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The Lived Experiences of Occupational Therapists in Transitioning to Leadership Roles

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Abstract

Background: Several studies on leadership in occupational therapy have discussed the key qualities of leadership and its importance, even though little is known about the transition process into leadership roles. This research examined the lived experiences of occupational therapists who have transitioned from a clinical to a leadership role and identified the supports and challenges that were found to be important.

Methods: Semi-structured interviews were used to gain insight into the transition process of five occupational therapy professional practice leaders. NVivo software was used to organize and analyze the qualitative data.

Results: Three common themes were identified as “supports” for participants in their transitions: (a) intrinsic motivation, (b) support systems, and (c) an occupational therapy perspective. Three common themes were identified as “challenges”: (a) changes in interpersonal relationships, (b) systemic factors, and (c) steep learning curve.

Conclusion: The findings of this study highlight the importance of leadership-specific education, family support, extensive clinical experience, and implementation of leadership-specific resources in the occupational therapy curriculum.

Comments

The authors report they have no conflicts of interest to disclose.

Keywords

leadership; professional practice leader; mentor; intrinsic motivation; education; support systems

Credentials Display

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Leadership is considered critical for achieving and sustaining quality of care and patient safety around the world (Daly, Jackson, Mannix, Davidson, & Hutchinson, 2014). Leadership among health care professionals is valued as a means to provide better access and health outcomes in response to the challenges of the demanding and changing nature of the Canadian health care system (Fleming-Castaldy & Patro, 2012; Heard, 2014; Schemm & Bross, 1995; Townsend, Polatajko, Craik, & Von Zweck, 2011). The World Federation of Occupational Therapists (WFOT) has stated that the occupational therapy (OT) profession needs strong leadership for continuous development of the profession (Lapointe, Baptiste, von Zweck, & Craik, 2013). Furthermore, strong leadership is needed to promote the role of the occupational therapist in policy and advancements in practice (Lapointe et al., 2013). However, occupational therapists hold fewer leadership roles compared to other health care professionals (Anderson & Nelson, 2011). To influence the overall health care delivery, occupational therapists need to take on more leadership roles (Clark, 2010; Heard, 2014).

Higher spending on OT services has been strongly correlated with a significant decrease in readmission rates and shortened length of hospital stays (Rogers, Bai, Lavin, & Anderson, 2016). Considering that occupational therapists are well positioned in their roles and their scope of practice to reduce the risk for readmission (Roberts & Robinson, 2014), it is expected that having more occupational therapists in leadership roles in policy and representation would positively influence the overall health care sector.

Several studies on leadership in OT have discussed the key qualities of leadership and its importance, though they have not focused on leadership in clinical roles (Heard, 2014; Rodger, 2012). Furthermore, little is known about what may facilitate the transition into these leadership roles or what creates the barriers that occupational therapists face when making the transition. Fleming-Castaldy and Patro (2012) surveyed 66 OT practice managers to examine leadership characteristics. Survey respondents reported that they possess distinct qualities (e.g., inspiring a shared vision, enabling others to act, modeling the way) that can contribute to their success, as OT leaders, in influencing others and leading the profession. The findings of the study suggest that occupational therapists have the potential to take on leadership roles to influence health care delivery.

This study has been designed to examine the lived experiences of occupational therapists who have transitioned from a clinical to a leadership role. The purpose was to identify the perceived supports and challenges during the role transition. In summary, the findings from this study may help inform educators, administrators, and occupational therapists about further development of leadership in the profession.

Method

This research study obtained ethical approval from the University of Toronto Health Sciences Research Ethics Board prior to the start of this project.

Study Design

This research used a qualitative study design consistent with an interpretative phenomenological analysis (IPA) approach. IPA was selected as a methodological choice because it enables exploration of how an individual gives meaning to a given phenomenon in a given context (Smith, 2011). IPA is considered a distinctive approach to conducting qualitative research and developing an interpretative analysis of participant lived experiences in relation to social, cultural, and theoretical contexts (Callary, Rathwell, & Young, 2015). Research has demonstrated that IPA analysis typically consists of a small sample because it allows the researchers to explore each case in extensive detail (Callary et al., 2015). In

addition, a smaller sample is beneficial for obtaining a detailed account of individual experiences (Smith, Flowers, & Larkin, 2009). The literature has also demonstrated that IPA best supports exploration of phenomenon that are not well understood and require more time, energy, and rigor for its analysis (Hammel et al., 1999; Krefting, 1991; Smith, Flowers, & Osborn, 1997).

