Variables That Contribute to Leadership Among Female Occupational Therapists

(careers, leadership, occupational therapy, role, women)

Winifred E. Scott

This study determined which variables differentiated occupational therapy leaders from nonleaders and identified factors that contributed to leadership. The subjects were 405 occupational therapists 36 to 74 years old. Some (79) were leaders in the field, and others (326) were randomly selected members of The American Occupational Therapy Association who did not occupy leadership roles. Eighty-nine percent of the questionnaires were returned.

Few demographic differences separated the two groups; however, the findings showed that a substantial portion of the leaders shared experiences in childhood, adolescence, and early adulthood that the nonleaders did not share. Leaders viewed themselves as leaders, desired leadership, and saw leadership as an appropriate activity for women. Their view of the female role was less traditional than that of nonleaders. They married much less frequently; those who did marry had fewer children. Most married leaders' husbands highly supported their wives' leadership activities.

This study investigates factors that have contributed to leadership among female occupational therapists. The need for research on the careers of women in female-dominated professions, particularly of those women holding elite positions in health professions, became apparent when a search for these data revealed only one study (1), with the exception of biographical works.

Because career choices for women are more complex and less well documented than career choices for men, there is a general need for information on a broad spectrum of female careers (2). Present findings are inconsistent and inconclusive. Many studies use high school and college women (who have not yet entered the work world) as subjects rather than women in all stages of life. Some studies have been done on women in the male-dominated professions of law, medicine, and science. This literature describes the difficulty women have in assuming leadership instead of discussing the processes by which they become leaders.

The basic model of this study was drawn from the status attainment literature (3), which allows the consideration of parental influences and other variables (e.g., socialization and the role of significant others) that are regarded as contributors to high levels of occupational achievement. This status attainment approach, originally developed for a male population, did not include marriage-related variables, which greatly influence the career decisions of women. These variables were incorporated into this study through the use of the recent literature on women's career development. This literature describes the complexity of women's career decisions, which is due to a) the biological childbearing mandate (with its built-in career discontinuity), b) the ideology that the role of women is primarily one of caretaker (a view that has inhibited the giving of serious attention to female careers), and c) the limited access women have had in their career choices.

Leadership activity has not been a priority of women. In fact, leadership and a woman's role have been viewed as incongruous. Lead-
ership, particularly in the work arena, has been regarded as unfeminine and competitive with men; in the past, men have had limited opportunity to acquire status outside the work arena, whereas women have had the opportunity to identify with the status of husband and children (4, 5). Emphasis on the female role of caring for others has precluded the attitudes women need to actively pursue the skills required for leadership. Early in life, girls adjust their thinking and activities to become other-directed. Angrist and Alnquist (6) describe this process as “contingency orientation,” whereby women learn to remain open to the many possible demands on their lives, such as the demands of marriage, husband, children, and work. Contingency orientation, while preparing women for the roles of wife, mother, and worker, severely limits a young woman’s career aspirations and is antithetical to the singleness of purpose required to develop a strong career orientation. Consequently, most women “achieve” vicariously through identification with fathers, brothers, boyfriends, and husbands instead of directly through their own means. Women occupying leadership roles often did not perceive themselves as leaders and were not recognized by the men whom they led (7, 8).

Female-dominated professions have been viewed by some writers (9–11) as providing a means of meshing female sex role expectations at home with work outside the home in a way that does not demand the career commitment required in male-dominated fields. Literature on leadership in female-dominated professions often describes male leadership. Frequently, the executive structure of female-dominated professions is female (4). These professions are thought to provide a setting where career discontinuity due to child-rearing duties is less disruptive (10). As a result, these professions are given less societal status than are the male-dominated professions (9). Little attention is paid to the fact that this career discontinuity and lack of long-term commitment to the field may not accompany the careers of all women in female-dominated professions. Therefore, it is important to ask if the leaders in female-dominated fields differ from those workers who have not occupied leader roles.

My research is the study of leader characteristics, not the concept of leadership, and thus it does not purport to explore the nature of leadership, nor the skills inherent in the leadership role. This study assumes that those who occupy leadership roles are leaders. For further discussion of the validity of this method of selecting leaders, refer to Stogdill (12).

