The Open Journal of Occupational Therapy

Volume 2
Issue 1 *Winter 2014*

Article 2

January 2014

Choosing the Path of Leadership in Occupational Therapy

Clark Patrick Heard
The University of Western Ontario - Canada, clark.heard@sjhc.london.on.ca

Recommended Citation

Heard, C. P. (2014). Choosing the Path of Leadership in Occupational Therapy. *The Open Journal of Occupational Therapy, 2*(1). https://doi.org/10.15453/2168-6408.1055

Choosing the Path of Leadership in Occupational Therapy

Abstract

Leadership is vital to the success and sustainability of any group, organization, or profession. Using a qualitative phenomenological methodology, consistent with interpretative phenomenological analysis, this study examines why occupational therapists choose the path of leadership. Data was collected through the completion of semistructured interviews with 10 occupational therapy leaders in Ontario, Canada. This collected data was transcribed verbatim and coded for themes by multiple coders. Several methods were employed to establish trustworthiness. Results identify that a desire to influence the profession or care delivery, a need for personal or career development, and a need for change motivate those occupational therapists who might choose the path of leadership. Recommendations for supporting new or developing leaders include a focus on linking occupational therapy practice and leadership theory at the curriculum and professional levels. Moreover, application of novel approaches to mentorship for new and developing leaders, such as supportive communities of practice, are also considered.

Keywords

leadership, occupational therapy, qualitative method

Cover Page Footnote

The author wishes to acknowledge the contributions of a number of individuals who supported this project. At the Southwest Centre for Forensic Mental Health, St. Thomas, ON, Allan Tetzlaff, RN (Coordinator), Jared Scott (Occupational Therapist), and Janice Vandevooren (Director). At the Temple University Occupational Therapy Program, advisors Dr. Ivelisse Lazzarini and Dr. Beth Pfeiffer, as well as research coordinator Andrea Bilger.

Credentials Display and Country

Clark Patrick Heard, D.OT Reg. (Ont.)

DOI: 10.15453/2168-6408.1055

Leadership is integral to the success and sustainability of any group, organization, or profession. This centrality of leadership, as a construct, has been a key factor in the authorship of volumes of related literature over the past century. Within the literature, concepts informing leadership thought have changed markedly over time; these concepts have been defined by a wide array of continually evolving theoretical approaches. In practice, the perception of meaningful leadership has evolved in concert with changes in societal values, cultural trending, and market changes (Avolio, Walumbwa, & Weber, 2009; Bass & Bass, 2009).

At present, thousands of occupational therapists in Canada occupy formally identified and titled leadership roles (Canadian Institute for Health Information, 2011). These individuals, comprising almost fifteen percent of all registered occupational therapists in Canada, work in many areas of practice, including clinical, administrative, and academic. The titles for these leaders can vary widely by practice area, region, or setting but often include manager, coordinator, team leader, professional practice leader, educator, director, or dean.

To date, analysis of leadership as a construct within the occupational therapy literature has been limited. Using a qualitative phenomenological methodology, this study examines why occupational therapists may choose the path of leadership. It looks at the key factors informing occupational therapists who might wish to assume leadership roles, and considers the ways to best support new and/or developing occupational therapy leaders.

Literature Review

Leadership, as a construct, has been the subject of significant scholarly attention in the health professions over the past century. Indeed, Bass and Bass (2009) reported that there has been a remarkable expansion in both the volume and rigor of leadership research over the past century. Within the health care milieu, various disciplines have focused on leadership as a construct worthy of significant academic consideration. In particular, the nursing profession has long targeted leadership as an area for capacity development and also as a way to support nurses to participate in leadership roles (Bulmer, 2013; Scott & Miles, 2013; Wong et al., 2013). Nursing journals, such as the *Canadian Journal of Nursing Leadership*, *Nursing Management*, and *Nurse Leader*, specifically target leadership as both a professional imperative and an area worthy of ongoing scholarly analysis.

Across other health professions, the study of leadership has been substantially more limited in volume and far more disparate in focus. As with nursing, there is a consideration of leadership development and the influences that impact leadership potential and capacity (Blumenthal, Bernard, Bohnen, & Bohmer, 2012; Cleather, 2008; Gersh, 2006; Leitner, 2008). However, as noted by Wylie and Gallagher (2009), there is a significant level of variance across disciplines in terms of professional roles and practice settings. This variance adds a layer of complexity to any analysis,

as environmental factors inherently influence leadership outcomes (Bass & Bass, 2009).

To date, scholarly analysis of leadership in occupational therapy has been similarly limited (Alexander, 2006; Fleming-Castaldy & Patro, 2012; Wilson, 2004). This limited focus on leadership within the occupational therapy literature is magnified when considering the historical organization of clinical practice that has typically involved structured departments or units led by managers (Boyt Schell & Yarett Slater, 1998). The limited volume of leadership research is even more surprising given the historically hierarchical and leader-driven organization of occupational therapy faculty into departmental structures.

