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Emily Garza
University of Puget Sound

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Factors Affecting the Capacity of Occupational Therapists to Serve in a Formal Leadership
Position in the School-Based Practice Setting

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KEYWORDS: leadership, school-based therapy, occupational therapy

This research, submitted by Emily Garza, MA, OTR/L, has been approved and accepted
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Committee Chairperson: Yvonne Swinth, PhD, OTR/L, FAOTA

Reader: Sheryl Zylstra, DOT, OTR/L

Director, Occupational Therapy Program: Yvonne Swinth, PhD, OTR/L, FAOTA

Dean of Graduate Studies: Sunil Kukreja, PhD

Key words: leadership, school-based therapy, occupational therapy

Abstract

The purpose of this descriptive study was to estimate the prevalence and explore the perceptions of occupational therapists across the U.S. in regards to leadership positions in the school-based setting. A survey was completed by 116 occupational therapists who were members of either Early Intervention & School System, Developmental Disabilities, or Administration & Management special interest sections (SIS) of the American Occupational Therapy Association. The findings indicated that there is a higher prevalence of occupational therapists in formal leadership positions than the literature suggested, with 26% of respondents (n = 116) reporting that they have held a leadership position during their school-based career. Consistent with research (Fleming-Castaldy and Patro, 2012) citing additional degrees beyond the entry level occupational therapy degree as a possible predictor of leadership competencies, this study, indicated 40% (n= 30) of leaders were found to have post-professional degrees beyond their entry level occupational therapy degree while non-leaders were 25.3% (n= 83). This study found four key descriptive characteristics of leaders (a) formal education or continuing professional education, (b) self-initiative to build one's skills or contribute to the organization, (c) having the desire for or interest in management role, and (d) seeking opportunities. This was consistent with Bondoc, Kroll, & Herz's, (2008) study. Based on this survey and the previously mentioned studies it seems reasonable to suggest the attainment of leadership positions is supported through post-professional education to foster growth and competency around leadership skill development, the role of mentorship, and person-job fit.

Keywords: leadership, school-based therapy, occupational therapy

In the U.S. the majority of the pediatric occupational therapy practitioners are employed in the public school system. According to the American Occupational Therapy Association (AOTA) 2015 workforce report there are approximately 214,000 board certified occupational therapists and occupational therapist assistants combined and 19.9% of the occupational therapists are working in the schools (AOTA, 2015). Despite there being a high percentage of practitioners working in the school setting anecdotal evidence suggests a disproportionately low percentage of these occupational therapists are employed in formal special, or general, education leadership positions such as superintendent, principal, assistant principal, program administrator, instructional coach, educational specialist, supervisor, or coordinator.

The rationale as to why there are not more occupational therapists in school-based leadership positions has not been addressed in the literature. With the added professional knowledge in client factors, occupational profiles, analysis of occupational performance and therapeutic use of self, occupational therapists are poised to pursue leadership positions. The job duties required in formal leadership positions can vary from managing daily operations to leading employees through change. The first managing processes and daily operations in a static manner is considered transactional leadership. The second; leading people and programs in innovative ways is considered transformational leadership (Judge & Piccolo, 2004).

James MacGregor Burns first distinguished between transactional and transformational leaders by describing transactional leaders exchange tangible rewards for the work and loyalty of followers. Transactional leaders also tend to be more passive and work within the known culture. Transformational leaders engage with followers, focus on intrinsic needs, and inspire others to think in creative and innovative ways. Transformational leaders also demonstrate active

behaviors that seek to explore introducing new and innovative ideas to continue to transform performance and culture (Northouse, 2007, p.176).

Avolio and Bass (2004) developed the Full-Range Leadership Theory, in which the two types of leadership styles, transactional and transformational, are explored in greater depth. New leaders lacking formal leadership training often focus most of their time on daily operational duties such as: productivity levels, client and practitioner schedules, performance appraisals, hiring new practitioners, and managing the budget. Without additional leadership training and/or mentoring detrimental transactional leadership qualities often emerge which focus on reactive responses to operational concerns. The transactional leader reacts to situations through extrinsic contingency rewards or punishments, does not spend time on process improvement and tends to not share decision making with followers. Transformational leadership is characterized by inspiring and empowering others while providing meaning and challenge to the work (Snodgrass, Douthitt, Ellis, Wade & Plemons, 2008). Kouzes & Posner define these characteristics in *The Leadership Challenge* as the Five Practices of Exemplary Leadership: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act and Encourage the Heart (Kouzes & Posner, 2007, p. 14). Of these five practices, followers reported, the most effective leadership skills from their perspective are: Enable Others to Act, Model the Way and Encourage the Heart (Kouzes & Posner, 2016, p. 30).

Occupational therapists are trained to address areas of occupation and the performance skills of work and social participation specifically

- employment interests and pursuits;
- employment seeking and acquisition;
- job performance; and

- social participation in community, family, peer and friend (AOTA, 2014, p. S20).

Unfortunately, occupational therapists often do not link performance skills of work and social participation concepts to the role of being an occupational therapy leader within their practice setting. Transformational leadership requires a deep understanding and application of these performance skills to be able to effectively intrinsically motivate followers to attain high performance and results. Occupational therapists have a solid theoretical base for pursuing the role of leader.

The Accreditation Council for Occupational Therapy Education (ACOTE) has included managerial and leadership requirements as part of therapists' pre-service training (2011a). In 2007, AOTA published the Centennial Vision and Executive Summary encapsulating four years of strategic planning, incorporating the voice of occupational therapy practitioners. The document details the centennial shared vision statement, eight shared vision elements, six identified underlying barriers and four strategic directions to support the Centennial Vision (AOTA, 2007).

AOTA's Centennial Vision (2007) outlines strategic directions which include "building the capacity to fulfill the profession's potential and mission" (p. 614). This direction specifically entails "ensuring an adequate and diverse workforce for multiple roles as well as strengthening our capacity to influence and lead" (2007, p. 614). AOTA has created two new programs in efforts to support and develop leadership skills. The first, "Emerging Leaders Development Program," gives students and new practitioners an opportunity to start developing skills and tools to lead. The second, "Leadership Development Program," was also created in accordance with achieving the goals of the Centennial Vision. This program is available to therapists already in a management position for several years and "special consideration will be given to practitioners

new to their Rehabilitation/School-Based Occupational Therapy Director position and those who are in large systems overseeing multiple disciplines or large OT departments” (AOTA, 2015, para. 1).