Many therapists who are not part of the leader group defined in this study may be viewed as leaders in the field. For the purpose of this research it was important to choose women who a) occupied positions that could generally be considered leadership roles in the profession and b) had roles that were sufficiently similar in scope for reasonable comparison (e.g., leadership roles that were not so idiosyncratic that they lacked comparability).

Central Questions

This study compares female occupational therapists who are leaders in the field with female occupational therapists (in the same age range) who have not occupied such leadership positions. The criteria used to explore the differences between these two groups are a) individual characteristics—attributes that constitute a woman’s demographic data and certain beliefs she holds about herself (e.g., her view of her sex role, her leadership, and her work role)—and b) support systems—the variables believed to have contributed to her rise to a leadership position. These include her self-perceived early and intermediate socialization, her leadership role influences and sponsors, and her choice of a female-dominated profession as a vehicle for leadership.

This study poses the following central questions. 1. Which characteristics among women who initially chose careers in occupational therapy differentiate the leaders from the nonleaders? 2. Which support systems differentiate the leaders from the nonleaders? 3. Which characteristics and support systems contribute most heavily to these women’s rise to leadership roles?

Methodology

Description of Sample

The leaders of the profession consisted of 103 subjects, divided into the following four categories:

- the female voting members of the Executive Board of the American Occupational Therapy Association (AOTA) from 1969 to 1979. [During these years the nine elected positions of the Executive Board were occupied by 45 women, 42 of whom were located and became subjects in this study. These elected positions are: president, vice president, secretary, treasurer, member-at-large, speaker (Representative Assembly), recorder (Representative Assembly), chair (Committee of State Association Presidents), and vice speaker (Representative Assembly)],

- the female directors of occu-
pational therapy curricula throughout the United States (N = 47),
• the deans of allied health colleges who are female occupational therapists (N = 2), and
• recipients of the Eleanor Clarke Slagle lecture who were not included above (N = 12).

On the basis of age, 600 non-leader occupational therapists were randomly selected and stratified into three groups of 200 each. Younger therapists were 22 to 35 years old, middle-aged therapists were 36 to 49 years old, and older therapists were 50 years old and older. The following stipulations held for the nonleaders: a) that they did not at the time of the survey, nor at any time previously, occupy the aforementioned leadership positions and b) that they were members of the AOTA at the time of the 1977 Member Survey.

Instruments and Procedures

The questionnaire used contained 118 items, several of which were drawn from existing instruments, including 11 items making up the leadership index from the Brogan-Kutner Sex Role Orientation (SRO) Scale (13). The Brogan-Kutner SRO Scale reflects options available to American males and females regarding a) the traditional division of labor in marriage, b) the traditional sex-based power structure, c) traditional and nontraditional employment, d) traditional socialization of male and female children, e) traditional political status of women, and f) standards of dress and morals.

My questionnaire also requested a) demographic data, b) information on early and intermediate socialization experiences, c) sex role, leadership role, and work role values and experiences, d) life-style values, e) information concerning nuclear family and spouse; and f) views of the female-dominated professions.

Two drafts of the questionnaire were pretested by 12 occupational therapists before the final draft was mailed. Three mailings were sent at two- to three-week intervals to increase the return rate. Of the 703 questionnaires sent, 626 (89%) were returned after the third mailing, 39 of which were discarded because large quantities of data were missing. Roughly equal percentages were returned from all leaders and all age groups of non-leaders.

Of the 103 questionnaires sent to leaders 84 (82%) were returned usable. Usable questionnaires were returned by 177 (89%) of the younger therapists, 165 (83%) of the middle age therapists, and 161 (81%) of the older therapists. Because there were only five leaders in the younger age group (compared with 177 younger nonleaders), the questionnaires from all therapists 22 to 35 years old were removed from the data analysis. The remaining 405 occupational therapists (79 leaders and 326 nonleaders) 36 to 74 years old became the subject of this study.

Four types of data analysis were employed: a) measures of central tendency, mean, mode, and median, b) joint frequency distributions and chi-square tests (for categorical data), c) analysis of variance (for interval and ratio data), and d) discriminant analysis (for determination of the variables that contributed most heavily to leadership).

