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Occupational Therapy Employers' Perceptions of Professionalism

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Occupational Therapy Employers' Perceptions of Professionalism

Abstract

Background: The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction survey, the Hospital Readmissions Reduction Program, and the Bundled Payments for Care Improvement Initiative in the Affordable Care Act (ACA) are affecting expectations of professionalism in health care. These initiatives and shifts in expectations are especially concerning for occupational therapists whose services historically have not been well understood.

Method: Eighteen supervisory and managerial occupational therapy practitioners were interviewed regarding perceptions of professionalism in occupational therapy employees. The semi-structured interview guide explored professionalism in occupational therapists' interactions with patients and co-workers and in an employer's organization.

Results: The participants identified three categories: patient or client-centeredness; collaboration and teamwork; and respect for the profession, department, and company.

Conclusion: Data indicate that occupational therapy employers desire therapists who can effectively explain and demonstrate the value of OT, advocate for a patient, and understand the importance of communication and respect in interactions with patients, families, and co-workers. Investigating employers' perceptions can yield a more complete picture of the specific behaviors associated with professionalism; enhance the process and product of professional development education; and contribute to the goals of patient-centered care, quality, patient safety, and improved reimbursement under the ACA's value-based purchasing.

Keywords

collaboration, teamwork, interprofessional, patient- or client-centeredness, value-based purchasing, ACA

Cover Page Footnote

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The benefits of professionalism in health care extend beyond the patient-provider rapport that affects occupational therapy (OT) treatment compliance and outcomes to the quality of patient safety and patient-centered care (DuPree, Anderson, McEvoy, & Brodman, 2011; Holtman, Frost, Hammer, McGuinn, & Nunez, 2011). The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and two payment models, the Hospital Readmissions Reduction Program and the Bundled Payments for Care Improvement Initiative, may shape expectations of professionalism in the practice of OT under value-based purchasing in the Affordable Care Act (ACA).

The HCAHPS patient survey effectively places a dollar figure on patient perceptions of customer service, explanations of services, and professionalism, thus tying Medicare incentive reimbursement to consumer ratings under value-based purchasing (Centers for Medicare & Medicaid Services [CMS], 2015a). This survey does not explicitly apply to OT. The section "Your Care from Nurses" (CMS, 2016, p. 1) includes questions that assess courtesy and respect, listening skills, and explanations. It is unclear, however, if patients are able to separate the customer service offered by diverse hospital personnel, including receptionists, allied health professionals, and support staff, from that offered by nurses. Cumulative perceptions of various hospital personnel may potentially affect the ratings of nursing interactions. Budryk (2016) reported a dress code shift at a major hospital in response to patient concerns with identifying nurses. Perceptions may also be affected by the halo effect. The halo effect, long applied in human resources and marketing, suggests that perceptions of a feature or attribute influences perceptions of another feature or attribute. For example, a hiring manager who is red-headed may be predisposed to favor candidates with red hair. Under the halo effect, patients who have had favorable interactions with non-nursing staff could be predisposed to offer a positive evaluation when answering the HCAHPS question about nurses. Dagger, Danaher, Sweeney, and McColl-Kennedy (2013) studied the halo effect of interpersonal quality (interaction, relationship, empathy, explanation, and effort) in frontline personnel in health care and found a spillover effect enhanced perceptions of service quality. Dagger et al. (2013) found improvement in interpersonal qualities in frontline employees resulted in "more positive perceptions of the expertise of medical personnel" (p. 497). Linking reports from Budryk (2016) and Dagger et al. (2013) could suggest that if patients cannot distinguish between different professionals who work in a hospital, or if perceptions are influenced by the halo effect of interactions with other employees, these broader impressions may blend into the nursing rating for the purpose of expressing satisfaction. If this is the case, then while the HCAHPS survey employee questions are primarily about nurses, the professionalism and interpersonal qualities of all employees, including occupational therapists, may affect scores and related reimbursement mechanisms.

The ACA includes two other payment models: the Hospital Readmissions Reduction Program and the Bundled Payments for Care Improvement Initiative (CMS, 2015b). Under these reimbursement pressures, occupational therapists may find themselves sensitive to patient satisfaction and to management's satisfaction with employees who respect and respond to the financial pressures on employers. The Hospital Readmissions Reduction Program and projected program expansion to postacute services, such as skilled care and home health, penalizes providers for acute readmissions within 30 days after discharge. Roberts and Robinson (2014) noted, "occupational therapy practitioners are well positioned in their roles and with their scope of practice" (p. 257) to affect outcomes for patients at risk for hospital readmissions. It may be an individual therapist's professionalism and ability

to articulate and advocate for services, while simultaneously producing outcomes, that ultimately shapes perceptions about the value of OT in readmissions.

