Occupational Therapy Management and Job Performance of Staff

(leadership; occupational therapy department, hospital; organizational objectives, organization and administration; professional competence)

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This study focuses on two basic research questions: 1. Do discrepancies exist between the way hospital-based occupational therapy department directors perceive their managerial leadership and the way their occupational therapy staff members perceive the directors’ leadership? 2. What effect does the managerial leadership of the directors have on staff occupational therapists’ job performance? Mailed questionnaires were completed by 93 occupational therapy directors and 348 nonmanagerial registered occupational therapists who were employed in hospitals throughout the continental United States.

The directors and their staff members demonstrated significant differences in their assessments of the directors’ managerial leadership styles; directors generally gave themselves higher ratings than did their staff members. The occupational therapy directors gave their staff high job performance ratings. Also, discrepancies between the directors’ and their staff occupational therapists’ ratings of the directors’ leadership styles correlated negatively with staff job performance. The results of the study suggest some potentially beneficial management training topics for department directors.

Although the need for occupational therapists with management skills has been stressed in the literature, no systematic approach has been used to determine the types of management expertise most needed (1, 2). Literature and research from business, industry, and the military have shown that the quality of managerial leadership is more amenable to change and control than many of the other factors that influence productivity and the work milieu (3). Directors of occupational therapy programs in hospitals frequently function as middle managers (4). The management literature has suggested that one of the most useful measures of managerial effectiveness is the ability of the leader to match his or her leadership style with the goals and needs of the staff and the organization (3). Governmental efforts at cost containment in hospitals may increase the need for appropriate managerial leadership in occupational therapy and for optimal job performance by staff occupational therapists.

Literature Review
The Multiple Linkage Model of Managerial Leadership

A thorough framework for predicting managerial leadership effectiveness has been developed by Yukl (3). This Multiple Linkage Model of Managerial Leadership evaluates a series of leadership behaviors, leadership power or influence factors, leadership skills, overall managerial leadership competence, and a variety of situational factors. A managerial leader is considered to be effective if his or her staff members perform their work well and are adequately satisfied with their work and their working milieu. Yukl based his model on the findings of previous research on managerial leadership, which suggested that the characteristics of the manager, the staff, the work tasks, and the organization should be examined along with the specific leadership styles used.

A Deficit in Leadership Research and Theory

One major deficit in the managerial leadership work has been the inadequate examination of the relationship between the staff’s perceptions of the leadership and the leader’s self-perceptions. A major assumption in the current litera-
ture on managerial leadership seems to be that ineffective managerial leaders often have perceptions of their own leadership that do not coincide with those of their subordinates (5).

**Staff Members’ Job Performance**

The productivity of individual staff members in service organizations such as hospitals has been particularly difficult to measure because there is no single, tangible product to evaluate (5). Consequently, performance evaluations of staff members have been used as a measure of productivity in much of the managerial leadership research (3, 5).

The job performance of professionals such as occupational therapists is believed to be primarily determined by the professional’s skills, education, motivation, and a variety of situational or organizational factors (5, 6). Effective managerial leadership has been found to promote optimal job performance in professionals even though it is not considered to be the primary determinant of professional job performance (3, 5). Also, the types of managerial leadership that have been found to be effective with one professional group have not necessarily been found to be effective with other professional groups (5).

Managerial leadership and its influences on the job performance of staff members have been extensively studied in fields such as business, industry, and the military. Although the findings of this research are not necessarily applicable to hospital-based occupational therapy, they do suggest the examination of some major variables.

**Methodology**

For the purposes of this survey, questionnaires were mailed to a broad sample of occupational therapy department directors and their registered occupational therapy staff members in hospitals throughout the continental United States. Ninety-three directors and 348 occupational therapy staff members were surveyed. The study sought to examine the influence of the managerial leadership of hospital-based occupational therapy department directors on the job performance of registered occupational therapy staff members. Another question investigated was whether discrepancies existed between the way occupational therapy directors perceived their managerial leadership and the way their staff members perceived the occupational therapy directors’ leadership. This was part of a larger study that focused on the influences of managerial leadership on the staff’s job satisfaction and job performance. Bivariate and multivariate correlational models were tested (7, 8).