Findings

Demographically, leaders and nonleaders were similar. No significant differences were found between the two groups with respect to race, religion, place of birth, birth order, sex of siblings, or basic education. Both groups were 95% white and 70% Protestant. Almost one fifth (19%) of the women in both groups changed their religious affiliation from that in which they were reared. Subjects were women who grew up in small- to moderate-size towns or cities and who had at least a bachelor’s degree. More fathers of leaders were in professional, managerial, or entrepreneurial occupations (51% of leaders’ fathers vs. 39% of nonleaders’ fathers). However, when fathers’ occupations and educations were examined concurrently (i.e., when fathers were counted who were in professional, managerial, and entrepreneurial occupations and who also had college educations or more), no differences existed between the leaders and nonleaders. Because of these demographic similarities, the differences that appear in other areas assume greater importance.

The findings show that a substantial portion of the leaders had similar experiences in childhood, adolescence, and adulthood. The variables that distinguish leaders from nonleaders are socialization (early, intermediate, and adult work role), work history, leadership role, sex role, and the role in marriage and family.

Early Socialization

Two findings were significant in this area. First, more leaders than nonleaders reported that their mothers expected them to be employed full-time throughout life whether or not they married and had children (28% vs. 15%). Conversely, fewer leaders (37%) than nonleaders (57%) reported that their mothers wanted them to give priority to the domestic role; however, more leaders reported fathers wanting them to give priority
to the domestic role, and the differences between expectations of leaders' and nonleaders' fathers were not significant ($p > .05$). Substantial numbers in both groups were not aware of their mothers' or fathers' expectations. [The important role of mothers' expectations was also reported by Knudson (1) in her study of public health nurses.]

Secondly, leaders were more likely to identify with their fathers' personality and temperament. Other studies have reported similar findings (14, 15) of a relationship between a daughter's identification with her father and her success in a career.

These data on the leaders appear to reflect that permission to pursue a nontraditional course was given by a mother to a daughter who perceives herself as nontraditional (i.e., she identifies with her father's personality and temperament). However, the father's desire for a nontraditional role for his daughter is somewhat less strong than the mother's.

Intermediate Socialization

According to Gross (16), work role socialization goes on throughout life. The experiences referred to here as intermediate socialization experiences are those that occur during high school and college. During these years, most young women turn their attention to social relationships rather than to leadership or achievement concerns. It is usually at this time that the women satisfy their competitive needs vicariously through identification with the men in their lives (e.g., boyfriends, fathers, and brothers) rather than directly through their own efforts. Differences emerged in the intermediate socialization of leaders and nonleaders. Approximately one-third of the leaders compared with less than one-fifth of nonleaders had organized a school or community activity for 50 people or more when they were 13 to 16 years old. Twice as many leaders as nonleaders played in competitive sports in both high school and college. Leaders were also more likely to have held class or club office during high school and college. Over one-half of the leaders compared with just over one-third of the nonleaders held these offices.

Adult Work Role Socialization

Therapists who grew up during World War II had the opportunity to enter the military. Slightly more leaders (18%) than nonleaders (11%) were in the armed services. Of those therapists in the military, leaders were significantly more likely to occupy higher rank than were nonleaders. Of leaders in the military 75% held a rank between colonel and captain in the army and between commander and lieutenant in the navy. Of the nonleaders 30% held rank at these levels; more nonleaders were junior grade officers or enlisted personnel.

Leaders and nonleaders differed in whether or not they had sponsors, in who their sponsors were (see Table 1), and in the kinds of encouragement for professional achievement that their sponsors provided. Almost three-fourths (71%) of the leaders reported having sponsors, whereas less than one-half (46%) of the nonleaders did. Leaders were more likely to have engaged in professional association activities. Their sponsors introduced them to important networks of people, talked about their work to other influential people, set high standards, and taught them how to set their own goals. Overall, the sponsors of leaders, and the professional activities in which they engaged, gave leaders the visibility they needed to assume a leadership role. The discriminant analysis showed that this cluster of work role socialization variables contributed most heavily to distinguishing leaders from nonleaders.