While the limited volume of leadership study is an issue, a second concern relates to the somewhat limited application of conventional or current leadership theory in scholarly analysis. Certainly, studies within the professional literature have referenced leadership theories, but these typically offer analysis through the lens of a singular perspective. For example, Snodgrass and Shachar (2008) related their work on faculty perceptions of program director leadership styles and outcomes to transactional and transformational leadership concepts (Bass & Bass, 2009). Snodgrass, Douthitt, Ellis, Wade, and Plemons (2008) utilized Full Range Leadership Theory as the theoretical basis for examining occupational therapists' perceptions of rehabilitation managers' leadership styles (Bass & Avolio, 1994). Fleming-Castadly and Patro (2012) considered the self-perceived leadership capacities of occupational therapy leaders in light of the Leadership Challenge Model (Kouzes & Posner, 2012). Dillon (2001) provided a compelling narrative regarding Sister Genevieve Cummings and her capacity as a servant leader (van Dierendonck, 2011). Scott (1985) referenced status attainment literature in examining variables that contribute to leadership among female occupational therapists, while Adamson, Cant, and Hummell (2001), Boyt Schell and Yarett Slater (1998), and Guo and Calderon (2007) all referenced transactional leadership-related management theories (Bass & Bass, 2009). The limited volume of leadership studies and the significant theoretical variance among these studies present serious concerns for the profession. At an outcome level, it appears that there is a significant disconnect between research in occupational therapy and ongoing theoretical development related to leadership. The historically limited scholarly analysis of leadership within the profession, combined with a varied theoretical focus, has resulted in what seems like a sort of patchwork quilt of ideas comprised of exceptionally interesting, but only somewhat related, squares.

The varied focus of leadership study in occupational therapy is identifiable in the work of Snodgrass and Shachar (2008) and Snodgrass et al. (2008). In the first of these studies, Snodgrass and Shachar examined faculty perceptions of occupational therapy program director leadership styles through a survey of faculty (n = 184). In the second, Snodgrass et al. considered occupational therapy practitioners' perceptions of rehabilitation manager leadership styles and outcomes using a

sample of occupational therapy practitioners in Tennessee (n = 73; with 63 members of the sample being occupational therapists and 10 members of the sample being certified occupational therapy assistants). In review, both of these studies certainly added to the relevant literature of occupational therapy practice on leadership. However, both studies were cross sectional survey designs and the significant non-responder bias potentially influenced the studies' outcomes. That is, while Snodgrass and Shachar strongly supported the idea of a transformational leadership approach enabling leader efficacy, they based these conclusions on a sampled faculty response rate of just under 37%. Further, among the sampled occupational therapy practitioners in Tennessee studied by Snodgrass et al. regarding rehabilitation manager leadership styles, the response rate was far lower at 14.6%.

Posatery Burke and DePoy (1991) and Scott (1985) added to the patchwork quilt nature of leadership study in occupational therapy. Both of these studies addressed the "why questions" regarding how leaders emerge in the field. Scott drew from a fairly broad sample of therapists and sought to understand how a therapist's socialization and role participation prepared him or her for a leadership role. Posatery Burke and DePoy sought to understand the cognitive and clinical reasoning processes of "masterful and excellent" (p. 1029) clinicians and leaders in order to practically inform the future practice and leadership potentials of novice and developing therapists. Both of these studies were exploratory in nature and, accordingly, somewhat limited in their applicability. Further, both studies are more than two decades old, thus limiting their relevance to the current practice milieu.

Four management-focused studies added a different color and perspective to the occupational therapy leadership quilt (Adamson et al., 2001; Boyt Schell & Yarett Slater, 1998; Dudek-Shriber, 1997; Guo and Calderon, 2007). Much like the transactional leadership theories that support "management" concepts, each of these studies sought to instruct about leadership competencies needed for clinical practitioners, middle managers, and new therapists. Each of these studies identified various organizational, leadership, time management, and communication skills necessary or relevant for success. A compelling point is that only Adamson et al. (2001) considered if the aforementioned material could be taught.

To date, it appears that the scholarly analysis of leadership in occupational therapy has been somewhat limited. Among those studies that have been published, a high level of variance is evident in terms of methodology, theoretical analysis, and outcomes. Thus, the focus of this study, given the limitations of the supporting literature, is to explore why occupational therapists might choose leadership as a career path.

Method

Design

This qualitative study employed a design consistent with interpretative phenomenological analysis (IPA) to explore the research question: Why do some occupational therapists choose to

become leaders (Smith, Flowers, & Larkin, 2009)? A phenomenological approach appeared appropriate since the purpose of this study was to develop an understanding of the experiential meaning associated with participants choosing to become occupational therapy leaders (Creswell, 2009; Finlay, 2009; Smith et al., 2009). Smith (2011) noted that, "IPA is concerned with the detailed examination of personal lived experience, the meaning of experience to participants, and how participants make sense of that experience" (p. 9). The application of a qualitative design of this nature was supported in the literature by Hammell and Carpenter (2000), as well as by Krefting (1991), who identified that the use of a qualitative methodology is well suited to the exploration of phenomena that are poorly understood. Temple University's Institutional Review Board approved this study prior to implementation.