**Independent Variables**

Yuki’s Multiple Linkage Model of Managerial Leadership Effectiveness (3) provided the managerial leadership components that were tested. They included the following:

- **Leadership Behaviors**
  - Representation—speaks and acts as the representative of the group
  - Demand reconciliation—handles conflicting demands and reduces disorder
  - Initiation of structure—clearly defines own role and expectations for staff
  - Tolerance of freedom—uses a participatory leadership style
  - Superior orientation—has influence with organizational superiors

- **Leadership Power/Influence Factors**
  - Socialized power orientation—displays desire to exercise influence, builds commitment to department, and encourages professional development of staff
  - Role assumption—actively exercises the leadership role
  - Referent power—uses staff’s level of liking and loyalty as an influence base
  - Expert power—uses staff’s view of the director’s clinical and managerial ability as an influence base
  - Reward power—uses pay, benefits, and encouragement as an influence base

- **Leadership Skills**
  - Technical skill—demonstrates clinical competence
  - Human behavioral skills
    - Persuasion—uses argument effectively
    - Consideration—shows proper regard for the well-being and contributions of staff
  - Conceptual skills
    - Predictive accuracy—foretells events that could influence the department
  - Problem-solving skill—effectively develops answers to issues that affect the department

- **Overall Managerial Leadership Effectiveness**
  - Generally manages and directs the department well

Leadership was measured by a two-pronged approach. Occupational therapy staff members were asked to rate their occupational therapy directors’ managerial leadership on the same 88-item instrument the directors used to rate their managerial leadership. This instru-
Dependent Variable

Job performance of staff members was defined as the degree to which an individual executes a job in adherence to standards and acceptable practices of the organization and profession (6). Staff performance was measured by asking the occupational therapy director to rate each staff occupational therapist in the department on a scale recommended and used for measuring performance in the allied health professions (6, 11, 12). This scale measures the following job performance characteristics: quantity of work, quality of work, dependability, ability to get along with others, work attendance, punctuality, job-related knowledge, planning ability, level of initiative, and overall job performance. One item measures each component of job performance. Reliability for this instrument has averaged .94.

The independent and dependent variables were measured on a 0-4 Likert-type scale, which indicated low/never to high/always.

Situational Variables

The situational data obtained included personal/demographic information about the directors and the occupational therapy staff members. Demographic data about the departments and hospitals were also obtained. The situational data accounted for 25 items on the directors’ questionnaire and 15 items on the staff members’ form.

Sampling

The following procedures were used to obtain the sample. AOTA’s Membership Data Survey (13) identified 811 hospital-based occupational therapy administrators of various types. (There was no available list of all hospital-based occupational therapy department directors.) A random sample of 300 of the people who were classified as administrators was contacted. First, they were asked if they were department directors. Second, they were asked if their department met the size requirement of between 1 and 10 nonmanagerial registered occupational therapists. (AOTA’s data demonstrated that the average hospital-based department had approximately four registered occupational therapists (13) and this study sought to evaluate the average department.) Third, they were asked whether they would discuss the study with their staff occupational therapists and whether they and their staff would participate in the study. The return rate for directors who met the standards and agreed to participate was 97%, the return rate for nonmanagerial registered occupational therapists was 93%.

Presentation of Findings

Demographic Information

The demographic data about the sample of occupational therapy directors and nonmanagerial occupational therapists demonstrated that both groups were similar in several ways. They were white females who held undergraduate degrees in occupational therapy and had clinical expertise in physical disabilities or mental health. The directors were slightly older and had slightly more experience than their staff members. The average department studied employed four full-time registered occupational therapists. Most departments were located in nongovernmental, non-profit, short-term, general hospitals. This demographic information is consistent with AOTA’s findings about hospital-based practice (13).

A Comparison of the Directors’ and Staff Members’ Measures of the Directors’ Leadership

For 12 of the 17 leadership measures, the discrepancies obtained in comparing the directors’ and their staff members’ measures of the directors’ leadership with paired comparison t-tests reached the .05 significance level, as can be seen in Table 1. Seven of these differences reached the .0001 significance level. Even though the large sample size probably influenced the levels of statistical significance that were achieved, the pattern that was revealed appeared to be important. The average occupational therapy department director viewed herself as a competent managerial leader, whereas the average nonmanagerial occupational therapist saw her director as being a fairly mediocre managerial leader. On only one leadership component, reward power, did the directors rate themselves lower than did their staff members. The staff members thought their directors had more control over pay and other rewards than the directors believed they had. The average director saw herself as performing well at such diverse tasks as resolving staff conflicts, coordinating the work to be done, predicting trends that would influence the department, influencing the hospital administration for the benefit of the department, being considerate...
of staff members’ needs, handling complex jobs, and reconciling varied demands. The directors’ positive ratings of their managerial leadership competence may reflect the effort they believe they put into being managers and supervisors. Some authors have suggested that discrepancies such as these indicate the need for open communication between managers and their staff members about the managers’ leadership (3, 5).

Staff Members’ Job Performance

Each occupational therapy director rated each of her occupational therapy staff members’ job performance. The mean for the total job performance items for the sample was 3.10 on the 0–4 scale; the standard deviation was .58. The job performance ratings were consistently skewed to the high end of the rating scale. These ratings suggested that the directors perceived their staff members to be performing exceedingly well.

