Collaborative Relationships: Opportunities for Occupational Therapy in the 1990s and Beyond

It is with great anticipation and awe that I step into the presidency of the American Occupational Therapy Association (AOTA). As president-elect, I had a unique opportunity to become well informed about the state of our Association, and I can report that AOTA is in excellent health. Let us give recognition to Elnora Gilfoyle and the Executive Board with whom she served, and Jeanette Bair and the national office staff, and all of you who participate as leaders and members.

Three years ago, President Gilfoyle's concept of creative partnerships set the direction for new and productive relationships inside and outside the organization. The value of working together toward creative solutions to complex issues became part of our culture and organizational strength. Organizations that remain strong and responsive in today's society blend strengths from the past with opportunities for the future. We can build on the strength of creative partnerships by deepening our collaborative relationships within established and newly formed alliances.

Collaboration

Why collaboration, especially with some values today shifting toward competition? Because collaboration holds the promise of working together for mutual gain and, ultimately, strengthening those leaders who promote collaborative efforts.

Collaboration traditionally means working together in relation to a literary, artistic, or scientific endeavor. In collaboration, there is an expectation that the partners contribute their knowledge, perspective, talents, or experience to the fullest extent possible and consequently are recognized and respected for their contribution. Collaboration implies an aspect of interdependent equality, particularly in the sense of respect for others' contributions to one's goals. Contributions are unique because only that specific person or group can bring to the work a particular perspective or deliberation. Respect and value is placed on the quality rather than on the quantity of participation, and there is an expectation that working together will create a more desirable outcome than will working individually or competitively.

Collaborative relationships are built on the premise that persons or groups engaged in creating and sharing ideas and in resolving conflicts productively will create something that could not be accomplished by one person or group alone. The energy created by working together is directed toward exploring possibilities rather than defending positions or territories. Given the complexities of issues facing our members, our Association, and our profession, the idea of enhancing critical partnerships through the conscious pursuit of collaborative relationships may be one of the most valuable strengths and timely opportunities for occupational therapy in the 1990s and beyond.

The profession of occupational therapy faces significant challenges in the 1990s. Environmental changes, beyond the scope of our own practice, will probably have the greatest effect on our current practice and future directions. Current trends include environments in which:

- The challenge of computer-based technology is used as a tool for independence, our population is becoming more culturally diverse, and issues of ethical decision making and a call to leadership face all health-related professions.
- Shifts in world trade have contributed to national economic...
decline in the face of rising health and education costs and decreased availability of health and education dollars.

- Managed health programs, federal and state reimbursement, and private industry programs are shrinking, while the number of medically uninsured persons is increasing.

- The demand for health care providers is increasing, and the supply of practitioners is declining.

- The number of prospective students entering health care is diminishing due to a decreasing population, a decreasing interest in the pursuit of science as a field of study, and, more importantly, a decreasing number of high school students interested in health-related careers, perhaps reflecting a change in values or priorities.

- Education dollars for postsecondary education are scarce, while needs for program expansion and faculty development are increasing.

- Funding for educationally related services for kindergarten through Grade 12 are being cut in some areas.

- Acquisition of knowledge and technical expertise is critical due to a shift from an industrial- to an information-based economy.

- Many people will make up to four career changes in a lifetime, thereby increasing the need for lifelong learning and affecting recruitment and retention in many professions.

- Consumers are more involved in determining health and education needs for themselves or their children.

- Conflicts between quality and quantity of care remain unresolved, and demands for increased productivity continue due to rising costs.

### Change

Clearly, both our global environment and our professional environment are rapidly changing, and change is not what it used to be. What was considered change in people or the environment a few years ago is now considered the norm, and change today is much more rapid and unpredictable. In the past, change affected such established institutions as education and health care only periodically. When a period of change did occur, it was often followed by a period of stability while the changes were being assimilated. Today, however, changes are occurring in rapid succession and in diverse arenas. The amount of time individuals or organizations have to adapt to change has been greatly reduced.