From the intermediate and adult work role socialization findings of this study, it is apparent that leaders became visible and began to lead early in their lives. They developed an achievement orienta-

<table>
<thead>
<tr>
<th>Important Sources</th>
<th>Group</th>
<th>Percent of Therapists</th>
<th>Chi-Square</th>
<th>df</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional colleagues</td>
<td>Leaders</td>
<td>78 (58)</td>
<td>3.5</td>
<td>1</td>
<td>.06</td>
</tr>
<tr>
<td></td>
<td>Nonleaders</td>
<td>67 (177)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional association activities</td>
<td>Leaders</td>
<td>60 (44)</td>
<td>20.6</td>
<td>1</td>
<td>.0</td>
</tr>
<tr>
<td></td>
<td>Nonleaders</td>
<td>30 (76)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>Leaders</td>
<td>76 (25)</td>
<td>4.8</td>
<td>1</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Nonleaders</td>
<td>54 (118)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate superiors at place of employment</td>
<td>Leaders</td>
<td>40 (29)</td>
<td>5.1</td>
<td>1</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>Nonleaders</td>
<td>56 (144)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coworkers in your employing agency</td>
<td>Leaders</td>
<td>29 (20)</td>
<td>7.7</td>
<td>1</td>
<td>.005</td>
</tr>
<tr>
<td></td>
<td>Nonleaders</td>
<td>49 (123)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* N, the number in parentheses.
tion, which was positively supported through the activities in which they engaged as teenagers and young adults. This achievement orientation very likely began in childhood with the expectations and role modeling of parents. It then continued in the leaders' choices of professional association activities and in the relationships with sponsors who held high expectations and provided visibility for them.

Work Experiences, Work Role, and Leadership Role Values

As anticipated, the work lives and values of leaders were different from those of nonleaders. Leaders were more willing to work hard and had worked for longer periods of time than had nonleaders. Over two-thirds of the leaders had never been unemployed since becoming occupational therapists, a finding reported by 20% of the nonleaders (see Table 2). Almost all therapists (including all leaders) had worked in direct patient service. Leaders were more likely to be administrators or educators (due to selection criteria). A large number (75% of them compared with 42% of nonleaders) had been administrators. Most had not engaged in research, although more leaders than nonleaders had done so. Leaders expressed a greater willingness to accept work pressures and reported that they had less time for leisure. They began to supervise others earlier in their careers and expressed less aversion to being supervised themselves.

As might be expected, leaders viewed leadership as a more acceptable role for women than did nonleaders. This is supported by the findings of the Leadership Index [consisting of 11 items drawn from the Brogan-Kutner SRO Scale (13)], which indicated that leaders held less traditional views than did nonleaders concerning women's roles and career potentials. Leaders reported to a greater extent that they already possessed certain attributes of leadership, such as authority, more money than the average professional woman, leadership in their field, and national recognition in their field. Nonleaders were interested in attaining these same attributes but had not yet done so. On the whole, leaders, like nonleaders, were less interested in the more worldly accoutrements of leadership, such as fame and influence in public affairs. All therapists regarded the key goals of helping professions—helping others and working with people rather than things—as important.

Sex Role Values, Spouse, Marriage, and Family

Differences in sex role values became clear in the findings of the Brogan-Kutner SRO Scale (13). Leaders were significantly less traditional than nonleaders in their conceptions of appropriate sex roles for both men and women.

Evidence of less traditional sex role values was also reflected in the fact that leaders were far less likely to have married (56% of the leaders vs. 17% of nonleaders). A substantial portion of leaders stated their preference to be single (39% said they did not want to combine marriage and career and 43% said they did not want to combine marriage, career, and children). A much smaller number of nonleaders (roughly 20%) said they did not want marriage and children.

Those leaders who did marry married later and had fewer children than did nonleaders. Of the leaders who married, over one-fourth (26%) had no children. In contrast, only 8% of married nonleaders were childless; the modal number of children of nonleaders was two. Only 11% of nonleaders had only one child.

Differences surfaced in the husbands of leaders and nonleaders. More married nonleaders reported a higher socioeconomic status of their husbands than was reported by married leaders. Despite this fact, leaders were more likely to report being married to prominent men. Fewer leaders reported wanting to be married to prominent men.