In addition to the Hospital Readmissions Reduction Program, the Bundled Payments for Care Improvement Initiative is adding diagnoses and expanding pilot programs. “Bundling payment for services that patients receive across a single episode of care, such as heart bypass surgery or a hip replacement, is one way to encourage doctors, hospitals and other health care providers to work together to better coordinate care” (CMS, 2015b, para. 18). These payment structures reimburse for the quality and value of services, rather than for the quantity of services. Lamb and Metzler (2014) stressed the importance of demonstrating the value of OT under the ACA. Under bundled payments, it will be imperative for occupational therapists to be recognized for the distinct value they bring to patient care in order to establish OT referrals as investments in outcomes.

Concerns around a lack of recognition or understanding and misconceptions about OT are not new (London-Willis, Couldrick, & Lovelock, 2012; Mitchell, 2005; Voyer, 1999; Williamson, 2010) but implications of low awareness under the ACA Bundled Payments for Care Improvement Initiative are troubling. If the role or value of OT is widely misunderstood, there is a possibility that OT services will not be perceived as medically necessary by administrators operating under the financial pressures of the ACA. If this occurs, referrals that should be made to OT may be made to higher-profile disciplines. As part of the administrative team, supervisory and managerial OT practitioners have valuable insights into the pressures and implications of the changing health care environment and shifting expectations about professionalism for employees.

Patient safety, patient-centered care, and quality care (DuPree et al., 2011; Holtman et al., 2011) are end products of professionalism. Improved reimbursement under the HCAHPS may be an indirect product. Health care reform is driving coordination of care reimbursement initiatives and scrutiny of the value of services related to outcomes and costs. Employer perceptions of professionalism are shifting in response to reimbursement changes. The convergence of these factors necessitates a heightened focus on professionalism in OT.

Difficulties in Defining Professionalism

Difficulties in defining professionalism predate the ACA. Bossers et al. (1999) described professionalism as a core process component in OT practice and provided an operational definition that encompassed parameters, behaviors, and responsibilities. They conceptualized the themes as “*what we know, how we behave and ways in which we are accountable*” (Bossers et al., 1999, p. 119). They noted that (a) professional parameters include legal issues, ethics, and morality; (b) professional behavior encompasses skills, relationships, and presentation; and (c) professional responsibilities include those to the profession, self, community, employer, and client.

The distinction between professionalism and professional behaviors is often blurred. Professionalism is more intangible and subjective, affected by a context-specific nature (Robinson, Tanchuk, & Sullivan, 2012) and generational interpretation of values (Gleeson, 2007), while professional behaviors are observable and more concrete. Further complicating the development of a definition of professionalism is the agility of the concept, described by Hordichuk, Robinson, and Sullivan (2015) as “dynamic, continuous and ever changing” (p. 152), which appears appropriate in view of reimbursement shifts and provider pressures. Green, Zick, and Makoul (2009) stressed that the terms used to explain professionalism tend to be abstract, and the behavioral signs of professionalism

must be more clearly defined to make the competency tangible. Burford, Morrow, Rothwell, Carter, and Illing (2014) similarly suggested a focus on skills and identifying appropriate behavior.

There is little information available on professionalism expectations (values or behaviors) of OT employers. Searches of PubMed, Ovid, and CINAHL Complete from 2000 to 2016 using MeSH terms and keywords—professional, professionalism, occupational therapy, occupational therapists, employers, and expectations—in different combinations in multi-field searches identified only a 2004 Canadian study and Australian studies from 2011 and 2013. To our knowledge, this present study is the only research of OT employers' perceptions of professionalism in U.S. health care, before and after the reimbursement pressures of the ACA. The identification of the professionalism expectations of employers could facilitate establishing specific workplace definitions of professional behavior. These specific definitions, in turn, may result in positive changes in the process and product of professional development education. The purpose of this descriptive study was to determine the perceptions of supervisory and managerial OT practitioners regarding professionalism and professional behaviors in OT employees.

Method

Research Design

A descriptive qualitative study was used to identify supervisory and managerial occupational therapists' perceptions of professionalism in OT employees. The research question was: What observable professional behaviors do supervisory and managerial occupational therapists value as exemplifying professionalism in their OT employees? The A.T. Still University Institutional Review Board approved this study.

Participants

Purposive sampling was used to recruit participants from the members and employees of vendor companies to the Texas Occupational Therapy Association (TOTA), a professional membership organization of over 15,000 occupational therapists and occupational therapy assistants. The invitation to participate in the study was criteria-based as follows:

- Currently employed in a supervisory or managerial position with responsibility for therapy services in a health care facility or a corporate entity whose primary focus includes the delivery of rehabilitation therapy services (physical, occupational, and speech therapy) in Texas.
- Current licensure as an occupational therapist or an occupational therapy assistant.

Qualitative Interview Guide

The semi-structured interview guide (see Appendix) included demographic information and questions adapted from contexts of professionalism by Hodges et al. (2011) and Burford et al. (2014) to gain a better understanding of professionalism and professional behaviors desired in three different contexts. The initial prompts were:

- What is professionalism in interaction between an occupational therapist and a client?
- What is professionalism in interaction between an occupational therapist and another member of the health care interprofessional team?
- What is professionalism within the context of the employer's organization?

