

INVESTING FOR PROGRESS. CONSTRUCTING OUR OWN DESTINY

INVERTIR EN EL PROGRESO. LA CONSTRUCCIÓN DE NUESTRO PROPIO DESTINO

Key Words: Entrepreneurship, occupational therapy, health care reform.

DECS: Contrato de riesgo, Terapia Ocupacional, Reforma en atención de la salud.

Mesh: Entrepreneurship, occupational therapy, health care reform.



Author

Ms. Marilyn Pattison

Registered Occupational Therapist. Dip. C.O.T. (UK), B. App. Sc. (OT). MBA. Managing Partner MPOT - Occupational Therapy, Risk Management & Rehabilitation Services www.mpot.com.au
Executive Director World Federation of Occupational Therapists www.wfot.org

Quoted text:

Pattison M. Investing for Progress - Constructing our own Destiny. TOG (A Coruña) [revista en Internet]. 2008 [fecha de la consulta]; 5(8): [9p.]. Disponible en: <http://www.revistatog.com/num8/pdfs/editorial.pdf>

Received text: 01/05/2008
Text accepted: 30/06/2008

Introduction

Occupational therapy like every other health profession is impacted upon by the changing world and changing health environment. Occupational therapists need to understand what is impacting on the health landscape of the future and be ready to meet the changes. So what are the major issues impacting on the healthcare environment now and in the future?

The World Health Organisation (WHO) states that *“As a result of global economic adjustments, the health sector in many countries has undertaken reforms. Among the elements of the recent health reforms are a more substantial separation between the purchaser and provider functions, decentralization of the health system, increased consumer choice, an emphasis on clinical effectiveness and on health*

SUMMARY

As occupational therapists we need to develop the capacity and power to construct our own destiny. The future of the profession is ours to make and in 20 years or a hundred years time our success will be the only reliable measure of how effectively we have taken hold of our vision. By joining together we can take the future, fold it back into the present and make that vision reality. An entrepreneurial approach to practice is about thinking outside of the square and finding increasingly innovative ways to deliver services and make a difference to people's lives, health and well being. In order to do this as occupational therapists we need to challenge ourselves.

RESUMEN

Como terapeutas ocupacionales tenemos que desarrollar la capacidad y el poder de construir nuestro propio destino. El futuro de la profesión es nuestro para hacer, y en 20 o en un centenar de años, nuestro éxito será la única medida fiable de cómo efectivamente nos hemos apoderado de nuestra visión. Al unirnos, juntos podemos tomar el futuro, plegarlo en el presente y hacer realidad esa visión. Un enfoque empresarial para la práctica trata de pensar fuera del cuadrado y cada vez más encontrar formas innovadoras de prestar servicios, y marcar una diferencia en la vida de las personas, la salud y el bienestar. Para realizar esto como terapeutas ocupacionales necesitamos desafiarnos a nosotros mismos.

When I ask occupational therapists where they work they often say "I am just a practitioner (clinician)". I would like to say that I **am** a practitioner – not "**just**" a practitioner – but a practitioner. I don't feel that I am any different to any other occupational therapy practitioner.

outcomes, the development of the private sector and the introduction of new delivery schemes such as managed care." (Mercer, H. et al 2002).

There is a global move towards change and healthcare reform and occupational therapists need to consider what are the trends and drivers affecting the health and social services sector. The European Foundation for the Improvement of Living and Working Conditions in 2003 identified the following:

- Demographic and societal change
- Rising expectations and consumerism
- Health informatics and telemedicine
- New medical technologies
- Increasing costs of health and social services provision

So where do we fit in? The pioneers of our profession had lots of faith and some proof that what we do has an impact on the health and well being of people and communities.

I practice my profession in the best way that I can and from time to time I feel frustrated that others don't always share my views on the value and contribution of occupational therapy. I tire of explaining what we do in much the same way as I am sure we all do. But as I start to explain I always reignite my belief that as occupational therapists we can have significant impact on the lives of others whether it as is as individuals, families or communities. I love my profession and hold a vision and a dream for the future, which I am sure many of you share.

I want to celebrate the diversity of my profession. As a practitioner I want to feel confident that my education is supported by committed and scholarly academics, my practice is supported by evidence developed by top class researchers and that occupational therapy services are managed by managers who are experienced and trained in management. I am a practitioner and I don't need to perform all of those other roles, I need to be supported by them. But as a practitioner I need to respect that the occupational therapists performing those other roles are still "real" occupational therapists even though they are not necessarily practitioners. As practitioners we need to recognise and support every aspect of our profession and appreciate that without it we would not have moved forward.