There is limited research on leadership approaches and applied theories specific to the profession of occupational therapy. A CINAHL search from 1980 to the present found only five qualitative studies along with numerous narratives and position papers. There were several limitations in each of these studies including; low participation jeopardizing external validity, convenience sampling, non-respondent bias, and selection bias limiting external validity. The most recent study (Fleming-Castaldy & Patro, 2012) examined leadership characteristics using Kouzes and Posner’s Leadership Practices Inventory. Kouzes and Posner’s leadership framework is based on concepts founded in transformational theory by Burns (1978) and further developed by Avolio and Bass (1999), among others. Of particular interest in Fleming-Castaldy and Patro (2012) is the discovery that “47% of the respondents attained additional degrees beyond their entry-level occupational therapy degree; it is likely that the knowledge and skills acquired during their graduate education contributed to the development of leadership competencies” (p. 197). In addition, they found that leadership skills, like clinical competency, emerge over time with experience. In 2008, Snodgrass, et al., explored the relationship between occupational therapists leadership style and the outcomes of leadership through a pilot study on rehabilitation managers. The study supported peer-reviewed literature, “specifically, transformational leadership is positively associated with extra effort, effectiveness, and satisfaction on behalf of the follower. Transactional leadership, with the exception of transactional contingent reward, is negatively associated with extra effort, effectiveness, and satisfaction” (p. 42).

Leadership in Education

Since the 1980's educational reform has pushed for increased pre-service training for teachers, principals, program administrators and superintendents on developing effective leadership skills (Marks & Printy, 2003). Pre-service training is defined as educational training prior to graduation from a university. In the early 1980's the focus was on instructional leadership. Hallinger (2003) conceptualized instructional leadership in three dimensions: defining the school's mission, managing the instructional program, and promoting a positive school-learning climate. In the late 1980's to the mid-1990's the focus shifted to Burns theory on Transformational Leadership. Recently there has been a movement toward an integrated leadership approach. A large-scale empirical study has revealed positive effects on student achievement using a transformational integrated approach particularly in elementary schools (Marks & Printy, 2003). Their initial findings have since been validated in several meta-analytic studies. Waters, Marzano and McNulty (2003) found two main variables that had the greatest impact on student achievement: focus of change and understanding the magnitude or "order" of change. Sun and Leithwood (2012) found comparable results in their meta-analysis. The two transformational leaderships practices with the strongest association with student achievement were building collaborative structures ($r = .17$) and leaders providing individualized consideration ($r = .15$). The same study showed that the most highly correlated factors with positive student achievement were personal teaching efficacy ($r = .20$) and the principal holding high expectations for staff performance ($r = .21$) (Sun & Leithwood, 2012).

Leithwood and Sun (2012) recently suggested that future research focus on specific leader practices that influence student learning and use "deeper" measures of fewer variables to increase validity. Witziers, Bosker and Kruger (2003) revealed "five studies investigating the

indirect effects of educational leadership on student achievement” (p. 417). They supported the idea that leadership has a positive or negative impact on the school’s culture which in turn has a direct impact on teacher behavior and expectations and an indirect impact on student achievement. These empirical findings fit well with the occupational therapists’ skill and perceptions around therapeutic use of self, activity analysis and adeptness at adapting to change (Taylor, Lee, Kielhofner & Ketkar, 2009). Fleming-Castaldy and Patro (2012), using Kouzes and Posner’s Leadership Practices Inventory, found in a survey that occupational therapy leaders’ experience with Challenging the Process and Inspiring a Shared Vision were the two highest correlated job functions. Four of the 83 respondents in this survey were “managers” in the school-based setting. Both of these practices, Challenging the Process and Inspiring a Shared Vision, have a direct impact on creating organizational culture, employee expectations, and an indirect impact on follower performance. Further study and application of Kouzes and Posner’s Five Practices of Exemplary Leadership: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act and Encourage the Heart, could be explored as an effective model for occupational therapists as leaders in a school-based setting (Kouzes & Posner, 2007, p. 14). This leadership model and the broader umbrella of transformational leadership have also been applied to Kielhofner’s Model of Human Occupation (MOHO). Transformational leadership and MOHO both seek to reveal an individual’s intrinsic motivation and volition linking directly to engaging in action or purposeful occupation (Dunbar & Winston, 2015, p. 31).

Occupational Therapists Leadership Skills

AOTA presidents from past to present have asserted that therapists are trained in understanding human occupation and are well equipped by personality and training to be effective leaders (Clark, 2010; Grady, 1991; Moyers, 2007; Stoffel, 2013, 2014). However, until

recently, minimal resources and research have been focused on the career path of occupational therapists as formal leaders. AOTA has identified a critical need to develop leadership skills. AOTA's newly created Leadership Development Program was designed as a post professional effort to address the skills needed to propel the current leaders in the profession to improve self-efficacy and advance to the next level of leadership. Goals of the program are

- increased leadership and management skills;
- ability to cultivate your power and influence at your setting;
- increased ability to think strategically;
- the ability to create a culture of evidence based practice at your setting; and
- increased ability to advocate for the profession in multiple arenas (AOTA, 2015, para. 3).

The act of understanding job duties in detail via activity analysis and matching them with an individual's ability is an area of competency for an entry-level trained occupational therapist. The more experienced occupational therapy leader not only has an understanding of the job duties but also critically determines if the applicant is the best fit for the position based on detailed job description knowledge, skill and ability. Leadership tasks such as assessing department needs, developing a job description, and hiring-for-fit requires on-going training and development to enhance these specialized skills. Dunbar and Winston (2015) wrote, "leadership is a process that involves a significant degree of complexity through interactive and relational operations in order to meet the goals of individuals or groups" (p. 5). Determining, hiring and mentoring the "right people" is just one of the important roles of leadership when building an efficient team of practitioners.

School-based Leadership Requirements

In many school districts occupational therapists may not qualify for administrative positions due to state and district requirements. Often these positions require a principal or program administration certification, especially if the position includes conducting performance appraisals on certificated staff. The state laws in regards to hiring qualifications are typically vaguely written and are often left up to the individual school districts to interpret. For example, in the state of Washington, the credentialing requirements to hold a position as principal or program administrator are not clearly stated in the codes. However, Revised Code of Washington (RCW) 28A.405.130 (2) states, “Before evaluating classroom teachers using the evaluation systems required under RCW 28A.405.100, principals and administrators must engage in professional development designed to implement the revised systems and maximize rater agreement.” From this RCW it is clear an evaluator must have a principal or administrator credential to evaluate a teacher. Typically, special education administrator positions supervise teachers in addition to therapists, therefore an OT would need to be certified as a principal or a program administrator. The Office of Superintendent of Public Instruction provides the qualifications for a principal or administrator. In Washington both require that the applicant

- earned a master’s degree from any regionally accredited college/university;
 - completed any state’s approved college/university administrator preparation program in the administrative role;
 - [Principal role] hold or have held a regular teaching certificate or ESA certificate;
- and

- [Principal role] verification of three years successful school-based instructional experience in an educational setting (Office of Superintendent of Public Instruction, 2015, “Requirements”, para. 1).