Although rapid change may be considered a threat to some, change can, in fact, be an opportunity that creates new possibilities. Kanter (1983) described change as the crystallization of new action possibilities, including new behaviors, new patterns, and new methodologies, products, or market ideas based on reconceptualized patterns in the organization or in the individual.

Based on the idea that change creates new action possibilities, some environmental trends, such as the increasing tendency for career changes, previously considered a threat, may now provide seeds of opportunity, particularly if we approach the issues with strong collaborative relationships. Kaiser (1989), a futurist in health care, described our present situation as the white water of health care and predicted 5 to 7 more years of turbulence in health care provision. Given the fact that the current trends cited here affect more than occupational therapy, it is clear that we are not in the raft alone. We share an interest with consumers and other health care providers in providing responsive, cost-effective, quality care that matches the consumers' need for services.

### Diversity and Conflict

Although the core of our collaborative efforts is within our own profession and Association, we cannot remain self-centered in this changing environment. We need to accept the fact that internal diversity and conflict are typical of all groups or organizations and can be valued as processes for productive change. Conflict arises whenever there is interaction between persons addressing issues concerned with diversity, interdependence, or limited resources. We must position ourselves to address typical conflict with the realization that we will always have differences to resolve, because we will always have diversity, interdependence, and limited resources within our organization and profession. The degree to which we can address and productively resolve rather than avoid internal conflicts is related to our potential for creative problem solving, our generation of new ideas, and our strength for collaboration outside our Association and profession.

While continually striving for appropriate tension within the profession and Association, we must also look beyond our own organizational diversity and conflict to respond efficiently and effectively to rapid external environmental changes. An organization or a profession that can be both inwardly and outwardly focused can become more consumer-oriented and externally driven. A critical factor in our collaborative course is the extent to which our organizational and professional interdependence is effective, that is, the relationships between practitioners and consumers and between members of the Association and organizational leaders. All organizations have an interactive level, the place at which the real business, or reason for being, takes place.

### Organizational Interaction

Organizational functions revolve around the interactive level. Some organizations are considered "top down," with information and decisions coming from top management and affecting the way things are done on the interactive level. Other organizations function from the bottom up, with information about the way things are done flowing up and affecting decisions at the top. In 1976, AOTA was reorganized with the intent of creating a grass roots, bottom up, organization. Some of our dreams have been realized, but they can be expanded in light of our current organizational complexity and social environment.
Because AOTA is an organization designed to serve both consumers of occupational therapy services and consumers of association membership services, we have two interactive levels. In the broader professional sense, our first level of interaction is between the member as a practitioner and the consumer of services. From the association's perspective, interaction occurs between the members and AOTA's leaders. In both cases, the extent to which we can strengthen our collaborative efforts between consumers and members, and between members and leaders, will determine the extent to which we can position ourselves for the 21st century.

The Turning Point

Our society has reached a turning point in health care provision and educational services. Positioning ourselves responsively means attending to shifts in provision systems. Health care consumers and some health care providers are shifting from a deficit model to a capacity model of service provision. This shift greatly affects both our practice and the education of future practitioners. In the past, persons were viewed according to their deficits, and in incidences of chronic disease or disability, the focus was on little programming based on professional knowledge. Such a program was carried out within a society that restricted or rejected persons with disabilities and utilized inflexible, slow-to-respond systems. But perceptions have changed, mainly in response to changes in consumers' behavior. Consumers and advocates stress an emphasis on capacity rather than deficit. The focus is on a good life in the community without lifetime therapy as basic principles of occupational therapy. I envision occupational therapy practitioners collaborating with consumers, either persons they treat or their families, to head the health care industry in consumer partnerships. From consumers, we can gain perspective on disappointment and success, frustration and satisfaction, and the effect of change in one's life. From their experiences, consumers can provide us with information about the value of our services, about our service provision models, and about the preparation of future occupational therapists. We can collaborate with consumers to bring about change inside and outside our profession. Consumers are also the only ones who know what is important for them for their life satisfaction and productivity, and they should be primary collaborators in setting goals for their own outcome.