Participants

IPA is "an idiographic approach concerned with understanding particular phenomena in particular contexts [and as a result] IPA studies are conducted on small sample sizes" (Smith et al., 2009, p. 49). For this study, the researchers recruited 10 formally identified or titled occupational therapy leaders in the province of Ontario, Canada, who consented to an interview by the principal investigator. While the recruitment of these individuals enabled a convenience sample, it is important to note that research consistent with IPA requires purposive and homogeneous sampling (Smith et al., 2009). The recruitment of each occupational therapy leader who participated was done via direct contact (telephone, email) by the principal investigator, followed by a letter of information about the study, if the potential participant identified interest in the project. An inclusion/exclusion criteria consisting of two parts was also applied. The first criteria required all of the individual participants included in the research to be occupational therapists with licensure in the province of Ontario, Canada. The second criteria required all of the individual participants to be formally identified or titled leaders (e.g., professional practice leaders, coordinators, directors).

The 10 occupational therapy leader participants were geographically diverse in location and were recruited specifically to provide representation across the varied practice contexts in the province of Ontario, Canada (Canadian Association of Occupational Therapists, 2012). The participants included individuals working in various roles in health care facilities or hospital settings (n = 4), in community care settings (n = 3), at universities as faculty in formally defined leadership roles (n = 2), and in private practice (n = 1). The sample included both urban (n = 9) and rural (n = 1) representation. Males were slightly overrepresented in the sample (n = 2) vs. typical professional representation

(Canadian Institute for Health Information, 2011). Varied titles within the sample included professional practice leader, supervisor, coordinator, staff development coordinator, independent contractor, and assistant professor. In terms of experience, the occupational therapist participants had a mean of 17.1 years of experience, with a low of three years and a high of 29 years. The participants further reported a mean of 5.8 years in leadership roles, with a low of three months and a high of 16 years.

Data Collection

The principal investigator conducted all of the interviews. After documentation of consent from each participant was obtained, limited demographic data was collected and recorded on the interview form. This was followed by a semistructured interview using the following questions:

- What factors motivated you to become a leader?
- What factors do you perceive as key for occupational therapists who wish to take on leadership roles?
- How could developing occupational therapy leaders be identified and supported in your view?

Interview responses were digitally recorded and transcribed verbatim. The interview form did not contain any data that could identify the research participants.

Data Analysis

The collected and transcribed interview data was analyzed and coded for themes following the completion of all 10 interviews. The coding team included the principal investigator, an occupational therapist/researcher, and a registered nurse/coordinator. The coding process was completed using an editing style of analysis whereby each independent coder repeatedly analyzed the text of each interview to identify meaningful sections and potential themes (Jongbloed, 2000; Krefting, 1991). Thereafter, the coding team met to consider each team member's independently developed preliminary codes and to seek to understand potential connections. Following this process, the coding team considered definitions related to the identification of a group of overarching themes (Smith et al., 2009). After the data analysis process was completed, the coding scheme was tested for consistency. Accordingly, each coding team member independently coded one transcript using the overarching themes developed from the coding process. The final coding agreement was found to be 82.1%.

Trustworthiness

The researchers employed several methods in this study to maximize trustworthiness and to reduce the chance of any systemic bias (Hammell & Carpenter, 2000; Krefting, 1991). Data triangulation was used first; it involved the collection of data at different times, in different places and settings, and from varied informers. In working to understand the meaning of the collected data, triangulation by analyst was also employed. As such, multiple researchers engaged in the coding

process. In using multiple researchers from different health care backgrounds (i.e., occupational therapy, nursing) triangulation by theory and perspective was also supported. That is, the multiple researchers applied varied theories and perspectives associated with their professional backgrounds within their data analysis. As a further measure to support trustworthiness, faculty advisors and occupational therapy colleagues at Temple University in Philadelphia, PA, peer reviewed both the developed codes and the related themes. Hammell and Carpenter (2000) noted that a review of that type accords "a further instance of triangulation" (p. 111). Finally, informant feedback was collected when the developed themes were reviewed with each participating occupational therapy leader. The occupational therapy leader participants did not advise any changes. Doyle (2007) indicated that this type of engagement with participants supports "…credibility and the ability for participants to meaningfully contribute to the research process" (p. 894).

Results

The coding process identified unique overarching themes for each interview question. These are described in Table 1.

Table 1

Overarching Themes

Question	**Overarching Themes**
1. What factors motivated you to become a leader?	• Desire to influence the profession or care delivery • A need for personal or career development and change • Assuming the mantle of leadership vs. seeking the mantle of leadership
2. What factors do you perceive as key for occupational therapists who wish to take on leadership roles?	• Skill in interaction and in building relationships • Confidence, credibility, and competence • Visionary and practical
3. How could developing occupational therapy leaders be identified and supported in your view?	• Leadership in occupational therapy curriculum • Professional performance supports leadership development • A culture of mentorship

The Motivation to Lead

Consistently, the participants identified a desire to influence the profession or care delivery and a need for personal or career development and change as factors that motivated them to become leaders. They also found that they had assumed the

mantle of leadership vs. having sought the mantle of leadership. The potential to participate in "something new and to be more involved and have more of an impact" (participant 2) appeared to resonate among the participants. Indeed, the "ability to influence change" (participant 7) appeared to be a powerful motivator. One participant elaborated on the relevance of influence to their motivation to lead, noting, "the clinical part was interesting, intriguing, but what I was just naturally drawn to was everything that was wrapped around [leadership]; the funding, the staffing structures, kind of the politics of it" (participant 6).