The additional college coursework beyond the occupational therapy degree may be a limiting external factor for therapists wanting to pursue a leadership position; however, this information is not readily available in the literature. There are other leadership positions within the school-based setting that would not typically require an administrator’s certification such as: instructional coach, educational specialist, supervisor or coordinator. A survey was conducted in 2008 by AOTA’s Administration & Management Special Interest Section (AMSIS) Standing Committee to explore the competencies of occupational therapy managers. The survey sought information on how managing therapists came into the management role. In this internet survey ($N=97$) seven percent self-reported as being a manager in the school-based system (Kroll, Bondoc & Herz, 2008, December, p. 2). The survey garnered 60 responses to the question “How did you become a manager?” The responses were clustered into 6 themes

- formal education or continuing professional education;
- self-initiative to build one’s skills or contribute to the organization;
- having the desire for or interest in management role;
- seeking opportunities;
- falling into a management role by “accident”; and
- having prior experience in management (Bondoc, Kroll, & Herz, 2008, September, p. 2).

The survey also asked respondents questions about essential knowledge, skills and attributes of managerial competencies. In the area of essential knowledge, 64% of the

respondents felt it was important to understand regulatory and reimbursement concerns. The next highest area at 31% was knowledge of understanding institutional or organizational procedures (Kroll et al., 2008). In the area of essential skills the respondents reported

- 30% Interpersonal communication skills.
- 33% Organizational skills.
- 17% Time management skills.
- 15% Problem-solving skills.

(Kroll et al., 2008, December, p. 3)

The essential attributes “refer to personal characteristics, values, and attitudes that may facilitate success when assuming the role of a manager” (Kroll et al., 2008, December, p. 3). The respondents valued flexibility, honesty, ethics and positive attitudes. The survey also suggested that becoming an occupational therapy manager is facilitated by “learning and growing as a leader, both personally and professionally. Communication skills, developing good mentors, staying abreast of current professional information, and learning to be a good supervisor are all important” (Kroll et al., 2008, December, p. 3). The survey did not expand on defining good mentorship or the process of developing a mentoring relationship. Primary evidence based research on mentoring leaders resides in business, education and the field of nursing literature.

Occupational Therapy Practice in Schools

Occupational therapists have been working in public schools at least since the enactment of the Education for All Handicapped Children Act (1975; Public Law 94-142) which guaranteed a free, appropriate public education to each child with a disability in every state and locality across the country. Individuals with Disabilities Education Improvement Act (IDEA, 2004) Public Law 108-446 was reauthorized in 2004 and the legislation specifically includes

occupational therapy as “related and primary services” for eligible students with a disability ages 3-21 and for infants and toddlers experiencing a development delay (AOTA, 2011).

The school-based practice setting continues to evolve as a result of legislative action, child development concerns, and evolving occupational trends in society. Newer practice trends within the schools are aimed at reducing childhood obesity, preventing bullying and taking informal leadership roles related to a number of new initiatives in public education reform. Occupational therapists are becoming active participants in guiding the efforts of Response to Intervention, Positive Behavior Intervention and Supports, Common Core Standards, Literacy Achievement of Every Student Succeeds Act (ESSA, 2016; Public Law 107-110), and Universal Design for Learning (AOTA, 2011, 2013). More occupational therapists are also becoming involved in transition skills and preparation for graduation and future vocational training as part of the 1997 Public Law 105-17 (AOTA, 2011).

An occupational therapist in a school-based leadership position contributes to ensuring that IDEA (2004) is being carried out according to the law. The occupational therapist would also be able to provide strong guidance to ensure therapists were following the state licensure requirements, as well as practicing within the Occupational Therapy Practice Framework (AOTA, 2014), adhering to the Standards of Practice for Occupational Therapy (AOTA, 2010b) and abiding by the Occupational Therapy Code of Ethics (AOTA, 2015). Despite the growing occupational therapy involvement in the diverse school-based practice setting, and despite increased pre and post-service leadership training, there remains a lack of occupational therapists in formal leadership positions.

Purpose of the Study

The intent of this study was to examine leadership positions in the school-based setting and determine the knowledge, perceptions, and opinions of occupational therapists about the positions and the prevalence of therapists in these roles. This study was interested in knowing more about occupational therapists who are working in formal special or general education leadership positions such as superintendent, principal, assistant principal, program administrator, instructional coach, educational specialist, supervisor, coordinator or lead. Specific objectives of the study are as follows

1. to characterize therapists' reported thoughts on supports and barriers to pursuing a leadership position in the school-based setting;
2. to explore relationships between the descriptive characteristics of occupational therapists (age, experience level and education level) and their employment in a formal leadership position, knowledge of leadership job requirements, and perceived limitations of formal leadership roles in the school-based setting; and
3. to determine if mentorship is perceived as a helpful component of leadership attainment.

Method

Research Design

The primary purpose of this study was to estimate the prevalence and explore the perceptions of occupational therapists across the U.S. in regards to leadership positions in the school-based setting. A descriptive survey questionnaire was used. The methodology was practical due to the large population and spread of geography. A large sample from the population tends to yield results with increased external validity. A survey was also an efficient approach for gathering quantitative demographic information and other response variables,

including, prevalence, perceptions, and commentary (Kielhofner, 2006). Bondoc, et al. (2008) and other cited studies guided the development of the questionnaire for the current study.

Participants

The research participants were practicing U.S. occupational therapists. They were selected from those registered in the membership database of AOTA, specifically, from the members of Early Intervention & School System (EI & SS), Developmental Disabilities (DD), or Administration & Management (AM) special interest sections (SIS). Participants were selected using systematic random sampling by AOTA list rental service staff. The selected therapists received the survey packet described above. Exclusions were not placed on age, gender, geographical location, educational level or occupational therapy practice experience. The study sought responses from therapists in leadership and non-leadership positions. Data were excluded if the therapist had not practiced in a school-based setting in the last five years or if the therapist had never held a leadership position. About 250 therapists were invited to participate in the survey.

Instrumentation

A self-administered mail survey questionnaire on leadership in school-based settings was developed by this author using principles from the Dillman, Smyth, and Christian (2014) tailored design method, as a pre-existing survey was not found. The survey packet included a cover letter with consent statement, survey, and self-addressed stamped return envelope. The survey had questions with varied formatting such as binary, closed question with ordered choice, closed question with unordered choices, and partially closed allowing for “other” (Dillman et al., 2014). Information collected on socio-demographic and socio-economic data were age range, education level, practice areas, and types of leadership positions.

The questionnaire was approved by the research committee members, then was pilot tested with four occupational therapists with experience in school-based settings. The goal of the pilot testing was to ensure the questions were worded clearly, the answers generated reasonable results, and to uncover how much time it took to complete the survey. Changes were not made to the survey and additional clarification was not required via a focus group discussion or follow-up phone interview with the pilot participants. The additional time spent on piloting the survey increased rigor around response bias (Kielhofner, 2006). The pilot participants were exempt from being included in the final data set due to potential bias.

