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Robin Kunstler City University of New York

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CURRENT HEALTH PROBLEMS, TRENDS IN HEALTH CARE, AND DEMAND FOR RECREATION AND LEISURE SERVICES PERSONNEL

BY

DR. ROBIN KUNSTLER, ASSISTANT PROFESSOR

DEPARTMENT OF PHYSICAL EDUCATION, RECREATION AND DANCE LEHMAN COLLEGE OF THE CITY UNIVERSITY OF NEW YORK BRONX, NEW YORK 10468

ABSTRACT

The rapid technological changes that have occurred have caused many new societal and personal problems. A wellness life style based upon leisure is one element that has helped combat these problems. Leisure is a preventive tool, if prescriptively used, that helps individuals cope effectively. There is a demand for a new leisure science and personnel who know how to utilize these new principles.

CURRENT HEALTH PROBLEMS, TRENDS IN HEALTH CARE, AND DEMAND FOR RECREATION AND LEISURE SERVICES PERSONNEL

Today's world is characterized by high technology, an information explosion, and multiple options. Taken together with changing family structures, an aging population, jobs that make minimal physical demands on workers, and quests for instant results and a higher standard of living, these factors lead to dissatisfaction and little tolerance for frustration. According to one expert, boredom has become a major problem. For example, a survey of 180 suburban high school juniors in the Chicago area showed that 178 of them considered boredom their number one problem (Walsh, 1979). The leisure age is both depersonalizing and emotionally isolating. With its focus on the future, one must expect and accept uncertainty, change and the need for many alternatives.

People respond to the changes around them, changes that are reflected in the media. Yet the media presents too many stimuli to be absorbed. Values are shifting rapidly and one must earn more income just to meet the rising costs of living. Uncertainty about what is right or wrong leads to a search for easy solutions that are quick and painless. The nature of life in the latter half of the 20th century is affecting human behavior to the extent that new special population groups are emerging, including victims of domestic violence and sexual abuse, the homeless, and those suffering from recently identified diseases such as eating disorders, Alzheimers', and Acquired Immune Deficiency Syndrome,

who will require expanded human services (6). A growth in the population 65 and over of 25%, and of those 75 and over of 53%, due to medical advances, will also lead to expansion of long-term and chronic care systems including hospices (5). To respond to these emerging health problems and their impact on health manpower issues, the World Health Organization has set a goal of Health For All, which intends that health services include a full range of promotive, preventive, curative and rehabilitative activities, and that health services integrate health with development more generally (1).

Participation in recreational and physical activities may provide healthy outlets for stress, positive experiences with friends and families, and the means to developing self-confidence. Helping people learn to control at least one aspect of their lives is a responsibility of human services professionals. Are recreation and leisure services personnel providing these types of programs that can serve as alternative methods of coping, alleviate effects of disease, and improve overall quality of life?

As health care expenditures continue to skyrocket, emphasis will soon be on appropriate delivery of essential health care at minimal cost; the use of the least expensive practitioner qualified to perform a service could serve as criteria for reimbursement of health care costs. Therefore, the profession that can show that its services are the most cost-effective in reaching a specific treatment or health maintenance goal will be at the forefront of health care delivery in the near future (5).

TRENDS IN HEALTH CARE

Health care is big business in America. Expenditures on health care are expected to approach one trillion dollars by 1990 (5). Almost seven million workers were employed in the health care sector in 1979, up 55% from 1970 (11). John Naisbitt, that omnipresent predictor of megatrends wrote, "In a high-tech information world where we use our brain power instead of performing physical labor, as did the factory workers of the industrial era, we will want to use our hands and bodies more in our leisure activities to balance the constant use of mental energy at work" (9). Whether or not we heed his advice, the mental stress and physical inactivity of the technological age will lead to both more health problems and an increased need for personnel to provide creative leisure services and programming to counteract these negative effects.

It is difficult to suggest future directions in any field due to the influence of a variey of economic, social, political and health trends (5). However, the following are affecting the future of health services and health profession education: the economy, a substantial protected increase in the proportion of handicapped and disabled among the general population, the effects of deinstitutionalization (4), a health conscious public, an increase in outpatient and ambulatory services, growth in group practices such as health maintenance organizations, a growing awareness of the health profession, safety and preventive medicine

educational programs in business and industry, and expansion of mental health care and drug and alcohol rehabilitation centers.

DEMAND FOR RECREATION SERVICES

The number of workers employed in the total health services industry has grown at a very rapid pace. Two million are employed in the allied health fields (8). Employment in non-hospital health care settings reached 1.7 million in 1982 (10). Health care will continue to be an expanding field through 1995. Therapists were among the professional health occupations that grew more rapidly than total employment. Three of the twenty fastest growing occupations of all jobs are physical therapy technicians, physical therapists and occupational therapists. The number of physical therapy technicians are projected to increase by 68%, physical therapists by 54%, and occupational therapists by 60% (12). We might expect an increase in the number of recreation workers needed as well, particularly therapeutic recreators. It is estimated that there are approximately 31,000 therapeutic recreation personnel in the United States. Projections in labor statistics indicate that the field will continue to experience expansion over the next ten years (2). Personnel will be needed in job settings that have never before employed therapeutic recreators. Specialists who can counsel healthy people and guide wellness activities will be in demand. Leisure counselor and wellness consultant will be occupational titles of the future (3).

