Today's health care revolution has created significant challenges for all concerned. Financial and organizational restructuring, more independent and knowledgeable consumers, efforts to reassert medical control, increasing demands for proof of treatment efficacy, fierce interdisciplinary competition for shrinking resources, shortages of personnel in most health professions, and a continuing disparity between patients' needs and available services characterize a system in search of itself.

A great deal has been said about the causes and effects of transforming health care services into a marketplace (Baum, 1985; Coddington, Palmquist, & Trollinger, 1985; Fine, 1988; Stanfill & Soper, 1988). One cannot contest the need for change in the face of runaway costs. However, in the absence of thorough and rational planning, the impact of such changes is of grave concern. Unfortunately, powerful economic, social, and scientific trends do not wait to fall logically into place; they are dynamic, shifting forces that influence and sometimes distort the focus and quality of our services and relationships with patients and colleagues. They also influence our status and professional sense of self as we are confronted by political and fiscal maneuvering, demands for higher productivity with fewer resources, and pressures to increase our skills and autonomy. The events of the 1980s and the prospects for the 1990s can elicit personal and professional anxieties that preoccupy and rob us of the energy, resourcefulness, and personnel with which to respond effectively.

The purpose of this presentation is to push beyond that angst to examine a process that can facilitate a more ordered and focused response. This process, often referred to as "managing change," (Harlock, 1985) also provides a problem-solving perspective that can harness the more productive potentials of the changes that confront us.

Past Perspectives
Change and challenge are not strangers to our field. Our leaders, well represented by Slagle lecturers, have chronicled our past relationship to change. Three particularly relevant themes emerge from their writings.

The first is represented by West's assertion that "changing patterns in the organization and delivery of health services demand parallel changes in roles and responsibilities of occupational therapists" (West, 1985, p. 175) The question we must ask ourselves today is, Are we responsive to these demands for change? Contemporary systems theory places great emphasis on an organization's ability to select, process, and interpret information as a first step in managing change through thoughtful problem analysis and the systematic, tenacious pursuit of solutions. "Manage" does not mean "we'll get by." It speaks instead to the importance of anticipating, receiving, and responding to external stimuli, good or bad. It suggests a very active process devoted to "working the system."

The second theme addresses our preparedness, since "the demand to act [change] is often presented to us before we have had sufficient time to understand and assimilate the meaning and significance behind the demanded actions" (Finn, 1985, pp. 209-210). This prompts another central question: Are we prepared for change? Preparation refers not only to an emotional readiness; it reflects a cognitive perspective of the issues, of the system in which these issues emerge, of the relationship of the parts to the whole, of the people who move the system, and of the people for whom the system is intended. To be prepared also means that we must have the knowledge and skills to utilize the health care network, assume new roles with consumers and colleagues, influence public policy,
tackle new environments, understand and apply scientific data from within and outside our field, scrutinize our techniques, and initiate new programs that are effective and financially viable.

The third theme is one of value and durability (Reilly, 1985). Do we and others value occupational therapy enough to support and sustain change? Value is more than popularity of professional esteem; it is also defined by monetary and material worth, that is, the cost and usefulness of our services and product. Do we know how valuable a product’s enhanced function is? Do we fulfill its promise in our clinical and educational endeavors? Do we promote it adequately? Have we demonstrated its value and durability with the hard data of efficacy studies and cost accounting?

These issues of responsiveness, preparedness, and value and durability are crucial. They are as important today as they were in each preceding decade—except today the stakes are higher.

Today’s Balance Sheet

Although opportunities for occupational therapy in the forthcoming decade will be strongly influenced by many external factors, they must be defined from within the profession. Our emergence from the 1990s as principals in the rehabilitation of the disabled and in the promotion of health maintenance programs will be greatly determined by our capacity to anticipate needs, calculate economic advantages, influence public policy, and design, market, and deliver effective services to populations in need. Although our potential is weighted by such negative factors as a limited work force, unrelenting competition from other professionals and nonprofessionals, too little substantive data supporting the outcome of our efforts, and not enough public and professional understanding of the role and function of occupational therapy, we also possess valuable assets that enhance our opportunities and that we must use to our advantage.