The participants clearly identified the need for personal or career development and change. In several instances, it was as simple as perceiving this: "I did feel that I needed change; I wanted to change what I did in my career but I didn't want to leave occupational therapy at all because I loved and still love OT" (participant 1). Some of the participants discussed the move to a leadership role in relation to the context of their previous clinical role. One stated: "When I became an OT, I knew that I wasn't going to be a clinician for the rest of my career" (participant 4). Consistently, the respondents identified a perception that the move to leadership supported their development and growth as health care professionals. One interview participant captured this, noting, "I had this innate need to consistently learn and develop myself; leadership is an easy way to do that" (participant 9).

The final theme identified through the first question related to assuming the mantle of leadership vs. seeking the mantle of leadership. In a review of the participants' responses, it was evident that many did not see themselves as actively seeking out leadership roles. Rather, the data described a perception in the sample that many of the participants more or less "landed" in leadership roles. Several of the participants indicated a perception that they possessed a predisposition toward leadership. One stated: "I think I have innate leadership abilities to begin with; I think I have always taken on leadership roles throughout my life" (participant 8). Another noted: "I took on leadership roles all through school and in my teenage years and so I fell quite naturally into it once I entered my professional life" (participant 9). In several instances, the participants spoke of being encouraged by their clinical peers to take on a leadership role. One noted, "when this position came up I originally didn't even think of applying for that but a number of people came up to me and said that would be perfect for you; people saw in me some leadership skills I didn't see in myself" (participant 1).

Competent and Successful Occupational Therapy Leadership

The analysis identified three interrelated themes that describe key factors for occupational therapists who wish to take on leadership roles competently and successfully. The first among these was communication focused: skill in interaction and in building relationships. Related to communication, but also speaking to clinical capacity, was the need for confidence, credibility, and competence. Finally, the participants indicated a clear need for those occupational therapists who

wish to take on a leadership role to be both visionary and practical.

The participants almost universally identified skill in interaction and in building relationships as important qualities for potential leaders. The message was clear: "You can't be an effective leader in OT without good communication skills" (participant 1). However, the participants indicated that the message involved more than conventional communication skills, noting that one needs the "ability to build relationships professionally" (participant 6) and to "know who to build relationships" (participant 1). One participant identified the complexity of these processes, noting: "A lot of the leadership role I am currently in is about being able to collaborate with people to see different points of view, to be able to communicate your point of view clearly and with good sound rationale" (participant 6).

While the participants viewed the ability to have success in interaction and to support relationship building as key factors, they also clearly indicated that confidence, credibility, and competence are paramount in importance for occupational therapy leaders. Consistently, the participants supported this theme, noting, "you need to have a really sound and respected clinical background because I think in a leadership role you're expected to be a resource and a mentor for other therapists and you can't do that if you don't have credibility" (participant 2). Another participant noted leadership is informed by:

> How you do your everyday practice; self-starter, independent, who accesses the literature, who goes out and asks the other people for feedback. If that's the type of practice that you do and you like then that's the sort of factors that might speak to a leadership role (participant 4).

Finally, a participant stated a perception that "confidence is the biggest factor; I think one of the things I noticed being an OT is that a lot of therapists lack confidence and I don't know if that's changed over the years" (participant 8).

The final theme related to the importance of being both visionary and practical as an occupational therapy leader. The participants repeatedly identified concepts related to vision: "Emotional intelligence is critical; you need to see the big picture and really be able to think from strategy" (participant 6). Similarly, another participant stated:

> Having an awareness or a strong awareness of bigger process, whatever system you're in and how it works, having your head around that and having knowledge of how it works and being comfortable in recognizing and speaking to changes that you perceive in an OT role would be beneficial (participant 2).

Several of the participants spoke to the need for practical focus within a broader organizational context. One identified the necessity "to look at overall organizational issues; to look at the whole flow of how a program works and not get enmeshed in smaller details" (participant 3). Another discussed the difficulty of marrying vision with practicality within the professional context: "If you are a detailed thinker vs. a bigger picture thinker, as

a leader you have to be able to do both but you always need to be thinking ahead so you need to be thinking bigger picture (participant 4).

Supporting Occupational Therapy Leaders in Development

In considering how to identify and support developing or potential occupational therapy leaders, the participants' responses enabled the development of three themes. The first theme alluded to entry-level education and starting early with exposure to leadership in the occupational therapy curriculum. The second theme focused on leader actions and the concept that professional performance supports leadership potential. The third theme indicated that a culture of mentorship is integral to the identification and support of developing occupational therapy leaders.

Among the participants, discussion of how to best identify and support developing occupational therapy leaders frequently spoke to the concept of embedding leadership in the occupational therapy curriculum. One participant noted that "it probably would start in the curriculum. Not that you're going to identify leaders there, but you might plant seeds there" (participant 1). Similarly, another participant indicated: "We need to find better ways of identifying leadership potential and of helping upcoming graduates and new graduates to be enthusiastic and to see the possibilities ahead for them with their career" (participant 9).