Correlations of Staff Members’ Job Performance With Leadership Measures

All of the 17 measures used to characterize the managerial leadership of the occupational therapy directors were obtained from the directors themselves and also from each of their staff occupational therapists. Measures of leadership derived from these two sources were correlated with the overall measure of the staff members’ job performance. Also, the discrepancies between the way the directors and their staff members rated the directors were correlated with the dependent variable. Pearson product-moment correlation coefficients were computed and are reported in Table 2.

The relatively low correlations between the separate leadership measures and staff job performance were predicted in the literature (5, 14, 15). Most of the major managerial leadership theories suggest that leadership has much less influence on the performance of professional staff members than it does on the job satisfaction experienced by professional staff members. Professionals’ job performance is believed to be influenced by such factors as their ability, education, experience, motivation, and by a variety of situational factors. Managerial leadership is assumed to influence at least some of these factors, which, in turn, affect performance. The findings from this study suggest that some types of managerial leadership are more likely than others to influence the job performance of staff occupational therapists.

Thirteen (76%) of the 17 leadership ratings derived from the staff produced significant, low positive correlations with staff members’ job performance. The pattern suggests that the managerial leadership styles used by the directors did have some slight positive impact on the job performance of occupational therapy staff members. None of the staff members’ measures of leadership correlated negatively with the staff members’ job performance. Directors who were perceived to be considerate and/or capable of integrating the work and work group had the most positive influence on staff performance.

On the other hand, only 8 (47%) of the 17 leadership measures derived from the directors produced significant, low positive correlations with staff members’ job performance. The pattern suggests that the managerial leadership styles used by the directors did have some slight positive impact on the job performance of occupational therapy staff members. None of the staff members’ measures of leadership correlated negatively with the staff members’ job performance. Directors who were perceived to be considerate and/or capable of integrating the work and work group had the most positive influence on staff performance.

Table 1
Comparison of Staff’s and Directors’ Measures of Directors’ Leadership

<table>
<thead>
<tr>
<th>Leadership Component</th>
<th>Means of Directors’ Measures</th>
<th>Means of Staff’s Measures</th>
<th>t</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership behaviors</strong> (overall mean)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Representation</td>
<td>3.04</td>
<td>2.88</td>
<td></td>
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<tr>
<td>Demand reconciliation</td>
<td>2.81</td>
<td>2.54</td>
<td>4.94</td>
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<tr>
<td>Initiation of structure</td>
<td>3.04</td>
<td>2.92</td>
<td>2.23</td>
<td>.05</td>
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<tr>
<td>Tolerance of freedom</td>
<td>3.09</td>
<td>2.92</td>
<td>3.38</td>
<td>.001</td>
</tr>
<tr>
<td>Superior orientation</td>
<td>3.26</td>
<td>2.94</td>
<td>6.52</td>
<td>.0001</td>
</tr>
<tr>
<td><strong>Leadership power/influence</strong> (overall mean)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socialized power</td>
<td>2.39</td>
<td>2.41</td>
<td></td>
<td></td>
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<tr>
<td>Role assumption</td>
<td>2.73</td>
<td>2.63</td>
<td>2.18</td>
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<td>Referent power</td>
<td>2.91</td>
<td>2.85</td>
<td>1.57</td>
<td>NS</td>
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<tr>
<td>Expert power</td>
<td>2.44</td>
<td>2.44</td>
<td>0.87</td>
<td>NS</td>
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<tr>
<td>Reward power</td>
<td>2.72</td>
<td>2.46</td>
<td>3.36</td>
<td>.001</td>
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<tr>
<td><strong>Leadership skills</strong> (overall mean)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical skills</td>
<td>3.01</td>
<td>2.73</td>
<td></td>
<td></td>
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<tr>
<td>Human behavioral skills</td>
<td>2.93</td>
<td>2.78</td>
<td>0.72</td>
<td>NS</td>
</tr>
<tr>
<td>persuasion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>consideration</td>
<td>2.72</td>
<td>2.67</td>
<td>1.32</td>
<td>NS</td>
</tr>
<tr>
<td>integration</td>
<td>3.04</td>
<td>2.73</td>
<td>5.16</td>
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<tr>
<td>Conceptual skills</td>
<td>3.12</td>
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<td>6.63</td>
<td>.0001</td>
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<td>predictive accuracy</td>
<td>2.93</td>
<td>2.49</td>
<td>8.67</td>
<td>.0001</td>
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<td>problem solving</td>
<td>3.30</td>
<td>3.07</td>
<td>3.21</td>
<td>.01</td>
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<td><strong>Overall managerial leadership effectiveness</strong></td>
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<tr>
<td></td>
<td>3.15</td>
<td>2.73</td>
<td>4.59</td>
<td>.0001</td>
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</table>

N = 93 directors, 348 staff occupational therapists. NS, not significant. t, students’ distribution symbol.