The husbands of leaders appeared to strongly support their wives' leadership activities. Approximately three-fourths of the leaders reported that their husbands were among the three most important sources of encouragement for professional achievement. The same percentage of leaders reported that their husbands expected high career involvement of them; this is a much larger percentage than that reported by nonleaders (54%) who stated this to be the case (see Table 3).

Female-Dominated Profession

There were no significant differences in the views the two groups held of occupational therapy as a female-dominated profession. All agreed that it is easier for a woman to assume a leadership role in a female-dominated field than in a field where there is an equal or greater number of men. This find-

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Table 2

<table>
<thead>
<tr>
<th>YearsSpentUnemployedSinceBecominganOccupationalTherapist</th>
<th>Percent of Leaders</th>
<th>Percent of Nonleaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never unemployed</td>
<td>86 (52)</td>
<td>20 (64)</td>
</tr>
<tr>
<td>1 yr or under</td>
<td>17 (13)</td>
<td>10 (32)</td>
</tr>
<tr>
<td>2 yr or under</td>
<td>4 (3)</td>
<td>3 (10)</td>
</tr>
<tr>
<td>3 yr or under</td>
<td>5 (4)</td>
<td>4 (14)</td>
</tr>
<tr>
<td>Between 3 and 5 yr</td>
<td>3 (2)</td>
<td>7 (23)</td>
</tr>
<tr>
<td>Over 5 yr</td>
<td>6 (5)</td>
<td>56 (181)</td>
</tr>
<tr>
<td>No answer</td>
<td>0 (0)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Total*</td>
<td>100 (79)</td>
<td>100 (326)</td>
</tr>
</tbody>
</table>

* N, the number in parentheses. Missing cases (No answer) were not included in the calculation of the chi-square statistic or in the percentages. Chi-square = 85.37; df = 5; significance = 0.00. * Percentages may not add up to 100% due to rounding.
ing is interpreted to mean that both groups perceive the female-dominated field as more supportive of leadership activity in women than a male-dominated field would be. Roughly 80% of both groups reported feeling neutral when they decided to enter occupational therapy. This is loosely interpreted to mean that neither group consciously sought the protection of this profession from the competition inherent in male-dominated fields.

Implications of the Study

At this time, women's sex role ideology and labor market participation are in transition. In the past, most women were employed in occupations designated "women's work"; however, with the expansion of equal employment opportunities, women are somewhat freer to enter the male side of the labor market. Lopata and North (17) predict that there will be increased desegregation of the occupational world and increased flexibility of job definitions, work schedules, and career models for both men and women. The future may bring greater shifts of women from the female-dominated fields to the largely male fields.

Traditional expectations of the roles of men and women are changing. The cost of living is rising steadily, and there is an increasing trend for married women with preschool children to be employed. The interplay of these factors heightens expectations that younger therapists will be in the work force most of their lives.

With increased employment, more young women will expect advancement into leadership or other responsible roles. Can the field accommodate this increase and still provide recognition, satisfaction, and job opportunities? Some writers do not think so (17-20). Positions with limited responsibility may put pressure on young therapists to leave occupational therapy, especially as predominantly male fields offer more advancement opportunities. If therapists are allowed to expand their roles as their expertise increases, there may be less need for them to leave occupational therapy, taking with them experiences that could contribute to the development of the profession's body of knowledge.

One strategy for preventing this loss would be the nationally focused development of "superclinicians." The profession could benefit from developing more clinician researchers who would remain in practice throughout their working lives and create a market among employers for their expertise. However, there must be enough of these therapists to create the expectation in younger occupational therapists, for whom they serve as role models and mentors, that therapists, married or not, are expected to practice throughout their lifetime. The young therapists should feel that not only will there be a place for them in the profession but that there will be a demand. With an increase in these superclinicians, advancement opportunities will not be limited to academic rank or administrative positions. Like in the leading professions (e.g., medicine and law) advancement in the field will not require leaving practice.

Although it is expected that more young women will work throughout their lives, it is also likely that some will drop out of the work force during their childbearing years. Female-dominated fields are particularly vulnerable to the loss of these young practitioners' expertise who leave the field just as their experience has increased their work value.