The entire survey was written with clear and concise language familiar to occupational therapists. There was a clear distinction between survey directions and survey questions. Formatted tables were used for closed questions with ordered choice to ensure accurate responses. The question utilizing a Likert scale was labeled and formatted in a consistent manner (Kielhofner, 2006).

Procedure

Following permission from the university Institutional Review Board the pilot process described under instruments was completed. One factor that positively affects external validity is a high response rate (Kielhofner, 2006), therefore; a systematic approach was followed to optimize response rate using standard follow-up methods for survey research (Dillman et al., 2014). The exact number of surveys mailed was dependent on the data received from AOTA's membership-sampling database. To track response rates and to develop a reminder mailing list in a cost efficient manner the return envelopes from the initial surveys were coded. Returned envelopes were separated from the copy of the survey to maintain confidentiality. The codes were then recorded. A reminder card was sent to all participants two weeks after the initial

mailing. Participants who did not return the survey within five weeks were sent a replacement cover letter with consent statement and questionnaire, also coded. Seven weeks after the second attempt the accrual was stopped (Kielhofner, 2006). No further questionnaires were processed and final data were entered into a Statistical Package for the Social Sciences (SPSS) database.

Data Analysis

SPSS software package version 23 for Windows was used to analyze the data. Surveys missing data or having inaccurately recorded data on any of the variables were entered but not included in the analyses on those variables. Descriptive statistics were used to characterize the data, including frequency and percentage for demographic and other variables.

Inferential statistics were used to identify associations and differences. A T-test for the equality of means was used between pairs of demographic and response variables. Strong positive correlations do not produce stand alone predictions but they “can serve as helpful first steps in sorting out casual relationships” (Kielhofner, 2006, p. 62). Data analysis was completed in the spring of 2016.

Results

Response Rate

The survey was sent to 250 recipients and a total of 132 surveys were returned to the investigator. One mailing was returned by the post office as undeliverable. Eight of the received surveys indicated that the respondents had not worked in a school-based setting in the last five years and had never held a school-based leadership position. Therefore these recipients did not meet inclusion criteria for this study and did not complete the entire survey. An additional seven of the received surveys did not meet inclusion criteria in error and were not included in the study. Taking this into account the new sample size was 234. With 116 respondents meeting the

inclusion criteria and completing the full survey, the response rate was 49.6%. The second mailing yielded only 26 additional response, therefore a cross tabulation between respondents from the first and second mailings was not completed. A few respondents did not answer all the questions and the surveys were still included in the results.

Demographics of Respondents

For the purpose of this analysis a “leader” has held a formal leadership position. A “non-leader” may have engaged in leadership tasks such as committee work but they did not hold a formal leadership title. Respondents’ ranged in age from 25 to 56+ years old (Table 1). Entry level occupational therapy education is depicted in Table 2 and post professional education in Table 3. Three respondents reported they had completed a post-professional doctoral degree in occupational therapy and three are currently working to complete a post-professional doctoral degree in occupational therapy (Table 3). The respondents selected from a choice of 14 different school-based practice areas including seven different formal leadership positions, as shown in Table 4. Therapists were asked to mark all that applied. Leadership positions also typically involve a student caseload, however this was not specifically addressed within this study. 26% of the respondents (n = 116) reported that they have held a leadership position during their career in the school-based setting. Taking into consideration the non-respondent data the most conservative number of therapists in school-based leadership was 13% (n= 234). The respondents worked in all three geographical settings: rural 27%, suburban 50% and urban 31%. Responses were received from various states and not centralized to one particular region of the country. The respondents, Table 5, cited they chose to practice in the school-based setting for various reasons with “wanting to work in pediatrics” as the strongest response rate at 79.8%.

Supports and Barriers to Pursuing a Leadership Position

The survey asked respondents about their perceptions of both the limiting and facilitating factors of pursuing a leadership position. The respondents not holding a leadership position most frequently identified “Not interested” 54.9% (n= 82), “Time commitment to the position” 34.1% (n= 82), and “no opportunity for advancement” 29.3% (n= 82) as the leading barriers (Figure 1). The facilitating factors were similar among leaders and non-leaders with the most frequently identified as “financial gain” and “there being a job opening” (Figure 2). One respondent commented the “OT perspective may be quite effective at the administration level” while another stated, “I was a therapy manager in an outpatient clinic for two years. I returned to school based to have more treatment time and a better work-life balance for my family”. Respondents who were already in leadership positions identified having a professional mentor 23.3% (n= 30) more frequently than non-leader peers 14.8% (n= 81) (Figure 2). Surprisingly, non-leaders, identified financial gain as more of a facilitating factor than leaders.

Respondents were also asked to rate various important factors in pursuing a leadership position. Respondents currently working in a leadership position and non-leaders did not represent a statistically significant variance across the means (Table 6). Running an independent t-test showed a difference of .004 between the two groups for the question “leadership job availability”. However, this result was not statistically significant.

Descriptive Characteristics of OT in Formal Leadership Positions

Respondents of this study were analyzed to further understand the characteristics of the school-based leader. The leaders educational background, Table 2, was analyzed and 40% (n= 30) were found to have a post-professional degrees beyond their entry level occupational therapy degree versus 25.3% (n= 83) of non-leaders. Regarding the demographics of therapists’ with

doctorate degrees and those pursuing doctorate degrees, these -respondents have had a leadership position while none of the non-leaders reported a post-professional doctorate degree (Table 3).

Leaders also had an increased knowledge of the requirements to hold a school leadership position. Of the respondents that expressed an interest in pursuing a leadership position they too had an increased knowledge of requirements (Table 9). Interestingly, several of the respondents indicated due to the classification of their job within the union that they are not eligible for higher formal leadership positions beyond that of supervisor or lead. One respondent specifically stated, “We are considered classified with our own pay scale so even if we received further administration degree we would not be considered” [sic].

Information was also analyzed based on therapists’ perceptions of the pre-service training acquired during their academic occupational therapy program as well as their knowledge of programs supported by AOTA to build leadership skills. Again, the therapists in leadership roles answered yes more frequently to both questions (Table 7) indicating a higher perception amongst leaders in having gained leadership competency and awareness of additional support through AOTA. A respondent in a leadership role commented, “Leaders “model the way” [and] experience is one of the best preparations for leading- you need to have ownership!” Several non-leader respondents reported participating in informal leadership roles such as: committee work, leading discussion groups and taking on program development tasks. A respondent commented, “I for see [sic] my role as a leadership position due to belief in school based practice within a least restrictive environment as well as my collaborative and consultative skills. However, further education within my district on knowledge and expertise of OT’s continues to be needed. We are often the forgotten discipline”.