There were some perceptions voiced by the participants that current and historical approaches of including leadership concepts within the curriculum have been limited or not professionally applicable. One participant noted: "There wasn't a lot of that when I was in school; I don't know if the OT programs have changed" (participant 8). Another participant identified that the time currently focused on leadership in coursework is often limited, stating, "at the school, they have a quarter credit leadership module. I really don't think the students find it that useful in preparing them for leadership" (participant 9). In thinking about how to improve the delivery of leadership concepts in the curriculum, the participants encouraged ideas that enabled the identification "in the academic context [of] what types of skills are required to be a leader; to be an OT as a leader" (participant 1).

The second theme related to the concept that professional performance supports leadership potential. Essentially, this theme speaks to the idea that prospective occupational therapy leaders need to own the responsibility of demonstrating leadership capacity and potential. In consideration of this, one participant noted that developing leaders "step up," stating:

> You see the people that are engaged. It's the people that ask the questions beyond the clinical questions because they're young therapists and growing up and doing their thing; they are asking questions about process and also making suggestions for solutions but they are thinking about that stuff rather than thinking about that stuff and going home (participant 2).

Another interview participant challenged potential leaders by asking them: "What have you initiated, what have you led, what kind of program or process

have you impacted or have you started?" (participant 1). Of this, one participant isolated how some developing leaders differentiated themselves by their performance, noting:

> I may be wrong, but I think the natural leaders kind of pop out of the crowd; leaders are the ones who problem solve differently, leaders are the ones that are better able to roll with the punches when it comes to resource allocation, when it comes to changes in practice, the ones who are able to problem solve quicker and without the same levels of resistance (participant 6).

The final theme identified the necessity of a culture of mentorship. The participants were consistent in the discussion of this idea and identified its relevance clearly:

> It's all about getting your staff to trust you, to support you. I don't think you can send them to a course to do that but I think it has to be nurtured and supported through mentorship, a lot of self reflection, and trial and error (participant 5).

Other participants noted that mentors can invest in the identification and development of potential occupational therapy leaders:

> Just having these conversations to just spark that interest in them and seeing beyond their clinical potential to see what they could offer the profession in care, leadership, education or whatever they are interested in (participant 9).

Several participants spoke to the idea of supporting leadership potential through "creating opportunities…to 'get their feet wet' to see how it works" (participant 3). Others advocated for "smaller communities of practice where there is some ability to tap into resources of those who have taken on more formal leadership positions" (participant 1). Finally, one participant indicated a perception that "you [as a leader] support them by giving them the resources they need and the flexibility maybe to do the job that works best for them" (participant 10).

Discussion

The results of this qualitative study address the "why questions" that are related to occupational therapists choosing the path of leadership. The results also speak to those conditions that are integral for leadership success in any practice context. Specifically, the results of this study identify that occupational therapy leaders are often concurrently motivated at both an intrinsic and extrinsic level. Concepts like career advancement and the need for change were consistently linked with leader motivations to influence care and support health outcomes for people. The participants in this study described the factors or conditions required for success in leadership participation, and these included capacity in relationship building and interaction, as well as a practically focused vision. Also viewed as integral were confidence and the professional credibility associated with competence. In considering how to support new or developing leaders, the participants indicated that embedding leadership concepts into the occupational therapy curriculum was important. They noted, further, that developing leaders

themselves had to take on responsibility in their development as a potential leader and that their professional performance and capacity was integral. Finally, the participants indicated that a culture of mentorship is necessary to support developing leaders effectively. They advocated for innovation in these areas, including the development of supportive "communities of practice" (Wenger, 2000).

Although not explicitly stated, leadership theories appeared to inform the participants' responses. Principally, this involved trait theories, leadership in context, organizational culture, motivational theories, and transactional and transformational leadership (Maslanka, 2004). Participants often identified their own traits and attributes in describing why they chose to take on a leadership role. Often, they described these in the context of their own organizational cultures. This way of thinking is consistent with Zaccaro's (2007) work on trait-based leadership, which described combinations of trait and attribute as contextually influencing leadership decision making. Similar work by Avolio (2007), as well as DeRue, Nahrgang, Wellman, and Humphrey (2011), considered that theoretical integration, involving understanding the unique interplay among leaders and followers within an organizational context, is paramount in describing and understanding leadership at a practical and process level. It is interesting that the participants seemed to apply leadership theory in an unspoken and almost organic manner.

The participants' responses and the captured themes spoke to the sort of conditions and capacities necessary to be an effective occupational therapy leader in the modern milieu. The participants identified that vision and credibility, coupled with skill in interaction and relationship building, spoke to leadership efficacy. These capacities easily correlate with historical and current transformational leadership theories (Bass, 1985; Kouzes & Posner, 2010). It is interesting to consider that these key concepts of transformational leadership regarding interaction, relationship building, and credibility also resonate with the most current ideas in occupational therapy theory, particularly as it relates to supporting clients (American Occupational Therapy Association [AOTA], 2008; Townsend & Polatajko, 2007).

