical leadership more quickly than do female therapists, c) are conducting and reporting research more frequently than female therapists, and d) are having greater influence on the direction and policies of the profession.

I believe that as more males enter the profession, more leadership positions will be held by males. My hope is for qualified leaders, whether they be male or female. My concern is that as long as the majority of therapists maintain society’s historical preference for male dominance and male leadership males will become leaders because of the single qualification of being male.

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REFERENCE