First, we have a strong and lengthy commitment to a very marketable product—our focus on function. There is evidence of growing interest in and support for improving patients’ performance capacities and skills of daily living. Predictions of a changing structure for medical practice identify ability to function as the treatment outcome of greatest interest to the patient and society (Tarlov, 1983). Research studies identify adaptive functioning as the second most important factor determining length of stay for psychiatric patients (Mezzich & Collins, 1985) and early introduction of rehabilitation as a significant factor in the effective treatment of stroke patients (Ottenbacher, 1985). The trend is favorable; more substantive data will make it more meaningful.

Second, there is a clear and growing need for more practitioners. Labor Department reports forecast a demand for 8,000 more occupational therapists by 1995 (AOTA, 1985). Although filling demands for workers is currently a pressing problem, consumer need is one of the most critical factors in successful marketing—one which we must use to our advantage immediately.

A third positive attribute for the field is our knowledge of and belief in the interaction between biological, psychological, and social factors in human performance and adaptation. This could provide us with the versatility and expertise necessary to develop, deliver, and direct innovative interdisciplinary services for a broad range of populations in a variety of settings. Our relevance for models of illness and wellness provides us with a far greater number of choices than we have heretofore taken advantage of.

A national network of leaders (salaried and voluntary) provides us with a civilian army that has already demonstrated sophisticated skills in assessing the health care environment, establishing responsive long-range plans, operating in difficult legislative, political, and interdisciplinary arenas, designing educational programs for practitioners, and promoting research and quality assurance activities.

Finally, our belief that assets and liabilities can be harnessed in the service of adaptation is as relevant to the resolution of professional and systems problems as it is to an individual clinical case. We mobilize human skills and environmental resources daily to accomplish work tasks. We, and those around us, often fail to recognize that our task orientation, applied through problem identification, goal setting, and careful selection of methods and resources is, in fact, a sophisticated management tool—a method for managing change.

Principles and Strategies for Managing Change

The concept of strategies has its roots in the art of military command—as, for example, in the planning and conduct of large-scale combat operations. This analogy seems particularly apt in view of today’s struggles for control and power within the health care system. Its relevancy is evident in the following principles from the martial arts that apply equally well to management (Pater, 1986):

- Befriend change: Direct the movement of change, don’t fight it.
- Develop an intuitive sense of timing so you will know when it’s time to cut through ambiguity and when it’s better to patiently, alertly wait.
- Develop a long-range perspective; consider potential advantages and disadvantages of your actions.
- Become a master of leverage; use measured force at the critical moment in the precise location toward the desired direction.
- Learn to apply direct and indirect force; try to influence others rather than control them.
- Stay in control; don’t let passing frustrations, fears, or your desire to maintain an image prompt ill-considered actions or emotional eruptions.
- Be action-oriented: Studying and discussing an issue doesn’t lead to a full understanding or resolution; growth comes only through trying a solution out and watching the consequences.

The process of strategic planning, a familiar problem-solving approach, is characterized by the identi-
fication and analysis of issues, decision making around goals and plans, the enactment of a selected plan, and the evaluation of results. It is a deliberate, goal-directed process, applicable to a wide range of circumstances (the clinic, community board, state legislature, or national organization). One may engage in power strategies ("might makes right"), empirical-rational strategies (educating for change) or normative-reeducative strategies (waiting for people to develop commitments to new approaches or values) (Barris & Kaplan, 1986). However, the most critical feature of strategic planning is "systematic thinking and commitment of resources to actions" (Ostrow, 1986, p. 29). Thought and action need not only to be adapted to the future, but should be employed "to create a trend, an innovation, or an event that will change the future" (Ostrow, 1986, p. 31). Creative problem solving and planning that stretches beyond the familiar and safe would appear to be a very high priority in the face of the major changes and challenges confronting our profession.

Generating strategies and working the system to assure the position of occupational therapy in the marketplace is not a simple linear task. It is a demanding, complex process influenced by past history, commitment to our product, preparedness, vision, and a broad spectrum of external forces. I believe we understand the importance of systematic planning, reasoning, and decision making. However, neither our potential nor our understanding of the problem-solving process will get us where we need to be if we wait, if we flee the field, or if we expect someone else to take the initiative.

If a substantive principal role in the health care system is what we aspire to, we must act accordingly and we must act now—using measured force at the critical moment, in the precise location, and in the desired direction.

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**References**