At a practical level, the participants offered clear instruction regarding how to best support developing and future leaders. Specifically, they spoke to the development of a culture of mentorship that should be present in the professional, clinical, and educational environments. One participant noted: "The folks that are interested in it [leadership]; it's spending the time with them discussing the bigger picture. They are not always aware of the dynamics that are going on or what goes into it" (participant 3). This type of mentorship approach, with its practical and outcome driven focus, is, compellingly, consistent with leadership documentation for professional occupational therapy practice (AOTA, 2008; Townsend & Polatajko, 2007).

In further considering the concept of mentorship, the participants voiced that they often "fell into" leadership roles or were encouraged by their peers or mentors to consider taking on such roles. With this type of organic leader selection appearing prevalent, it is possible that many potential leaders within the profession may not be exposed to opportunities beyond those afforded by serendipity or a well meaning mentor or colleague. The implications associated with these outcomes are that clinicians, even those most potentially suitable, may not be mentored into leadership roles. The introduction of novel concepts identified by the participants in this study, such as "communities of practice" (participant 1), that include accessible leadership support and mentoring, may be a direction worthy of future consideration for the profession (Wenger, 2000).

In looking at the entry-level educational environment, one participant noted: "We need to find better ways of identifying leadership potential and of helping upcoming graduates and new graduates to be enthusiastic and to see the possibilities ahead" (participant 9). It is compelling, and perhaps concerning, that none of the participants voiced that they were inspired to consider leadership as a longer-term career direction during their entry-level education. It is important to consider, as a profession, whether supporting the development of future leaders is of value and worthy of greater prioritization in the curricula, and whether this requires a stronger faculty, professional, and regulatory focus.

Implications for Occupational Therapy Practice

Occupational therapy leaders can be found in hospital, academic, and community settings. Each day there are thousands of occupational therapists working in leadership roles; their diverse practice areas offer a tremendous potential for professional influence. The results of this study identify several implications for occupational therapy practice:

- In order to meaningfully prepare occupational therapists for leadership roles in the modern health care milieu, key linkages between occupational therapy and current and historical leadership theory should be targeted at both a curriculum and professional level.
- Occupational therapists who wish to take on leadership roles require capacity in professional practice, social interaction, relationship building, and vision. A practical orientation and focus on client outcomes is also indicated.
- Developing occupational therapy leaders can be supported by enabling a culture of mentorship in professional practice.
- Novel concepts like "communities of practice," wherein accessible leadership resources and mentorship are available to those who seek it out, can also play an important role in enabling or supporting leadership potential for working clinicians (Wenger, 2000).

Limitations and Directions for Future Research

While the sample for this study offers demographic correlation with professional norms

for occupational therapy practice in the province of Ontario, Canada, it is not inclusive of all practice areas. Further, in using a design consistent with IPA, it is required that the sample be more or less homogeneous and purposefully selected. Concepts of bracketing, as often applied in traditional approaches to phenomenological research, are not similarly associated with IPA-guided methodology. As a result, there is a tension among the traditional concept of bracketing prior researcher experience, assumptions, and theoretical knowledge and applying the hermeneutic and interpretative elements inherently associated with the IPA approach (Pringle, Drummond, McLafferty, & Hendry, 2011; Smith et al., 2009). It is important to acknowledge this variance as it describes a fundamental difference among designs consistent with IPA and more traditional phenomenological approaches. In terms of future research, it may be relevant to consider this type of study in other areas and locations to learn if there is consistency in terms of the results.

Conclusion

Occupational therapy leaders work in varied contexts in clinical practice, health care administration, and academia. To this point, the question of why occupational therapists might choose "the path of leadership" has not been considered within the literature. The results of this study identify that several factors, both intrinsic and extrinsic, inform that decision-making process. Certainly, the participants identified practical outcomes, like personal and career advancement, as motivators related to their decision to assume a leadership role. At the same time, it appears that more altruistic concepts, such as the desire to influence the profession and to support client outcomes, were also key contributors informing the participants' choice of the path of leadership.

Of some concern for the occupational therapy profession is the means by which occupational therapy leaders are potentially identified. The participants in this study indicated that quite often they "fell into" leadership positions or were supported by well meaning colleagues or professional mentors. While this culture of nurturing leaders by association or selection is in some ways a social positive, it is conceivable that many potentially talented leaders are left behind. In this study, the participants identified that future leaders might be best supported via earlier inclusion of leadership content in occupational therapy curricula by linking professional performance and leadership potential and by enabling innovative concepts like "communities of practice" where individuals would be able to access meaningful support and mentorship with ease (Wenger, 2000). This latter approach could also support a more merit driven leadership selection process.