The original interview guide was reviewed for face and content validity by two former OT managers with backgrounds similar to the participant group. The three main prompts were piloted in a survey of attendees at the annual association conference. Based on reviews and feedback, the semi-

structured tool was modified to include follow-up questions based on participant responses, thus offering flexibility for the researchers. These modifications allowed the researchers to probe and ask for single word descriptors. There were requests for stories with positive examples of professionalism and for experiences of observing a lack of professionalism. By incorporating these different yet complementary prompts, it was hoped to obtain complete data, richer descriptions, and the ability to effectively identify perceptions of professionalism in OT.

Data Collection

Potential participants were identified by reviewing membership information and extensive networking. Invitees received an email introducing the study with a brief rationale, the projected time commitment, and a request to arrange an interview. All of the participants provided informed consent. One interview was conducted face-to-face; all others were conducted by telephone. The interviews were audio-recorded with files submitted to a transcription service. Data collection with follow-up probes continued until themes were exhausted and saturation was reached.

Data Analysis and Trustworthiness

Precoding or preliminary analysis was conducted using transcripts and field notes for an overview of data and initial identification of compelling quotes. The authors then approached each prompt separately to maintain the integrity of the data set in the three contexts of professionalism across all transcripts. Each transcript was coded manually using highlights. Words and concepts were identified to determine the codes. Because of the rich descriptions offered, there were more specific words and phrases with fewer broad concepts.

Concept maps were constructed for each prompt to aggregate words and phrases. During this step, data were summarized into subcategories and then categories, following steps outlined by Saldaña (2013). The authors revisited compelling quotes identified during precoding and reviewed discussions to ensure accurate designation. The authors reviewed and continually compared subcategories and categories after initial and secondary coding to reach consensus.

The researchers used member checks to ensure trustworthiness. Individual transcripts were electronically sent to each participant for review. No discrepancies were noted by the participants during these transcript verifications. One interview was inadvertently erased; however, extensive field notes were transcribed, sent to the participant, and approved.

Participants

Complete demographic data and characteristics of the 18 participants are in Table 1. Sixteen participants (88.9%) were occupational therapists and two participants (11.1%) were occupational therapy assistants; 15 (83.3%) were women and three (16.7%) were men. The majority of the participants (72.2%) were from Generation X, born between 1965 and 1980. The job titles of the participants reflected a range from early supervisory or departmental management to multi-facility, regional, or statewide responsibilities to executive management as President/CEO/Owner. The practice areas and settings represented were adult rehabilitation services (acute care hospitals and an outpatient clinic), pediatric rehabilitation services (schools, clinics, pediatric, and home care) and geriatric rehabilitation services (independent, assisted living, and nursing facilities). The participants were from Texas with a range of metropolitan and rural areas represented.

Table 1*Demographic Data and Characteristics of Participants*

Sex	Generation	OT/ OTA	Job Title	Years in Management	Client Populations and Practice Settings
F	Generation X	OT	President/CEO/Owner	5-10	Pediatric- clinic, school-based
F	Millennial	OT	Occupational Therapy Team Lead	Less than 5	Adult- hospital-based
F	Generation X	OT	President/CEO/Owner	11-20	Pediatric- clinic, school-based, and home care
M	Generation X	OT	Regional Manager	Less than 5	Geriatric- assisted living, independent living, and nursing facilities
F	Generation X	OT	Clinical Manager Inpatient Therapy	Less than 5	Adult- hospital-based
F	Generation X	OT	Regional Vice President	11-20	Geriatric- nursing facilities
M	Generation X	OT	President/CEO/Owner	11-20	Adult- clinic and pediatric- clinic
F	Generation X	OT	President/CEO/Owner	Less than 5	Pediatric- home care
F	Generation X	OT	Clinical Manager Inpatient Therapy	5-10	Adult- hospital-based
F	Baby Boomer	OT	Senior Director Occupational Therapy, Physical Therapy, and Music Therapy	Over 20	Pediatric- school-based
F	Generation X	OT	Director of Therapy	5-10	Pediatric- home care
F	Generation X	OTA	Director of Rehabilitation	Over 20	Geriatric- nursing facility
F	Generation X	OTA	Regional Manager of Rehabilitation	5-10	Geriatric- nursing facilities
F	Generation X	OT	Director of Acute Care Therapy Service	5-10	Adult- hospital-based
F	Baby Boomer	OT	Rehabilitation Program Specialist	Over 20	Geriatric- nursing facilities
F	Millennial	OT	Director of Occupational Therapy	Less than 5	Pediatric- clinic
M	Baby Boomer	OT	Clinical Therapy Manager	Over 20	Adult- hospital-based
F	Generation X	OT	Occupational Therapy Supervisor	Less than 5	Pediatric- home care

Note. F = female; M = male; Baby Boomer = birthdate range 1946-1964; Generation X = birthdate range 1965-1980; Millennial = born after 1981

OT = occupational therapist; OTA = occupational therapy assistant; CEO = chief executive officer.