Mentorship and Leadership Attainment

The literature mentions the importance of mentoring in the process of developing leadership skills (Bondoc et al., 2008, December, p. 3) but does not qualitatively measure the perception of importance. In this study (Table 6) a t-test did not find a significant difference between the leader and non-leader in their perceived value of having a professional mentor as an important factor in pursuing a leadership position. The role of mentor actually had the lowest mean value (Table 6) indicating respondents did not feel strongly about its value in pursuing a leadership position. However, Figure 2, suggests more leaders 23.3 % (n= 30) than non-leaders 14.8 (n= 81) perceive a professional mentoring relationship as a facilitating factor in pursuing a leadership position. Despite the fact the leader respondents in this survey rated mentoring as the least important factor in pursuing a leadership position they implied value in mentorship as 75.9% (n= 29) of the leaders identified having a professional mentor compared to the non-leader respondents 18.3% (n= 82) (Table 6).

Discussion

This study sought to examine what is currently happening with leadership positions in the school-based setting; including to determine the knowledge, perceptions, and opinions of occupational therapists about the positions, and the prevalence of therapists in these roles. Specific objectives were to characterize therapists' reported thoughts on supports and barriers to pursuing a leadership position in the school-based setting; to explore relationships between the descriptive characteristics of occupational therapists and their employment in a formal leadership position, knowledge of leadership job requirements, and perceived limitations of formal leadership roles in the school-based setting; and to determine if mentorship is perceived as a helpful component of leadership attainment.

It came as a surprise that the response rate of occupational therapists in leadership roles was 13% (n= 234) as the assumption was much lower as in previous studies being closer to 5% (Fleming-Castaldy and Patro, 2012) and 7% (Kroll, et al., 2008, December, p. 2). This increase may be the result of more practitioners pursuing post-professional education as evidenced in this study. The study revealed limited leadership attainment beyond the level of supervisor as only 2 respondents, 0.85% (n= 234), had positions (superintendent and program administrator) with a high degree of administrative authority and power over high level decision making. Not having occupational therapists at this higher level may continue to undermine the value of the role of occupational therapy's distinct value in the school-based setting.

Building on previous research completed within the field of education it is reasonable to conclude occupational therapists pursuing leadership positions may also have an impact on positive student performance. This would be achieved by occupational therapists in leadership positions utilizing an integrated approach and focusing on transformational leadership practices with the strongest association with student achievement to be building collaborative structures and providing individualized consideration (Sun & Leithwood, 2012). These same concepts were supported in the study by Snodgrass et al. (2008). Identifying the most positively regarded transformational leadership factors to be idealized influence, individual consideration and inspirational motivation. Thus, the most effective leaders for student growth and follower engagement and satisfaction possess a wide-range of integrated transformational leadership skills as well as intrinsically motivating transactional contingent reward.

Supports and Barriers to Pursuing a Leadership Position

Based on the research from Fleming-Castaldy and Patro (2012) additional degrees beyond the entry level occupational therapy degree are a possible predictor leading to leadership

competencies. This study also indicated post-professional education, having a mentor, and job availability as important supports in pursuing leadership positions. Leaders appeared less concerned about financial gains and seemed less concerned with the potential perceived impact that leadership roles can have on work-life balance. The leaders however, still indicated that work-life balance was one of the strongest factors to consider when pursuing a leadership position with a mean of 4.20 (5 point scale) while the non-leaders also indicated work-life balance as the most important factor for not pursuing a leadership position with a mean of 4.25 (5 point scale). Both groups feel strongly about work-life balance yet the leaders don't reveal the concept as a barrier.

These contrasting perceptions in leaders might be contributed to their distinct leadership qualities, certain characteristic traits and a personal desire to hold such positions. In looking closely at limiting factors, non-leader respondents, were more likely to select "time commitment to the position" as a barrier at 34.1% (n= 82) in comparison to leaders 16.7% (n= 30) (Figure 1). Cause and effect correlations cannot be drawn from this information but a further study on the characteristics of leaders may shed light on the differences. This data may be supported in Kroll et al. (2008) in which respondents identified the following essential skills: interpersonal communication, organizational skills, time management skills and problem solving skills and essential attributes for leadership competency: flexibility, honesty and being ethical, optimism and having a positive attitude, fairness, empathy, ability to project that employees are valued and industriousness and a strong work ethic.

Descriptive Characteristics of OT in Formal Leadership Positions

The four key descriptive characteristics of respondents in formal leadership positions, differing from non-leaders, which emerged from this survey were: post-professional degrees,

knowledge of job requirements, pre-service preparation by the occupational therapy program and awareness of support provided to leaders through AOTA. These four key descriptive characteristics reflect a similar pattern of response as the individuals who responded to the Bondoc, Kroll, & Herz, (2008) survey, the four common themed elements being

- formal education or continuing professional education;
- self-initiative to build one's skills or contribute to the organization;
- having the desire for or interest in management role; and
- seeking opportunities.

As mentioned in Fleming-Castaldy and Patro (2012), "the pursuit of a post-professional degree also seems to reflect a commitment to ongoing professional development that can further enhance the ability to assume a leadership position and strengthening one's self-perception as a leader". Empirical evidence suggests that leaders are not "just born" and transformational leadership can be learned (Dvir, Eden, Avolio, & Shamir, 2002) as well as the impact of personal life experiences in developing transformational leadership skills (Avolio, 1999).

The essential attributes "refer to personal characteristics, values, and attitudes that may facilitate success when assuming the role of a manager" (Kroll et al., 2008, December, p. 3).

The respondents valued flexibility, honesty, ethics and positive attitudes. The survey also suggested that becoming an occupational therapy manager is facilitated by "learning and growing as a leader, both personally and professionally. Communication skills, developing good mentors, staying abreast of current professional information, and learning to be a good supervisor are all important" (Kroll et al., 2008, December, p. 3).

Mentorship and Leadership Attainment

There is extensive research in the literature on the benefits and the specific role of mentoring leadership development from business, education and nursing however; there is not extensive peer reviewed studies within the field of occupational therapy. Kouzes and Posner (2016) in regards to mentorship and coaching state, “The top performers in every endeavor all have coaches and trainers. The same is true for the best leaders. The support, advice, and counsel of experts have a direct bearing on your learning to become an exemplary leader. You sustain and strengthen those connections through being empathetic” (p. 149).

AOTA recognizes mentoring as a component of the Professional Development Tool under critical reasoning (AOTA, 2003). AOTA also recognizes the importance of fostering leadership mentoring with the two leadership program they support- one for emerging leaders and one for established leaders. Within the Emerging Leaders Development Program,

the program provides selected candidates with leadership training and ongoing mentorship...which includes formal face-to-face (2-day) training focusing on leadership development and other components of the program. Prior to the training, candidates are paired with a mentor, who currently holds a leadership position within the Association, and they participate in service learning activities over a one-year period which directly supports AOTA’s Strategic Priorities.