Variables were measured on a 0–4 Likert-type scale.
effectiveness, tolerance of freedom or a participative management style, and predictive accuracy. However, directors who perceived themselves to be high in these characteristics may simply have rated their staff members' performance high in a type of self-fulfilling prophecy.

The low negative correlations between the discrepancy scores and staff job performance are noteworthy because of the pattern they suggest. That is, when a discrepancy existed between the directors and their staff about the directors' leadership style, the job performance of staff members seemed to be somewhat negatively affected. Even minor differences of opinion appeared to have a slight negative influence on staff performance. However, bivariate correlations are merely suggestive and do not indicate causation.

Suggestions for Management Training

Managerial leadership styles can be altered through management training, whereas some other factors that influence staff performance may be less amenable to control (3). The narrative comments on the directors' and staff members' questionnaires were tabulated. A majority of both directors and staff members indicated that the directors of the departments studied needed and wanted specialized management training. The results of this study suggest that communication with staff might be an important topic for management training. The directors and staff members in this sample consistently held divergent views of the directors' managerial styles and expertise. Some of these discrepancies also correlated somewhat negatively with staff members' job performance. To promote optimal job performance and the related component of job satisfaction among staff members, directors should receive training in how to explore and use staff members' perceptions about the directors' management styles. Open communication about staff therapists' work goals and expectations and about organizational factors that influence departmental management also appears important.

The management literature has emphasized one conclusion that can also be drawn from this study. A manager must match his or her leadership style to the staff's and the organization's characteristics to achieve high productivity or high performance as well as staff satisfaction with work (3, 5).

The results of this study suggest one other topic for management training. Because the department directors seemed to influence actual staff performance only slightly, the recruitment, selection, and on-the-job training of staff members appear to be important managerial leadership tasks. The narrative comments staff occupational therapists included in their questionnaires also indicated a concern about an apparent lack of resources for continued professional development in many of the facilities. Thus, management training could concentrate not only on how to select competent staff but also on how to promote staff development in environments that are stressing productivity and cost containment.

AOTA's newly formed Administration and Management Special Interest Section appears to be the logical group for developing and encouraging advanced management training. This group could also supply a network of people who could serve as role models or mentors for those who have recently joined the management ranks.

Conclusions

This study explored the influence managerial leadership of hospital-based occupational therapy department directors had on staff occupational therapists' job performance. Staff members' perceptions of managerial leadership correlated more with staff job per-
formance than did directors' self-perceptions of their management styles. Discrepancies between directors' and staff occupational therapists' measures of the directors' managerial leadership correlated negatively with staff members' job performance. The response rates and narrative comments demonstrated that these topics are of major concern to hospital-based occupational therapists and merit further study.

Recommendations for Future Research

As an initial attempt to investigate managerial leadership in hospital-based occupational therapy, this study used only mailed questionnaires to occupational therapists whose departments met a specified requirement and who agreed to participate. The high response rates from those who agreed to participate and the large number of narrative comments, on both directors' and staff members' forms, suggests that the topics surveyed were of major interest to the respondents.

In this study, there was no efficient way to probe for explanations of responses. Future researchers should consider using in-depth interviews of occupational therapy managers and staff members. No matter which research methods are used, a primary issue that needs to be explored is the difference in the directors' and the staff's rating of the directors' managerial leadership. Did the directors equate effort and performance? Specific measures of the directors' job performance could be used to assess the directors' general managerial effectiveness. Hospital administrators and colleagues in related departments could rate the occupational therapy directors' leadership styles and job performances to check the accuracy of the directors' and staff occupational therapists' ratings.

Also, staff job performance should be measured in several ways and by more than one rater if ratings are used. For example, staff self-ratings, ratings by other occupational therapists and colleagues, and ratings by patients could be compared. Behavioral indicators and more direct measures of productivity might also be used. These could include the number of patients evaluated and treated per day, a detailed categorization of time usage, and the number of absences from work. The use of these procedures was attempted in a field test. The respondents found the items to be extremely time-consuming and difficult to answer. Thus, they were considered inappropriate for use in a mailed questionnaire. Nevertheless, these same items could be refined and included as part of an in-depth interview.

Ideally, future research would combine measures of staff members' abilities and motivation with the variables in this study to predict staff members' job performance. Unfortunately, abilities and motivation are difficult to evaluate; they certainly do not lend themselves to measurement in a mailed survey.

There appears to be a need for more extensive research on management and managerial leadership in occupational therapy. Large hospital-based and community settings should be studied, for example. Research designs and methods that measure the reciprocal influence between occupational therapy managers and their staff members would seem ideal.

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