Results

The main questions about professionalism in OT were specific to interactions with clients, co-workers, and in an employer organization. Three categories and seven subcategories emerged. The subcategories repeated under different categories. Categories, subcategories, and participant quotes are included in Tables 2, 3, and 4 with brief discussions.

Category 1: Patient or Client-Centeredness

The participants were asked, "What is professionalism in interaction between an occupational therapist and a client?" Single word descriptors, phrases, and quotes revealed subcategories that resulted in a category of patient or client-centeredness (see Table 2). The category was best described by a participant who offered that "Everything really needs to center on them. It's not what we think their goals are. It's not what we think they need to do. It really goes back to that particular client."

The four subcategories were communication, attributes, an educational approach, and respect. The importance of focusing on the client, and by extension a client's family, was emphasized, as was the nature of being an advocate for and a resource to clients and families. In communication, the participants described good communicators who adjust the message as necessary to share the right information at the right time. Additional attributes noted were empathetic, active listener, and positive and uplifting in encouraging participation in therapy. The participants included comments on the need

to explain OT and establish the value of the service. The category of respect also included respecting schedules, privacy, and autonomy. Detailed discussions of respect ranged from the larger context of HIPAA to managing conversations with a family during pediatric therapy sessions.

Table 2

Question: “What is Professionalism in Interaction Between an Occupational Therapist and a Client?”

Category	Subcategories and codes	Participant Statements
Patient or Client-Centeredness	Communication	
	Focuses on the patient/ client	“Having that patient get your best undivided attention.”
	Involves/considers the family	“Meeting the client where they are and that not only includes the actual client but their family as well.”
	Establishes a rapport	“You have to develop a rapport and it has to be professional.”
	Acts as resource and advocates for clients	“Being there to advocate for them.”
	Attributes	
Knowledgeable and confident	“Just how you carry yourself, our appearance, your general demeanor, and the way you communicate with others. Acting in a way and appearing in a way where people have confidence.”	
Educational approach	“Not only provide a therapy service, but provide an educational service as well.”	
Explains OT and value of OT	“When they speak to their clients they should use their education as much as possible. Use those big words, but don’t talk over their heads. Get your framework knowledge out there.”	
		“Articulating what we do in a very descriptive manner, really show the client the value that we provide, explain to a client really what skills we have to offer, so they understand the difference between occupational therapy and somebody who’s just there to assist them with dressing or bathing.”
	Respect	
	Respects, cultures, values, and boundaries	“Looking at that client as a whole, being mindful of culture, their values, their personal space, really entering their world and just being respectful of their perceptions and boundaries and valuing them, and valuing that they’re even letting you have this time with them.”

Category 2: Collaboration for Coordination of Care

The second prompt in the semi-structured interview guide was: “What is professionalism in interaction between an occupational therapist and another member of the health care interprofessional team?” The category, collaboration for coordination of care, emerged from data (see Table 3). This category included subcategories of teamwork, communication, and respect. The subcategory was clearly identified by a participant who stated, “You are there for the team, and not for yourself.” The action processes offered by the study participants included working as a team member, working across all aspects of care, being a resource to the team, and using team members as resources. The participants viewed collaborative relationships as positioning occupational therapists as consultative and flexible to treatments, settings, constraints, and equipment needs, thus positioning them as more effective advocates for OT and facilitating referrals to other disciplines to benefit clients.

The participants stressed the importance of being objective, open to ideas, and supportive, as well as reinforcing what others were doing without duplicating goals to improve patient progress. The

need for preparation and assertiveness in an interprofessional care team was included. The ability to modify the message based on knowledge and educational level of co-workers and others on the interprofessional team and the need for open and direct communication were highlighted. Descriptions of action processes in this area included answering questions from others and seeking input from others on treatment and follow up.

Table 3

Question: "What is Professionalism in Interaction Between an Occupational Therapist and Another Member of the Health Care Interprofessional Team?"

Categories	Subcategories and Codes	Participant Statements
Collaboration for Coordination of care	Teamwork	
	Works as a team member, is objective and open-minded Consultative role, acts as a resource to the team. Shares evidence-based practice	"Being objective and very open to each other's ideas and approaches in order to get the best solutions for the patients." "So one of the things that the occupational therapists need to be ready for professionally is, presenting evidence as to why they have determined a certain course of action and have certain suggestions for – for instance a discharge date, or a discharge distance issue or destination."
	Explains OT, the value of OT and importance, addresses misconceptions	"Dispel some of the different thoughts around here on what OT encompasses... Not being afraid to speak up, and share these best practices that we've learned or found through research."
	Communication	
	Objectively presents a difference of opinion and manages relationships when roles are in conflict. Assertively and effectively supports an opposing view (e.g. progress, treatment, discharge readiness)	"It's having the courage to stand up for what you think is the correct way of doing, and also being able to have that art of collaboration and negotiation." "Really able to address that nice healthy conflict management way of approaching the individual and listening, and really working through it."
	Respect	
	Respects their own profession, all co-workers and their professions as to input regarding treatment decisions	"You may not easily get along with a lot of people you work with, but you have to respect their opinion in order to get the bigger picture."