We need to strive to move beyond the traditional boundaries because that is what they are – boundaries. They fence us in and limit our practice. This doesn't mean walking away from our core skills rather it means applying those core skills in more and more sophisticated and most importantly effective ways. Our expertise lies in the design of creative solutions to complex problems. It is the integration of multi level variables into workable, effective and sustainable solutions that is the core of occupational therapy practice. We need to think entrepreneurially. Entrepreneurship involves innovation. An entrepreneur searches for change, responds to it and exploits it as an opportunity (Drucker 1985). There is no doubt we are operating in a changing healthcare market and

we need to be ready to seize the opportunities. However if you are going to imagine the future – make sure you see yourself in it.

Isn't entrepreneurial activity about seeing and seizing opportunities regardless of where we practice? Entrepreneurial practice is not an area of practice like paediatrics, mental health or private business it is an overall approach to practice regardless of where we work. I think we can apply the principles of entrepreneurial practice allied with good marketing principles across any area of practice. An old Japanese proverb tells us: "Vision without action is a daydream, but action without vision is a nightmare". So it is the implementation of that vision that adds the ultimate value.

Marketing in the true sense of the word can provide the impetus and structure for the implementation of that vision. If occupational therapy is to remain competitive well into the future, the design and implementation of marketing strategies is essential. Foto (1998) describes entrepreneurial occupational therapy practitioners as those who tend to perceive themselves simply as allied health practitioners who have discovered and seized opportunities for promulgating the practice of occupational therapy in new directions or perhaps moving it into new venues – merely in the right place at the right time.

So what are some of the general characteristics of entrepreneurs? Based on a number of discussions with colleagues around innovation and entrepreneurship I have developed the following list:

- Opportunity focus: don't wait for opportunities to arise (the right place at the right time) but always looking for opportunities
- Risk management: however this is calculated risk taking not crazy, speculative gambles
- Creativity: think outside the square
- Innovative: new uses for old ideas
- High need to excel

- High need to achieve: there is always another mountain to climb
- Strong internal locus of control: low belief that their life is controlled by others rather they are the master of their own destiny
- Visionary: aiming to create the future, implementing strategic intent
- Realise weaknesses and strengths and put together a team: we can't be all things to all people
- Ability to deal with uncertainty: there are no guarantees and opportunities exist in uncertain environments, there is no such thing as failure; just an investment in experience

How many of us have at least one or more of those qualities – of course we all do. Entrepreneurship recognises and pursues new or existing opportunities in a market place, however to do this successfully it is important to employ appropriate planning strategies that take into account these opportunities and how to maximise them. If we fail to plan we can plan to fail. Is occupational therapy destined to remain the best kept secret? It will if occupational therapists don't face the challenge to take their rightful place in health care and start behaving like the specialists we are instead of pretending to be generalists.

In order to construct our own destiny we need to embrace the notion of strategic intent. This is where we decide where we want to be and fold the future back into the present in order to make it happen – using a road map. This is based on the ability to recognise the opportunities combined with a belief in our own ability to achieve – that strong internal locus of control. In fact some would argue that this is no different to formulating a treatment plan or occupational therapy programme strategy. We know what our final goal is and we plan backwards to our starting point to identify the steps.

Occupational therapists are expanding the current dominant focus on curative and preventative practice with individuals toward a focus on the right of all people to occupational engagement and enrichment. Wilcock told us in 2005

that occupational therapists have much more to offer than a service solely for those with a medically defined illness or dysfunction. The expanded focus involves a community and population orientation which addresses the health promotion needs of groups, communities and populations. It requires understanding the fundamental ways in which health is promoted and ill health is avoided and establishing equitable opportunities and resources to enable engagement in occupation at all levels.

Globalisation has led to enormous and sweeping changes in the world. New technologies such as the Internet have made people much more aware of modern trends. Better preventative medical systems, new drugs and improved medical care have led to an increase in life expectancy in many societies. The changes add up to great opportunities and vast challenges. But in some instances they have also led to socioeconomic inequalities and political instability. Two years after the historic call for action by the United Nations, the World Health Organisation published its annual health report, *Reducing risks, promoting healthy life* (Sinclair 2004)).