One of the most important messages that consumers can convey is that sense of urgency about solving the problems associated with disability. Brand (1989), a parent of a child with special challenges and the executive director of the National Special Education Alliance, said that if there is a piece of equipment or a therapeutic approach that will help her child learn and be independent, then we cannot wait even an hour for it to be available to us. Grasping even a fraction of that urgency will improve even the best service programs. By collaborating with consumers, we can promote the extraordinary as ordinary while learning how extraordinary the ordinary really is.

Our most valuable asset is the relationship between an occupational therapist and a consumer of occupational therapy services. When asked what they do, occupational therapists will often speak of an individual with whom they have worked. This kind of caring is articulated beautifully by past-president Elvora Gilfoyle and others. There is no doubt about the unique nature of occupational therapy. The waviness lies in the fact that therapists feel as if they have succeeded when they hear someone say "I did it myself" rather than by saying themselves, "Look what I did for this person." Because we are often satisfied with our patient's positive outcomes, we do not always speak directly about our role in the accomplishments of others, although our objective of helping people help themselves is on the forefront of a consumer-driven environment.

Consumers are our reason for being at all levels of professional activity, and they represent the first level of interaction for the profession. Members are an association's reason to exist, and they represent the primary level of interaction for AOTA. Members or individual practitioners are pivotal in our recognition of the importance of consumer relationships and in our building of the organization and profession from therapist-consumer interactions.

Strategic Goals

AOTA, through its more formal structure, strives to ensure that members have opportunities to practice, that there are enough practitioners, and that consumers receive effective and cost-efficient services. Through creative partnerships, we have made progress toward developing a core of practice; focusing on educational priorities and levels of education for entry into the profession; continuing to pursue theory development and verification of therapy; providing standards and regulation processes; and pursuing issues related to providing enough practitioners, recognition, and reimbursement for occupational therapy. The 1989-1992 strategic goals for the organization focus on decreasing personnel shortages, increasing reimbursement, implementing Directions for the Future (AOTA, 1987), increasing revenue, focusing on research, creating communication and information management systems, teaching systems negotiation, enhancing international activities, and resolving issues related to public recognition of occupational therapy.

In addition, we need to acknowledge that the education and continuing professional development of individual practitioners is an ongoing process. Sculley (1988) said that future generations need more than a mastery of subject matter—they need instead a mastery of learning. Education is not a prelude to a career, but a
lifelong endeavor. A focus on the development of conceptual skills, the nourishment of individual creativity, and the encouragement of exploration and collaboration are key elements of lifelong learning. As a professional organization, we provide opportunities for networking, advocacy, education, and leadership development. Our professional organization participates in lifelong learning by promoting the nourishment of individual creativity and the encouragement of collaboration inside and outside our profession. A professional organization enables collaboration not only for members but also for organized efforts outside the profession.

An Agenda for Collaboration

As we move into the 1990s, let us adopt an agenda for collaboration so that we not only strengthen our own organization but also provide leadership for collaboration in the environments in which we serve our consumers:

- Create new partnerships with consumers and collaborate for mutual gain.
- Collaborate with other groups experiencing personnel shortages and design strategies for resolution.
- Collaborate with other groups addressing quality-of-care issues in light of the health care economy and productivity standards.
- Collaborate in new professional and interprofessional relationships to further research as a way of life in occupational therapy.
- Collaborate at every level of education, practice, and Association activity to promote lifelong learning and enhance leadership in occupational therapy.
- Collaborate with individual members and state associations to ensure that AOTA builds on member-consumer and membership-leadership interactions.

The currents of our white water are strong, but we only step into the same river once. We have opportunities to leap forward into new rivers with new currents. Our vision is clear and our direction is set. As occupational therapists, we are well prepared to lead in an era in which leaders will be intuitive rather than logical, have long-term rather than short-term perspectives, be innovative and conceptual rather than traditional and pragmatic, and possess risk-taking and consumer-related values. I invite each of you to join me in leadership on a journey into the 1990s and beyond.

References