Category 3: Respect for the Profession, Department, and Company

This category emerged in response to the prompt: "What is professionalism within the context of the employer's organization?" Respect for the profession, department, and company revealed employers' multi-faceted expectations of professionalism (see Table 4). It was best described by a participant who stated, "There's a difference between a great clinician, being a great clinician, and being a great employee at the same time." Supervisory and managerial OT practitioners described the role of an occupational therapist (or the description of a great clinician) as a client-centered problem solver who makes smart clinical decisions; someone who hones skills by seeking help and keeping current with continuing education; and someone who is a learner, not just an expert. They noted interest in

occupational therapists who take initiative (e.g., driven, motivated, self-starters), establish rapport, and maintain an open-mind. Employers expressed the need for team players and for humility with an awareness of one’s own limitations. They stressed the importance of ethics, with one participant stating, “There’s a lot of ethical decisions that therapists have to make every single hour of the day.” The ability to describe and explain the intervention and the value of the service was again a common thread.

Supervisory and managerial occupational therapist practitioners were quick to offer that they were looking for occupational therapists with a customer service orientation who are positive and not critical of employers, even during a resignation. A participant noted that therapists should be as professional in departure as they were when they were hired. The participants addressed difficulty in developing professionalism, noting a lack of awareness and the need for definitions and education. Comments included, “People have to be onboard with the why of being professional,” and “We have to define professionalism and reteach it.”

Table 4

Question: “What is Professionalism in the Context of the Employer’s Organization?”

Category	Subcategories and Codes	Participant Statements
Respect for self, profession, department, and company	<p>Work persona, work ethic, attributes</p> <p>Punctual, flexible and adaptable, dependable and reliable, time management, thorough, accountable and responsible (e.g., submitting accurate and timely paperwork).</p> <p>A passion for the profession, committed to representing the profession, department and employer well with clients, in organization meetings, on social media, and out in the community.</p> <p>Adhering to company policies regarding accepting gifts, bringing children and/or pets to work, social media, HIPAA and privacy concerns, schedules (punctuality, call -n procedures), documentation, ethics, and dress code.</p> <p>Explains and champions OT to bring value.</p>	<p>“Being on time for your scheduled visit, communicating within a certain time period, making sure that you are documenting like you know what you’ve done.”</p> <p>“I want somebody that’s going to sit up straight in a chair, be attentive in meetings, be able to express what occupational therapy is, and how we can truly affect our patients.”</p> <p>“We are looking for somebody who is committed. Somebody who’ll recognize that they represent us wherever they are. If they’re wearing a name badge that’s got our company on it., they need to be aware that they are representing us as a company and be willing to do that.”</p> <p>“There is the changing healthcare environment which results in the need for OTs to demonstrate their value.”</p> <p>“We are doing ourselves an injustice by not providing that consultative approach back to the physician, or to our administration. Explaining exactly what we’re doing brings its value, demonstrates that value of the services that’s provided by an occupational therapist. If I can’t explain the mechanics behind why it’s important this person can brush their teeth standing at the sink in their house, a nurse tech or a nurse aide can give that patient that same service. If I can’t explain what benefit that has to the patient, and be that consultative service, then somebody else far cheaper could do that.”</p>

Discussion

The purpose of this study was to determine the perceptions of supervisory and managerial OT practitioners regarding professionalism and professional behaviors in OT employees. To our knowledge, it is the only study to focus exclusively on OT employers' perceptions of professionalism in OT employees in the US before and after implementation of the ACA. Inspired by Hodges et al. (2011) and Burford et al. (2014), the investigation explored concepts of professionalism in the workplace with clients and co-workers and in the broader context of an employer organization.

Three categories emerged from the data: patient or client-centeredness; collaboration for coordination of care; and respect for self, profession, department, and company. Subcategories of communication and educational approach emphasized the value of OT and emerged across all three categories. Professional attributes were included in all categories, but with a slightly different emphasis in each. Data on collaboration (interprofessional skills) and communication paralleled the Canadian and Australian findings. The U.S. employer focus on explaining OT services and establishing value in our data was less apparent in the other studies. It is unclear if this reflects effects of the ACA or a disparity in awareness of OT.