It stated the obvious. It reiterated the close and self-evident links between poverty and disease. It added that disease often meant people could not work which in turn led to a lack of food on family tables with the inevitable results; malnutrition and other health issues. Global statistics tell the stark facts. More than half of the world's people suffer from malnutrition and substandard healthcare. So where should we occupational therapists place our priorities? How should we be addressing the awesome challenges? How best can we use our knowledge, skills and dedication to bring about lasting improvements in the health of our people and our communities?

In communities around the world, proactive therapists have been addressing issues at the heart of these global concerns, looking at ways they can effectively tackle the base causes of deprivation caused by occupational and social injustice. Occupational therapists are already involved in improving

opportunities and access for people with mobility related impairments, establishing accessible information media for people with learning difficulties, as well as appropriate support services for those with mental health problems and multiple impairments. Occupational therapists are involved at all levels (national, international and local) with consumer groups and organisations and taking up public awareness initiatives of the importance of occupation in and with the community.

Occupational therapists are developing their roles as agents of social change, taking our profession to a new level that makes a difference to an entire community as well as to the individuals we treat and encourage.

The World Federation of Occupational Therapists (WFOT) is the key international representative of occupational therapist and occupational therapy and it links 65 countries (WFOT website 2008) world wide. The Federation believes that occupational therapy has a valuable contribution to make to occupational performance as it affects the health and well-being of people. The Federation maintains that it can positively influence health, welfare, education and vocation at an international level combined with the development of excellence within the profession.

In 2006 during the Focus Day prior to the commencement of the World Council Meeting in Australia, WFOT considered the future of the profession.

WFOT saw that there will be a link between research, education and practice, with increased self confidence to have a broader role for occupational therapy; there will be roles for occupational therapists at policy levels to influence delivery models and political agendas. Occupational therapists will advocate for health promotion and prevention from the results of chronic conditions. Occupational therapists will advocate for participation in "good decent human life".

Occupational therapists will have more to offer than traditional “health” and will distance themselves even more from the medical model. They will work with individuals, groups and society and work with healthy people as well as ill people through preventative and rehabilitative healthcare models. Many services will be delivered via a community based model whilst still acknowledging the need for acute care services. There will be increased use of technology e.g. telecare, virtual home visits via webcams. Occupational therapists will develop wider and stronger liaison with other professions outside of health e.g. town planners, architects as well as developing emerging areas of practice. (Pattison 2007)

The future of the profession is ours to make and our success will be the only reliable measure of how effectively we have taken hold of our vision. I would like to think that we embrace the notion of strategic intent to enable us all to turn our visions into reality. By joining together we can take the future, fold it back into the present and make it happen right now.

*Come to the edge
He said. They said “We are afraid”
Come to the edge
He said. They came
He pushed them and they flew
(Apollinaire)*

My challenge to you is that it is time for us all to stop being afraid, time to walk to the edge and time to take that leap of faith. It is time for us as occupational therapists to fly.

References

1. Apollinaire, G. Attributed in Hayward, Susan. In Hayward S, editor. A guide for the advanced soul. Australia: In-Tune Books; 1985.
2. Drucker PF. Innovation and Entrepreneurship. New York: Harper and Row; 1985.
3. Foto M. Competence and the occupational therapy entrepreneur. Am J Occup Ther. 1998; 52(9): 765-69.
4. Mercer H, Dal Poz M, Adams O, Stilwell B, Buchan J, Dreesch N et al. Human resources for health: developing policy options for change. Discussion paper. Draft. Geneva: World Health Organization; 2002. Disponible en: http://www.who.int/hrh/documents/en/Developing_policy_options.pdf
5. Pattison M. The Occupational Therapy "Landscape of the Future". WFOT Bulletin. Nov 2007
6. Sinclair K. International Perspectives on Occupation and Participation. WFOT Bulletin, 2004; 50, 5 – 8
7. Sinclair K. International Perspectives on Occupation and Participation. WFOT Bull. 2004; 50: 5 – 8.
8. The Future of Health and Social Services in Europe. European Foundation for the Improvement of Living and Working Conditions, 2003.
9. European Foundation for the Improvement of Living and Working Conditions. Sector Futures. The Future of Health and Social Services in Europe. Dublin: European Foundation for the Improvement of Living and Working Conditions; 2003. EF/03/99/EN. Disponible en: http://www.eurofound.europa.eu/emcc/publications/2003/sf_hss_1.pdf
10. Wilcock A. Occupational Science: Bridging Occupation and Health: 2004 CAOT Conference Keynote Address. Can J Occup Ther. 2005; 72 (1): 5 – 12
11. World Federation of Occupational Therapists (homepage on the internet). (updated 01- Jun – 2008). Available from www.wfot.org