Therapeutic recreation, a comprehensive service offered to special population members, utilizes therapy, leisure education/counseling and recreation participation in order to facilitate the development, maintenance and expression of an appropriate leisure lifestyle. Clients are assisted in eliminating barriers, developing leisure skills and attitudes, and optimizing leisure involvement. More and more evidence from sociological and psychological sources and the field's own research strongly support the notion of leisure's contribution to human development and the quality of life. Current research on post-discharge success of individuals is providing more justification for quality of life concerns to be addressed in order to assure full integration post-treatment (2).

However, inconsistent job titles and confusion over the definition of therapeutic recreation have negatively influenced its acceptance in health care agencies and its popularity as a career choice. At the same time though, another factor influencing the status of manpower is the national credentialling program in therapeutic recreation. Administered by the National Council on Therapeutic Recreation Certification, one purpose of this plan is to establish minimum national evaluation standards for therapeutic recreation professionals and para-professionals. Certification is becoming increasingly important and is serving to tighten entry into the field even as the number of job openings outstrips the supply of certified personnel in many areas.

Therefore, it appears that having a pool of qualified therapeutic recreation personnel will become increasingly critical in response to

trends in health care and need for services. In major metropolitan areas with large concentrations of populations requiring health care and human services, a personnel shortage can be very detrimental. Rural health care systems may also find that therapeutic recreation services are successful and cost-effective in meeting certain health-related needs.

THE ROLE OF EDUCATION

Universities should provide realistic settings for education and research, and be involved in the planning, providing and evaluating of health services, and in the education and training of manpower (1). The academic community should evaluate its professional preparation programs and revise them as needed in order to meet the realities of professional practice. Courses to teach new skills, techniques, and knowledge of new special populations will be necessary as the field expands in reflection of health care trends. Interdisciplinary courses may become increasingly valuable to educate pre-professionals on the complex nature of new health problems, also reflecting the trend toward more cooperation among human services and health care professionals (2). Expansion of field practica sites and cooperative education opportunities may result from expanded services. Career education programs for high school students may be indicated.

PROJECTING PERSONNEL NEEDS

The significance of compiling precise data related to current personnel status and projected personnel needs would be to develop a data base for future manpower planning, including determination of skills required for service delivery in expanding non-traditional settings and recruitment of students and potential employees. Recruitment could be more effective if it were based on accurate information related to the nature of work tasks performed, the job market, and long-term career opportunities.

Traditional planners have made future manpower supply projections based on "What if?": "What will happen to the supply of , if a program is cut or changed?": or, "Given a continuation of the status quo, what will be the future supply of ?" However, in a targeted planning or management by objectives approach, the questions are:

- l) How many $\underline{}$ are required to meet all or a given percent of health service needs of the population?
 - 2) How many workers do we have now?
- 3) What changes are needed in current training rates to meet current objectives? (7)

In a perfect occupational market, demand, wages, prestige and benefits are unconstrained and balance each other, but budget mechanisms

in public organizations, civil service requirements, and lower wages and prestige for certain occupations and specialties affect the labor market in the real world. Anecdotes can be used to determine areas of hiring difficulty. The difficulty of obtaining precise numerical estimates of workers is often due to the wide ranging and multidisciplinary nature of a field and lack of comprehensive lists of personnel. Questions to be asked include: 1) how many and what types of personnel are employed, 2) is the current supply adequate, 3) are there distribution problems, 4) what are likely to be future demands for personnel, and 5) is current rate of training adequate to meet those needs? (8)

A needs criterion, which is the services required by a given population with specific characteristics in order to maintain an optimal level of health, may be developed by observing "what is", based on a regional mean supply of workers. There may also be an unmet need for services if there is a low level of awareness of the benefits of service or financial constraints to receiving care. Demand is contingent on an individual's wants and ability to pay for services, including income, price, insurance coverage and amount of free care available. Need indicators to examine include number of clients served, number of hospital and nursing home beds and availability of therapeutic recreation services in local facilities. Standards such as one therapist for every loo beds or number of clients that can be served in one day by one therapeutic recreator should be considered (13).

CONCLUSION

Current health care trends of increased numbers of disabled living in the community, an increase in the elderly population due to greater life expectancy, community-based services, an emphasis on preventive health care, and more stress-related and mental health ailments are both positive and negative outcomes of life in a technological age. The need to prepare to meet the demands an expanding health care industry will make on society should not be overlooked by the recreation and leisure services profession. Therapeutic recreation specialists in particular may have a significant role to play in treating illness and alleviating problems. Careful planning to detemine future personnel needs is required so that professional preparation programs and professional organizations can begin to find solutions to a possible work force shortage in the twenty-first century.

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