Mulholland and Derald (2004) investigated what 128 Canadian employers were seeking in hiring occupational therapists. While our study focused on professionalism expectations of managerial and supervisory OT practitioners, the Mulholland and Derald study was broader in nature with participants from various disciplines, including 35% in OT. Experience, skills, and abilities in the area of practice were the first and third most frequent categories reported by this group. Team skills and communication, which emerged as categories in our investigation, were the second and fourth most frequent categories in Mulholland and Derald's findings. The fifth category in their study was interpersonal skills, which in our findings was part of communication. The role and promoting the value of OT were included in two out of 180 statements regarding new graduates, and 11 of 925 statements provided by the participants referred to understanding OT's role in overall hiring.

Adam, Gibson, Strong, and Lyle (2011) investigated knowledge, skills, and professional behaviors in physiotherapists and occupational therapists. They conducted semi-structured interviews with 12 participants, including occupational therapists, physiotherapists, and employers of therapists, along with other disciplines in work-related practice. Information gathered was reduced to 29 concepts. The participants were then asked to rank the top nine concept statements. Very good communication skills ranked highest and emerged as a category across all three questions in our study. A good understanding of the roles and functions of colleagues and others was tied with knowledge, and skills had the lowest ranking of the nine concepts. In contrast to our results, there was no reference to establishing the value of therapy.

Adam, Peters, and Chipchase (2013) performed a meta-synthesis of published data in OT and physiotherapy work-related practice to investigate the required knowledge, skills, and professional behaviors. The results, while not discipline specific, included communication as the top ranked skill. Communication included interpersonal and interprofessional skills, along with training and education. A client-centered approach (listed with clinical reasoning) was ranked third after work assessment and intervention. In our data, communication (interpersonal skills), client-centered, and collaboration for coordination of care (interprofessional skill) reinforces Adam et al.'s identification of communication and a client-centered approach. There were no specific references to explaining OT or establishing its value in the Adam et al. study, which included training and education as components of communication.

Explaining and establishing the value of OT in our data was less frequently included in the Mulholland and Derald (2004) study and not apparent in the Adam et al. (2011) and Adam et al. (2013) studies. There are clearly differences in the three countries' health care systems. Perhaps the pressures of the ACA in the US necessitate a new lens of scrutiny with recognition of a shifting perception of employer professionalism expectations.

This shift is supported by recent literature. Patient or client-centeredness that featured in the data on professionalism between an OT and the client has been identified as an area under the ACA, which "poses challenges to traditional thinking in occupational therapy" (Mroz, Pitonyak, Fogelberg, & Leland, 2015, p. 1). These authors noted that OT's view "does not incorporate the context of the wider health care team" (Mroz et al., 2015, p. 3). Employers consistently offered that teamwork included collaboration in interprofessional practice. Moyers and Metzler (2014) concluded that the profession must expand expectations in this area in education.

Another shift in expectations involves value-based reimbursement and the need to demonstrate the value of OT (Mroz et al., 2015). This was a thread across all categories in our study. Lamb and Metzler (2014) noted that the value of OT must be linked to emerging needs. Employers indicated that they desired employees who could articulate the role and value of OT. Leland, Crum, Phipps, Roberts, and Gage (2014) offered that this is imperative in the context of health care reform. Applying these policy-driven shifts to the concept of professionalism validate Hordichuk et al.'s (2015) description of the changing nature of professionalism and reinforce Bossers et al.'s (1999) description of knowledge, behaviors, and accountability.

Implications for Occupational Therapists

Data indicated the need for OT practitioners to explain services, develop referrals, and demonstrate value. Incorporating questions into the behavioral interviewing process can assist in identifying candidates who can more effectively advocate for patients and OT services in the face of scrutiny under bundling, while simultaneously contributing to positive perceptions of service. A behavioral interviewing guide could include clinical scenarios with questions, such as, "Dr. Smith refers post stroke patients to physical therapy but rarely to occupational therapy, what would you say to Dr. Smith to educate him or her on the benefits of OT?" Candidates may not have all of the answers. Those who are introduced to the employer expectations of professionalism early can be better prepared for subsequent patient and referral source interactions. The data can fill gaps and provide specifics in preparing students for the broader employer expectations prior to entry-level job searches.

Limitations and Recommendations for Future Research

This was an introductory study of employer perceptions of professionalism in OT employees. Perhaps reflective of the ambiguity in defining professionalism, this early research yielded a mix of attributes and observable behaviors that could be further refined and correlated in subsequent studies. The broad questions on professionalism could be refocused to elicit qualities or values associated with professionalism and could include follow up probes to identify specific behaviors exemplifying individual qualities. These changes may facilitate the more explicit direction that students need (Robinson, Tanchuk, & Sullivan, 2012) while providing knowledge of the concrete behaviors desired by employers.

This study did not focus on any one area or group. The participants were limited to Texas practitioners ranging in years of ages and years of experience and working across multiple practice settings. Data can be used as a basis for focused investigation into the perceptions of practice in

specialty areas or managerial practitioners at specific levels (managers, supervisors, department heads, etc.). It may be beneficial to conduct additional research on generational groups (Baby Boomer, Generation X, and Millennial) of supervisors and managers in specific practice areas or as shifts in managerial personnel occur. There may also be benefits to investigating differences in the perceptions of female and male supervisory and managerial personnel.