Because many leaders (who are policymakers in the field) have remained unmarried and childless they fail to understand how much energy is required of young mothers who manage a family while being employed. Consequently, there has been little effort to establish work flow patterns to keep young mothers trained as practitioners so that they can continue to contribute to and remain conversant with new developments in the field.

Those therapists who choose to become administrators or educators in the field, should not leave the attainment of leadership skills to chance. In the past, circumstances of birth played a more prominent role in leadership attainment than is presently seen. Expanded educational opportunities now offer rival routes to career attainment through specific managerial and leadership training programs. The lack of leadership skill development for women is due to the absence of a) an ideology that supports female leadership and b) the facilities where skills can be developed. The findings of this study speak to the importance of experiences that develop managerial, competitive, and leadership skills and which change, in a positive direction, the beliefs of women about themselves as leaders. For some of the leaders, military experience provided this kind of training. Potential occupational therapy lead-

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Table 3

<table>
<thead>
<tr>
<th>Level of Career Involvement</th>
<th>Husband Expects of His Wife</th>
<th>Percent of Leaders</th>
<th>Percent of Non-leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal career involvement</td>
<td>12 (4)</td>
<td>27 (70)</td>
<td></td>
</tr>
<tr>
<td>Moderate career involvement</td>
<td>12 (4)</td>
<td>57 (148)</td>
<td></td>
</tr>
<tr>
<td>High career involvement</td>
<td>77 (26)</td>
<td>17 (44)</td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>(1)</td>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>Single, never married</td>
<td>(44)</td>
<td>(56)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(79)</td>
<td>(329)</td>
<td></td>
</tr>
</tbody>
</table>

N, the number in parentheses. Missing cases (No answer) and single, never married therapists were excluded from the calculations of the chi-square statistic in this table. Chi-square = 59.7, df = 2; significance = 0.00.
ers (i.e., educators, managers, and clinicians) should be identified early in their careers, perhaps through self-selection and nomination by peers, supervisors, and teachers. Their leadership skills should be developed as is done in the corporate world.

Sponsorship is an important contributor to leadership in this study. Implied in this finding is the kind of support required for a woman to break the “supportive role” assigned her by society and to assume a status different from that normally occupied by women. Leaders’ sponsors were in positions to offer them select information. Sponsors provided leaders with a chance to be self-motivating, effective, and visible.

Nowhere is sponsorship more important than in marriage. This is evidenced by the fact that leaders were, by and large, either unmarried or married to men who supported their leadership activities. Not much has been written about single women; however, the available literature about married women who achieve consistently supports their leadership activities. This phenomenon may become less rare as the sex role attitudes of men and women change. Many of today’s young men have grown up in households where their mothers were employed, the probability that families will have fewer children has increased, and the advantage of a wife’s additional income and her career satisfaction have become obvious. For all these reasons, many young men may soon expect their wives to have serious career ambitions. Nevertheless, since the marriage relationship is an important determinant in the lives of women, female-dominated occupations have the responsibility to include in their professional curricula information on the impact of marriage on careers.

The findings of this study also emphasize the importance of a) early socialization, b) parental expectations for achievement, and c) young girls’ ability to identify with both parents (a mother who is free to pursue her own career and a father who is available to encourage his daughter’s career interests). Leaders view themselves as leaders partly because of their accomplishments, but they also view themselves through the eyes of parents and sponsors. They were expected to become leaders.

Significance and Limitations of the Study

This study differentiated the similar members of a female-dominated profession by showing that there was a series of events in the lives of the leaders that prepared them to be interested in responsibility, advancement, and the elite roles of the profession. It describes the particular activities leaders of occupational therapy pursued to distinguish themselves in their careers.

The study showed the importance of intermediate socializing experiences, activities preparatory to leadership that took place during adolescence, at a time when girls usually become immersed almost exclusively in female sex role concerns.

Additional research on a younger sample is needed to determine whether the events reported in this paper will continue to be reliable predictors of leadership in occupational therapy. Historical events, notably the women’s movement, have had a significant impact on male and female attitudes and on the workplace in general. Thus, the variables that contributed to female leadership in the 1960s and 1970s may change in the future.

REFERENCES


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