(AOTA, n.d.)

The program for established leaders, Leadership Development Program for Managers, also recognizes and cultivates a culture of building leadership capacity through formal skills training, AOTA service work, networking and building a sustainable community of leaders. This program only accepts 15 participants each year. Therefore, more localized state and regional

programs would be beneficial to expand the breadth and depth of leadership skills. Local support would also facilitate more frequent in-person mentoring connections.

Implications for Occupational Therapy

It is important that all occupational therapists working in the school-based practice setting feel confident in foundational leadership skills to pursue at minimum informal leadership positions and to empower advocating for the profession's distinct value in contributing to the various emerging practice areas within the school-based setting such as: reducing childhood obesity and preventing bullying as well as taking an active role in developing and responding to new initiatives in public education reform such as response to intervention and new components of Every Student Succeeds Act (The White House: Office of the Press Secretary, 2015).

Strengthening pre-service leadership education and increasing access to continuing education will be important for the development of more formal leaders pursuing higher level leadership positions. State associations may want to consider school-based service area networking with a focus on localized professional mentoring programs to support the creation of "professional development plans to facilitate the acquisition of desired leadership characteristics" (Fleming-Castaldy and Patro, 2012).

Limitations

The results from this survey may not be generalizable to the larger population of therapists in the U.S. who work in the school-based setting since the sample was taken from a relatively homogenous convenience sample of current AOTA members specified to EI & SSSIS, DDSIS or AMSIS. The study's net response rate of 49.6% supports the research rigor that is required to produce statistically significant findings (Dillman et al., 2014). Non-respondent bias

does not appear to be a factor in regards to the rate of leader (26%) and non-leader (74%) response rate.

Further investigations with an even larger sample may yield additional information not represented in this study. The survey methodology used on this sample had inherent limitations. There are many variables of interest related to pursuing a leadership position requiring a more intensive investigation associated with qualitative methodologies.

Future Research

Despite its limitations, this study serves to introduce some critical considerations in developing and supporting leaders within the school-based system as well as looking broadly across the occupational therapy profession as we continue to define and promote the profession's distinct value. Although there is no reason to believe results from other areas of occupational therapy practice related to acquiring leadership positions would be significantly different, however additional investigations in a wide variety of practice settings would be useful to better investigate the supports and barriers in pursuing leadership positions. Future studies are also needed to explore the relationship between pre-service training and the development of essential leadership skills (Bondoc et al., 2008) as well as expanding continuing education courses on the topic of OT in leadership and growing the Leadership Development Program through AOTA (AOTA, 2015). Mentoring has been explored in the occupational therapy literature in developing clinical skills, however; there is limited peer reviewed literature on the impact mentoring has specifically on developing occupational therapy leaders.

Future studies could explore in depth factors that may facilitate or inhibit a leadership position: mentoring, knowledge of requirements, distinct value of occupational therapy leaders in school-based practice, and optimizing job opportunities. Another beneficial future qualitative

research could intensely study high level leaders such as: superintendents and program administrators focusing on their personalities, traits, and essential leadership skills expanding upon the work done by Bono and Judge (2004).

Conclusions

The study provides a good foundation for future research of factors facilitating occupational therapists as leaders. It appears, based on the research, that occupational therapists leading by the principles of an integrated transformational leadership approach would have a positive effect on student growth and follower engagement. Based on this survey, and previously mentioned studies, it seems reasonable to suggest that if occupational therapists build supportive professional networks and mentorship opportunities locally it would facilitate the promotion of occupational therapists in school-based leadership positions. The professional networks could help define required job qualifications/certifications, provide training opportunities, match mentors to mentees, and create a job posting cite to advertise leadership openings within their state. Occupational therapists organized at the state level can then assist in educating and advocating for occupational therapy's distinct value to unions and school district administrators encouraging more opportunities for a presence in top leadership roles. It is also reasonable to conclude that post-professional education may foster growth and competency around essential leadership skill development and lead to more opportunity to serve in a formal leadership position as evidenced in this paper.

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Appendix

University of Puget Sound
 School of Occupational Therapy
 National Survey of Occupational Therapy Practitioners: The Capacity to Serve in a Formal Leadership
 Position in the School-Based Practice Setting

The purpose of this study is to examine leadership positions in the school-based setting and determine the knowledge, perceptions, and opinions of occupational therapists about the positions and the prevalence of therapists in these roles. This survey is interested in knowing more about formal special or general education leadership positions such as superintendent, principal, assistant principal, program administrator, instructional coach, educational specialist, supervisor, coordinator or lead.

Your participation in this survey is important to our study. Thank you for taking the time to share your work experience and thoughts on school-based leadership.

*Please use the enclosed pre-paid envelope to return completed survey by **January 8, 2016 (second mailing)**.*

1. Have you worked in a school-based setting in the last 5 years? _____ YES _____ NO

2. Have you EVER held a school-based leadership position? _____ YES _____ NO

If you answered **NO to both questions please discontinue** this survey and return in the pre-paid envelope.

If you answered **YES to at least one question go to question 3.**

3. Please provide some information about yourself:

_____ 24 or younger

_____ 25-35

_____ 36-45

_____ 46-55

_____ 56+

4. Entry Level OT Education- FIRST DEGREE (check ONE):

_____ BSOT _____ MSOT _____ MOT _____ OTD Year completed: _____

5. Do you have a degree beyond your first OT degree?

_____ YES _____ NO

If YES, please list degree and year completed:

Degree: _____

Year: _____

6. Additional Certification (check ALL that apply):

Certified Principal Certified Program Administrator Certified Superintendent Certified Teacher/ESA

Other: _____

7. I would like to know more about your experience within the schools. Please indicate which areas you have practiced in (check ALL apply):

<input type="checkbox"/>	Birth-to-three	<input type="checkbox"/>	Principal
<input type="checkbox"/>	Pre-school	<input type="checkbox"/>	Assistant Principal
<input type="checkbox"/>	Elementary	<input type="checkbox"/>	Program Administrator
<input type="checkbox"/>	Secondary	<input type="checkbox"/>	Supervisor
<input type="checkbox"/>	Transition/pre-vocational	<input type="checkbox"/>	Coordinator
<input type="checkbox"/>	Charter or Magnet school	<input type="checkbox"/>	Lead
<input type="checkbox"/>	Teacher- general education/ special services	<input type="checkbox"/>	Educational Specialist
<input type="checkbox"/>	Superintendent	<input type="checkbox"/>	Instructional Coach

8. In what type of setting is your school district located?

Rural
 Suburban
 Urban

9. What state do you currently practice in? _____**10. Why did you choose to practice within the school-based setting? (check ALL that apply)**