Conclusion

As a part of the ACA, the HCAHPS patient satisfaction survey, the Hospital Readmissions Reduction Program, and the Bundled Payments for Care Improvement Initiative may be affecting employer expectations of professionalism in health care. These value-focused initiatives and shifts in expectations are especially concerning for OT practitioners whose services are often misunderstood.

Data indicate that OT employers desire therapists who can effectively explain and demonstrate the value of OT, advocate for a patient, and understand the importance of communication and respect in interactions with patients, families, and co-workers. Employers characterize professionalism as being patient-centered; focusing on teamwork and collaboration; and showing respect for the profession, client, department, and employer. Investigating employers' perceptions can yield a more complete picture of specific behaviors associated with professionalism; enhance the process and product of professional development education; and contribute to the goals of patient-centered care, quality care, patient safety, and improved reimbursement under the ACA's value-based purchasing.

References

- Adam, K., Gibson, E., Strong, J., & Lyle A. (2011). Knowledge, skills and professional behaviours needed for occupational therapists and physiotherapists new to work-related practice. *Work*, 38(4), 309-318. <http://dx.doi.org/10.3233/WOR-2011-1134>
- Adam, K., Peters, S., & Chipchase, L. (2013). Knowledge, skills and professional behaviours required by occupational therapist and physiotherapist beginning practitioners in work-related practice: A systematic review. *Australian Occupational Therapy Journal*, 60(2), 76-84. <http://dx.doi.org/10.1111/1440-1630.12006>
- Bossers, A., Hodgins, L., Kernaghan, J., Merla, L., O'Connor, C., & Van Kessel, M. (1999). Defining and developing professionalism. *Canadian Journal of Occupational Therapy*, 66(3), 116-121. <http://dx.doi.org/10.1177/000841749906600303>
- Budryk, Z. (2016). Geisinger's new nurse dress code inspired by patient feedback. *Fierce Healthcare*. Retrieved from www.fiercehealthcare.com
- Burford, B., Morrow, G., Rothwell, C., Carter, M., & Illing, J. (2014). Professionalism education should reflect reality: Findings from three health professions. *Medical Education*, 48(4), 361-374. <http://dx.doi.org/10.1111/medu.12368>
- Centers for Medicare and Medicaid Services. (2015a). *HCAHPS fact sheet* [PDF]. Retrieved from http://www.hcahpsonline.org/Files/HCAHPS_Fact_Sheet_June_2015.pdf
- Centers for Medicare and Medicaid Services. (2015b). Better care, smarter spending, healthier people: Improving our health care delivery system. Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26.html>
- Centers for Medicare and Medicaid Services. (2016). *HCAHPS survey*. Retrieved from http://www.hcahpsonline.org/files/March%202016_Survey%20Instruments_English_Mail.pdf
- Dagger, T., Danaher, P., Sweeney, J., & McColl-Kennedy, J. (2013). Selective halo effects arising from improving the interpersonal skills of frontline employees. *Journal of Service Research*, 16(4), 488-502. <http://dx.doi.org/10.1177/1094670513481406>
- DuPree, E., Anderson, R., McEvoy, M., & Brodman, M. (2011). Professionalism: A necessary ingredient in a culture of safety. *Joint Commission Journal on Quality & Patient Safety*, 37(10), 447-455. [https://doi.org/10.1016/s1553-7250\(11\)37057-2](https://doi.org/10.1016/s1553-7250(11)37057-2)
- Gleeson, P. (2007). Understanding generational competence related to professionalism: Misunderstandings that lead to a perception of unprofessional behavior. *Journal of Physical Therapy Education*, 21(3), 23-28. Retrieved from <http://aptaeducation.org/members/jopte/>