It is somewhat compelling to consider the responses of this sample of occupational therapists in consideration of health care leadership literature more broadly. To date, the study of leadership aspiration and development has been primarily the domain of the nursing profession; it would seem that this relates to the high volume of nurses participating in leadership roles and the many demographic and professional changes facing that

group (Bondas, 2006; Wong et al., 2013). It is interesting to note that while the work of Bulmer (2013) and Wong et al. (2013) described results that are similar to those found in occupational therapy regarding the relevance of personal and career advancement, they speak to a different professional narrative. That is, it seems that the nursing narrative is far more informed by stressors, workload concerns, and extrinsic factors mediating potential leadership participation. Indeed, Bulmer and Wong et al. reported that, as a result of these concerns, less than one in five nurses will aspire to leadership participation. These concerns, in terms of stress and workload, while referenced by some members of the sample, were not thematic, nor were they discussed as limiting potential leadership participation for occupational therapists.

In terms of preparing future leaders, Bondas (2006), Bulmer (2013), and Wong et al. (2013) universally supported the development of mentor relationships as identified by the sample in this study. Bender (2005), a physical therapist, and Craig (1999), a sonographer, further supported a focus on social interaction and capacity in relationship building as key for leadership potential and career advancement. While the results of this study were largely consistent with current health care literature on leadership, it is notable that the sample's significant focus on mentorship and leadership development in the entry-level curriculum was somewhat novel.

Competent leadership will always be in demand in the health care milieu. Occupational therapists are well positioned to take on these roles, as relationship building, communication capacity, professional competency, and vision are integral to the day-to-day clinical practice. Moving forward, the challenge for the profession will be to support the identification of all potential leaders in a meaningful way, and to enable their application of the most current leadership theories and ideas in practice.

References

Adamson, B. J., Cant, R. V., & Hummell, J. (2001). What managerial skills do newly graduated occupational therapists need? A view from their managers. *British Journal of Occupational Therapy*, *64*(4), 184-192.

Alexander, K. (2006). *Values based leadership: Practices in occupational therapy*. (Doctoral dissertation). Retrieved from ABI/INFORM Global. (Publication No. AAT 3240832)

American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed). *American Journal of Occupational Therapy*, *62*(6), 625-683.

Avolio, B. J. (2007). Promoting more integrative strategies for leadership theory-building. *American Psychologist*, *62*(1), 25-33. doi: 10.1037/0003-066X.62.1.25

Avolio, B. J., Walumbwa, F. O., & Weber, T. J. (2009). Leadership: Current theories, research, and future directions. *Annual Review of Psychology*, *60*, 421-449. doi: 10.1146/annurev.psych.60.110707.163621

Bass, B. M. (1985). Leadership: Good, better, best. *Organizational Dynamics, 13*(3), 26-40. Retrieved from http://www.sciencedirect.com/science/article/pii/0090261685900282

Bass, B. M., & Avolio, B. J. (1994). *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: Sage.

Bass, B. M., & Bass, R. (2009). *The Bass handbook of leadership: Theory, research, and managerial applications* (4th ed.). New York, NY: Free Press.

Bender, D. G. (2005). Escaping the box: Preparing allied health practitioners for management positions. *The Health Care Manager*, *24*(4), 364-368.

Blumenthal, D. M., Bernard, K., Bohnen, J., & Bohmer, R. (2012). Addressing the leadership gap in medicine: Residents' need for systematic leadership development training. *Academic Medicine, 87*(4), 513-522. doi: 10.1097/ACM.0b013e31824a0c47

Bondas, T. (2006). Paths to nursing leadership. *Journal of Nursing Management*, *14*(5), 332-339.

Boyt Schell, B. A., & Yarett Slater, D. (1998). Management competencies required of administrative and clinical practitioners in the new millennium. *American Journal of Occupational Therapy*, *52*(9), 744-750. doi:10.5014/ajot.52.9.744

Bulmer, J. (2013). Leadership aspirations of registered nurses: Who wants to follow us? *JONA: The Journal of Nursing Administration*, *43*(3), 130-134. doi: 10.1097/NNA.0b013e318283db1b

Canadian Association of Occupational Therapists. (2012). *Profile of practice of occupational therapists in Canada*. Ottawa, ON: CAOT.

Canadian Institute for Health Information. (2011). *Occupational therapists in Canada, 2011: National and jurisdictional highlights*. Retrieved from http://www.cihi.ca/CIHI-ext-portal/pdf/internet/OT2011_HIGHLIGHTS_PROFILES_EN

Cleather, J. M. (2008). Physiotherapy: Leadership and opportunities. *Physiotherapy Canada*, *60*(4), 318-328. doi: 10.3138/physio.60.4.318

Craig, M. (1999). Climbing the sonography career ladder. *Journal of Diagnostic Medical Sonography*, *15*(3), 120-128. Retrieved from http://journals1.scholarsportal.info.proxy1.lib.uwo.ca/tmp/8748771095227121470.pdf

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Los Angeles, CA: Sage.

DeRue, D. S., Nahrgang, J. D., Wellman, N., & Humphrey, S. E. (2011). Trait and behavioral theories of leadership: An integration and meta-analytic test of their relative validity. *Personnel Psychology*, *64*(1), 7-52. doi: 10.1111/j.1744-6570.2010.01201.x

Dillon, T. H. (2001). Authenticity in occupational therapy leadership: A case study of a servant leader. *American Journal of Occupational Therapy*, *55*(4), 441-448. doi: 10.5014/ajot.55.4.441

Doyle, S. (2007). Member checking with older women: A framework for negotiating meaning. *Health Care for Women International*, *28*(10), 888-908. doi: 10.1080/07399330701615325

Dudek-Shriber, L. (1997). Leadership qualities of occupational therapy department program directors and the organizational health of their departments. *American Journal of Occupational Therapy*, *51*(5), 369-377. doi:10.5014/ajot.51.5.369

Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology and Practice*, *3*(1), 6-25.