Completed a level II fieldwork in a school-based setting
 I wanted to work in pediatrics
 I do not have a private practice pediatric option
 I have a passion for education
 I prefer the work schedule/hours
 Work-life balance
 Other: _____

11. Do you currently have a professional mentor?

Yes No

12. Is your mentor an occupational therapist?

Yes No

13. Is the person who is solely responsible for your performance appraisal an occupational therapist?

Yes No

If **No**, what are their credentials?: _____

14. Have you ever considered pursuing a leadership position within the school-based setting?

Yes No

15. What are the limiting factors in pursuing a leadership position within the school-based setting? (check ALL that apply)

Not applicable, I am in a leadership position

Not interested

Not qualified

No opportunity for advancement

I do not know if I am qualified

Lack of support from employer

Time commitment to the position

I don't have the financial resources to take additional coursework

I don't have the time resources to take additional coursework

Other: _____

16. What are the facilitating factors in pursuing a leadership position? (check ALL that apply)

Not applicable, I am in a leadership position

Professional mentor

Support system at home/community

Someone asking me

Financial gain

Job openings

Education financial assistance

Other: _____

17. Do you know what qualifications are required to hold a school leadership position in your state?

Yes No

18. Do you know what qualifications are required to hold a school leadership position in your school district?

Yes No

19. Please rate these factors' importance in pursuing a leadership position in the school-based setting (circle one number response for each phrase using the scale below)

1= Not at all important 2= Somewhat important 3= Neutral 4= Important 5= Very important

Cost if additional education is required

1 2 3 4 5

Having a professional mentor

1 2 3 4 5

Leadership job availability

1 2 3 4 5

Ability to still be able to provide occupational therapy services with students

1 2 3 4 5

Work-life balance

1 2 3 4 5

20. Do you feel you were prepared by your university occupational therapy program for a leadership position?

_____ Yes _____ No

21. Are you aware of programs supported by the American Occupational Therapy Association (AOTA) to build leadership skills?

_____ Yes _____ No

Additional Comments/Suggestions?

THANK YOU FOR YOUR PARTICIPATION!

If you would like a summary of the findings from this survey, please email egarza@pugetsound.edu and request a summary of the school-based therapists and leadership survey.

Table 1

Age Categories

<i>Category</i>	<u>Leader (n= 30)</u>	<u>Non-leader (n= 83)</u>
	<i>Number of Respondents (%)</i>	<i>Number of Respondents (%)</i>
>24	-	-
25-35	5 (16.7)	14 (16.5)
36-45	8 (26.7)	25 (29.4)
46-55	7 (23.3)	24 (28.2)
56+	10 (33.3)	22 (25.9)

Table 2

Entry Level Occupational Therapy Education

<u>Category</u>	<u>Leader (n= 30)</u>	<u>Non-leader (n= 83)</u>
	<i>Number of Respondents (%)</i>	<i>Number of Respondents (%)</i>
Baccalaureate level	17 (56.7)	49 (58.3)
Master's level (MSOT)	10 (33.3)	24 (28.6)
Master's level (MOT)	3 (10.0)	8 (09.5)
Doctoral level	-	-
Post-Professional Degree	12 (40.0)	21 (25.3)

Table 3

Degree beyond Entry Level Occupational Therapy Degree

<u>Additional Graduate Degree</u>	<u>Leader (n= 30)</u> <i>Number of Respondents (%)</i>	<u>Non-leader (n= 83)</u> <i>Number of Respondents (%)</i>
Post-Professional Doctorate	3 (10.0)	-
Master of OT (MSOT)	3 (10.0)	6 (07.2)
Master of OT (MOT)	1 (03.3)	1 (01.2)
Master of Education	3 (10.0)	2 (02.4)
Master of Education Administration	-	2 (02.4)
Master of Business Administration	-	1 (01.2)
Master of Human Development	1 (03.3)	-
Master of Health Professions Education	1 (03.3)	-
Master of Early Intervention	-	2 (02.4)
Master of Rehabilitation Science	-	1 (01.2)
Master of Public Health	-	1 (01.2)
Master of Computer Science	-	1 (01.2)
Total Post-Professional Degrees	12 (40.0)	17 (20.5)
Enrolled Post-Professional Doctorate	3 (03.3)	-

Table 4

School-Based Service Areas

Category	<u>Leader (n= 30)</u>	<u>Non-leader (n= 83)</u>
	<i>Number of Respondents (%)</i>	<i>Number of Respondents (%)</i>
Birth-to-Three	12 (40.0)	30 (36.6)
Pre-school	27 (90.0)	68 (82.9)
Elementary	28 (93.3)	76 (92.7)
Secondary	28 (93.3)	65 (79.3)
Transitions/Pre-Vocational	17 (56.7)	31 (38.3)
Charter/Magnet school	4 (13.3)	14 (17.1)
Teacher	5 (16.7)	7 (08.5)
Superintendent	1 (03.3)	-
Principal	-	-
Assistant Principal	-	-
Program Administrator	1 (03.3)	-
Supervisor	9 (30.0)	6 (07.3)*
Coordinator	13 (43.3)	1 (01.2)*
Lead	9 (31.0)	2 (02.4)*
Educational Specialist	2 (06.7)	-
Instructional Coach	-	-

Note. Respondents were asked to select all that apply for an n = 463.

Table 5

Why Practice in the School-based Setting

<u>Category</u>	<u>Leader (n= 30)</u> <i>Number of Respondents (%)</i>	<u>Non-leader (n= 83)</u> <i>Number of Respondents (%)</i>
Completed Fieldwork in Schools	9 (30.0)	24 (29.3)
Wanted to Work in Pediatrics	27 (90.0)	62 (75.6)
No Private Practice Option	-	2 (02.4)
Passion for Education	12 (40.0)	35 (42.7)
Prefer the Work Schedule/hours	21 (70.0)	62 (75.6)
Work-life Balance	16 (53.3)	50 (61.0)
Other:	3 (10.0)	15 (18.5)
Was employed as a teacher prior		
Good job opportunity		
I love working with kids		
I like the family atmosphere		
I had a school based scholarship		

Note. Respondents were asked to select all that apply for an n = 335.