- Green, M., Zick, A., & Makoul, G. (2009). Defining professionalism from the perspective of patients, physicians, and nurses. *Academic Medicine*, 84(5), 566-573.
<http://dx.doi.org/10.1097/acm.0b013e31819fb7ad>
- Hodges, B., Ginsburg, S., Cruess, R., Cruess, S., Delpont, R., Hafferty, F., . . . Wade, W. (2011). Assessment of professionalism: Recommendations from the Ottawa 2010 conference. *Medical Teacher*, 33(5), 354-363. <http://dx.doi.org/10.3109/0142159X.2011.577300>
- Holtman, M., Frost, J., Hammer, D., McGuinn, K., & Nunez, L. (2011). Interprofessional professionalism: Linking professionalism and interprofessional care. *Journal of Interprofessional Care*, 25(5), 383-385.
<http://dx.doi.org/10.3109/13561820.2011.588350>
- Hordichuk, C. J., Robinson, A. J., & Sullivan, T. M. (2015). Conceptualising professionalism in occupational therapy through a Western lens. *Australian Occupational Therapy Journal*, 62(3), 150-159. <http://dx.doi.org/10.1111/1440-1630.12204>
- Lamb, A. J., & Metzler, C. A. (2014). Defining the value of occupational therapy: A health policy lens on research and practice. *The American Journal of Occupational Therapy*, 68(1), 9-14.
<http://dx.doi.org/10.5014/ajot.2014.681001>
- Leland, N. E., Crum, K., Phipps, S., Roberts, P., & Gage, B. (2014). Advancing the value and quality of occupational therapy in health service delivery. *The American Journal of Occupational Therapy*, 69(1), 1-7.
<http://dx.doi.org/10.5014/ajot.2015.691001>
- London-Willis, J., Couldrick, L., & Lovelock, L. (2012). The personalization of adult social care: Occupational therapists' perceptions. *British Journal of Occupational Therapy*, 75(3), 128-133.
<http://dx.doi.org/10.4276/030802212X.1331219571747>
- Mitchell, N. (2005). Occupational therapy: Skills for the job of living. *Journal of Legal Nurse Consulting*, 16(2), 9-12. Retrieved from
<http://www.aalnc.org/page/the-journal-of-legal-nurse-consulting>
- Moyers, P. A., & Metzler, C. A. (2014). Interprofessional collaborative practice in care coordination. *The American Journal of Occupational Therapy*, 68(5), 500-505.
<http://dx.doi.org/10.5014/ajot.2014.685002>
- Mroz, T. M., Pitonyak, J. S., Fogelberg, D., & Leland, N. E. (2015). Client centeredness and health reform: Key issues for occupational therapy. *The American Journal of Occupational Therapy*, 69(5), 1-8.
<http://dx.doi.org/10.5014/ajot.2015.695001>
- Mulholland, S., & Derald, M. (2004). Exploring what employers seek when hiring occupational therapists. *Canadian Journal of Occupational Therapy*, 71(4), 223-229.
<http://dx.doi.org/10.1177/000841740407100407>
- Roberts, P. S., & Robinson, M. R. (2014). Occupational therapy's role in preventing acute readmissions. *The American Journal of Occupational Therapy*, 68(3), 254-259.
<http://dx.doi.org/10.5014/ajot.2014.683001>
- Robinson, A. J., Tanchuk, C. J., & Sullivan, T. M. (2012). Professionalism and occupational therapy: An exploration of faculty and students' perspectives. *Canadian Journal of Occupational Therapy*, 79(5), 275-284.
<http://dx.doi.org/10.2182/cjot.2012.79.5.3>
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Los Angeles, CA: SAGE Publications.
- Voyer, J. (1999). Occupational therapy: Skills for the job of living. *Occupational Therapy Now*, 1(4), 3-5. Retrieved from
<http://www.caot.ca/default.asp?pageid=7>
- Williamson, J. E. (2010). The task masters: Recognizing occupational therapists during occupational therapy month. *McKnight's Long-Term Care News*, 31(4), 40. Retrieved from
www.mcknights.com

Appendix

Semi-Structured Interview Guide

We have three broad questions today. The three questions focus on professionalism in three different contexts, as an individual, with patients or co-workers, and in their employer's organization, with one question on each of those three contexts. In these three areas, we will look at different examples and descriptions of professionalism. So, let's get started.

- My first question is regarding professionalism in the individual. What are your thoughts on what is professionalism in an individual OT? How would you describe professionalism in an OT to me or what words come to mind?
 - Can you offer examples of times when an OT acted professionally or a quality that makes an OT professional?
 - Can you offer examples of when an OT acted unprofessionally or a quality that makes an OT unprofessional?

- Our second question for discussion regarding professionalism is a two-parter.

What is professionalism in interaction between an OT and a client or between an OT and another member of the health care interprofessional team? First, what are your thoughts on an OT's professionalism when interacting with a client?

- Can you offer examples of situations when an OT acted professionally with a client? What words come to mind when you describe a professional interaction with a client?
- Can you offer examples of situations when an OT did not act professionally with a client? What words come to mind when you describe an unprofessional interaction with a client?

Now let's discuss professionalism with an OT and a co-worker. What about examples of situations when an OT did not act professionally with a client or a co-worker?

- Can you offer examples of situations when an OT acted professionally with a co-worker? What words come to mind when you describe a professional interaction with a co-worker?
Can you offer examples of situations when an OT did not act professionally with a co-worker? What words come to mind when you describe an unprofessional interaction with a co-worker?
- Our third and final question today for discussion regarding professionalism is, What is professionalism within the context of the employer's organization? Can you offer examples of your organizations' expectations of occupational therapists regarding their professionalism in representing your company? Do you have any examples that you would like to share of being disappointed in an occupational therapists professional representation of your company or a company that you were with in the past?
 - Can you offer examples of situations when an OT acted professionally in a situation within a company?
 - Can you offer examples of situations when an OT did not act professionally within a company?