Fleming-Castaldy, R. P., & Patro, J. (2012). Leadership in occupational therapy: Self-perceptions of occupational therapy managers. *Occupational Therapy in Health Care*, *26*(2/3),187–202. doi: 10.3109/07380577.2012.697256

Gersh, M. R. (2006). Servant-leadership: A philosophical foundation for professionalism in physical therapy. *Journal of Physical Therapy Education*, *20*(2), 12-16.

Guo, K. L., & Calderon, A. (2007). Roles, skills, and competencies of middle managers in occupational therapy. *The Health Care Manager*, *26*(1), 74-83. doi: 00126450-200701000-00010

Hammell, K. W., & Carpenter, C. (2000). Evaluating qualitative research. In K. W. Hammell, C. Carpenter, & I. Dyck (Eds.), *Using qualitative research: A practical introduction for occupational and physical therapists* (pp. 107-119). Toronto, ON: Churchill Livingstone.

Jongbloed, L. (2000). Choosing the methodology to explore the research. In K. W. Hammell, C. Carpenter, & I. Dyck (Eds.), *Using qualitative research: A practical introduction for occupational and physical therapists* (pp. 13-21). Toronto, ON: Churchill Livingstone.

Kouzes, J. M., & Posner, B. Z. (2010). *The truth about leadership: The no-fads, heart-of-the-matter facts you need to know*. San Francisco, CA: Jossey-Bass.

Kouzes, J. M., & Posner, B. Z. (2012). *The leadership challenge: How to make extraordinary things happen in organizations* (4th ed.). San Francisco, CA: Jossey-Bass.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy*, *45*(3), 214-222.

Leitner, C. (2008). *Self-perceived leadership roles of women in speech-language pathology*. (Doctoral dissertation). Retrieved from ProQuest/UMI. (Publication No. 3357188)

Maslanka, A. M. (2004). *Evolution of leadership theories.* (Master's thesis). Retrieved from ABI/INFORM Global. (Publication No. AAT 1424602)

Posatery Burke, J., & DePoy, E. (1991). An emerging view of mastery, excellence, and leadership in occupational therapy practice. *American Journal of Occupational Therapy*, *45*(11), 1027-1032. doi:10.5014/ajot.45.11.1027

Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: A discussion and critique. *Nurse Researcher*, *18*(3), 20-24.

Scott, E. S., & Miles, J. (2013). Advancing leadership capacity in nursing. *Nursing Administration Quarterly*, *37*(1), 77-82. doi: 10.1097/NAQ.0b013e3182751998

Scott, W. E. (1985). Variables that contribute to leadership among female occupational therapists. *American Journal of Occupational Therapy*, *39*(6), 379-385. Retrieved from http://ajot.aotapress.net/content/39/6/379.full.pdf

Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, *5*(1), 9-27. doi: 10.1080/17437199.2010.510659

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative pheonomenological analysis: Theory, method and research*. Thousand Oaks, CA: Sage.

Snodgrass, J., Douthitt, S., Ellis, R., Wade, S., & Plemons, J. (2008). Occupational therapy practitioners' perceptions of rehabilitation managers' leadership styles and the outcomes of leadership. *Journal of Allied Health*, *37*(1), 38-44.

Snodgrass, J., & Shachar, M. (2008). Faculty perceptions of occupational therapy program directors' leadership styles and outcomes of leadership. *Journal of Allied Health*, *37*(4), 225-235.

Townsend, E. A., & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation.* Ottawa, ON: CAOT.

van Dierendonck, D. (2011). Servant leadership: A review and synthesis. *Journal of Management, 37*(4), 1228-1261. doi: 10.1177/0149206310380462

Wenger, E. (2000). Communities of practice and social learning systems. *Organization*, *7*(2), 225-246.

Wilson, L. S. (2004). *The leadership practices of occupational therapy managers*. (Doctoral dissertation). Retrieved from ABI/INFORM Global. (Publication No. AAT 3127215)

Wong, C. A., Spence Laschinger, H. K., Macdonald Rencz, S., Burkoski, V., Cummings, G., D'amour, D., . . . Grau, A. (2013). Part 2: Nurses' career aspirations to management roles: Qualitative findings from a national study of Canadian nurses. *Journal of Nursing Management*, *21*(2), 231-241. doi: 10.1111/j.1365-2834.2012.01451.x

Wylie, D. A., & Gallagher, H. L. (2009). Transformational leadership behaviors in allied health professions. *Journal of Allied Health*, *38*(2), 65-73.

Zaccaro, S. J. (2007). Trait-based perspectives of leadership. *American Psychologist*, *62*(1), 6-16. doi:10.1037/0003-066X.62.1.6