Table 6

Factors' importance in pursuing a leadership position

<u>Category</u>	<u>Leader (n= 30)</u>		<u>Non-leader (n= 83)</u>		<u>Significance</u>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Cost if additional education is required	3.43	1.455	3.35	1.573	.472
Having a professional mentor	3.17	1.464	3.01	1.526	.627
Leadership job availability	3.97	1.098	3.55	1.610	.004
Still work with students	3.93	1.285	3.99	1.444	.304
Work-life balance	4.25	1.126	4.25	1.369	.324

Table 7

Perceptions and knowledge of leaders versus non-leaders

<u>Category</u>	<u>Leader (n= 30)</u> <i>Number of Respondents (%)</i>	<u>Non-leader (n= 83)</u> <i>Number of Respondents (%)</i>
Felt prepared by University	16 (53.3)	36 (45.1)
Knowledge of AOTA supported leadership programs	16 (53.3)	31 (38.3)

Table 8

Awareness of qualifications to hold a school leadership position

<u>Category</u>	<u>Leader (n= 30)</u> <i>Number of Respondents (%)</i>	<u>Non-leader (n= 81)</u> <i>Number of Respondents (%)</i>
Qualifications required by the state	15 (51.7)	33 (40.7)
Qualification required by the district	18 (62.1)	33 (40.7)

Table 9

Awareness of qualifications to hold a school leadership position of those interested in pursuing a leadership position versus those not interested

Category	<u>Interested (n= 47)</u> <i>Number of Respondents (%)</i>	<u>Not Interested (n= 63)</u> <i>Number of Respondents (%)</i>
Qualifications required by the state	23 (48.9)	25 (39.7)
Qualification required by the district	25 (53.2)	26 (41.3)

Figure 1

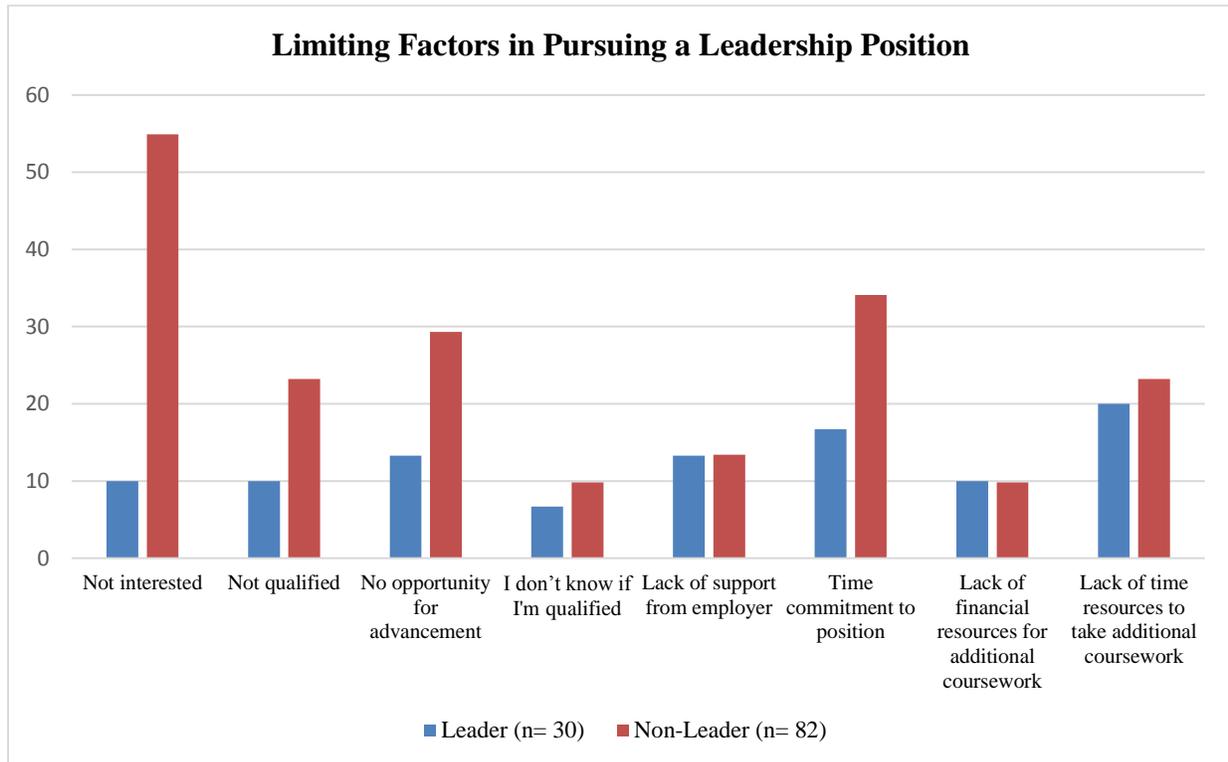
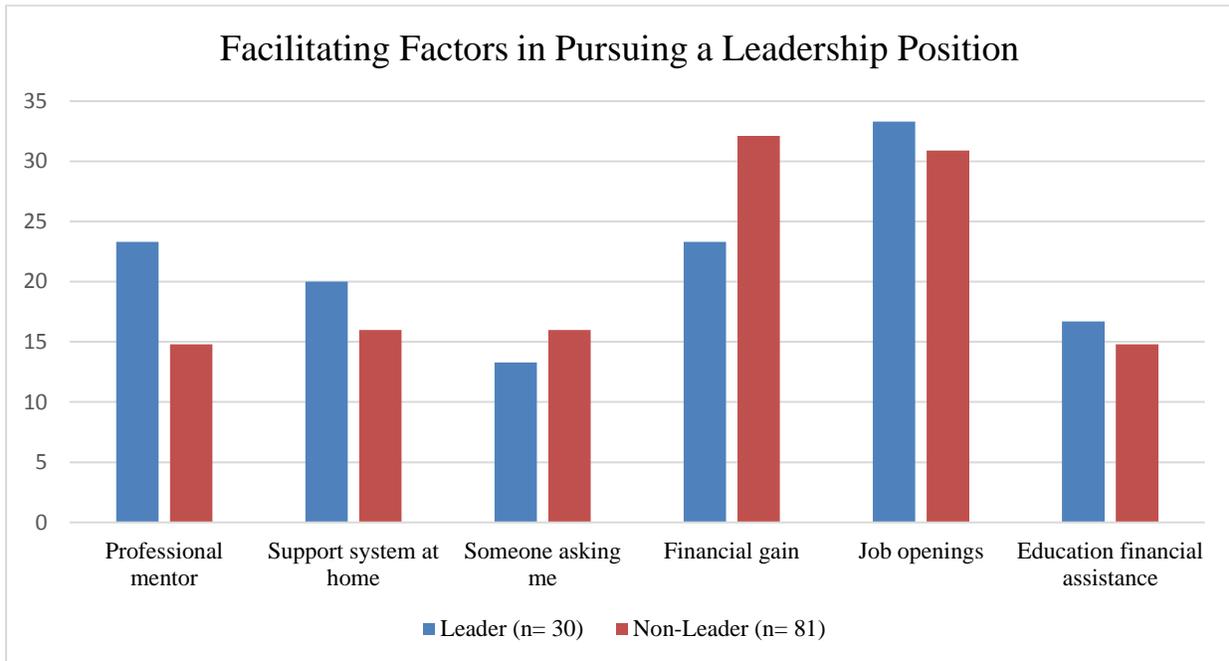
Limiting Factors in Pursuing a Leadership Position

Figure 2

Facilitating Factors in Pursuing a Leadership Position

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