Recruitment

The participants in this study included occupational therapists in leadership roles who were members of the Greater Toronto Area Professional Practice Leadership (PPL) network, affiliated with the Department of Occupational Science and Occupational Therapy (OS&OT) at the University of Toronto. The chair of the Department of OS&OT sent a recruitment email to the PPL network members. Thirty-nine occupational therapists with a professional practice leader designation were emailed for this study.

Participants were recruited through convenience sampling using a set of inclusion criteria. To be included in the study, participants were required to have a leadership title (i.e., clinical supervisor, manager, or professional practice leader) and must have been in their roles for longer than 3 months but less than 5 years. It was important for participants to have completed the transition, as they were able to reflect on their experiences and identify the challenges and supports that were present during the process. Participants could be practicing in either the public or private practice context. Additional inclusion criteria required that all participants must have had clinical experience prior to transitioning to a leadership role. They must have had a BSc. and/or a MSc. degree in occupational therapy from a WFOT approved program. Any participants who did not meet the inclusion criteria were excluded from the study. In addition, participants were excluded if they were not able to communicate in English or were not able to provide informed consent.

Participants

Of the 39 occupational therapists who were emailed, eight responded for an overall response rate of 20.5%. Of the eight who were interested in participating in the research study, only five met the inclusion criteria. The respondents varied in clinical experience ranging from eight to 27 years and in PPL experience ranging from 1 to 4 years. Table 1 displays the range of experience from the participants in both clinical and professional practice lead roles.

Table 1

Participants' Experience

	Years practicing as a clinical occupational therapist	Years practicing in a professional practice leadership (PPL) role	Practice context	Education	Gender
Participant 1	5-10 years	1-2 years	Pediatric	MSc(OT)	Female
Participant 2	>20 years	1-2 years	Rehabilitation	BSc(OT); MSc	Female
Participant 3	5-10 years	1-2 years	Pediatric	MSc(OT)	Female
Participant 4	10-20 years	4-5 years	Pediatric	MSc(OT)	Female
Participant 5	>20 years	3-4 years	Pediatric	BSc(OT); MSc; PhD	Female

Data Collection

A semi-structured interview with open-ended questions was used to guide the interview process (see Table 2). The interview questions focused on the occupational therapists' reflections about their transitions from a clinical to a leadership role. The interviews were conducted in person by two MSc. OT students from the University of Toronto. The interviews ranged from 26 min to 53 min in duration. Interview responses were audio-recorded using a recording device and transcribed verbatim by the researchers.

Table 2

Semi-Structured Guide Questions for the Interviews

Can you tell us about your formal training and education for your current role?

What were your goals once you graduated from your OT program?

Can you describe to us your career timeline since graduating?

When did you know that you wanted to transition from clinical role to a leadership role?

Do you feel like there has been any major changes in the field of OT since you have transitioned into a leadership role? (i.e., resources, health care system, funding, policies)

What has helped you to succeed in your current role as a leader?

How do you define leadership in your own view?

What comes to your mind when you think of the term "leadership"?

What advice would you give to someone who is currently in a clinical role and is interested in transitioning into a leadership role?

Do you have any suggestions to newly graduated OT students who are interested in pursuing a career in leadership?

Data Analysis

An IPA approach was implemented in the analysis of the data as the focus of the researchers was exclusively on the personal lived experiences, the meaning of their experiences, and the self-perceived value of their experiences as they transitioned from a clinical to leadership role. The transcribed interviews were de-identified, coded, and analyzed using the NVivo 11 (2015). NVivo is a software program that supports qualitative and mixed-methods research studies (Zamawe, 2015). Research has shown that NVivo saves researchers time and increases the accuracy and speed of the analysis process (Zamawe, 2015). Using NVivo, the data was organized into themes, making it easier to identify the common challenges faced and the support mechanisms present to succeed in leadership roles.

Researchers then compared their preliminary codes to develop overarching themes and organized them using the Person-Environment-Occupation (PEO) frame of reference. The PEO frame of reference is effective in examining the dynamic relationship between the person, environment, and the occupational performance (Strong et al., 1999). The PEO frame of reference allowed the researchers to analyze the impact that the environment (e.g., social, institutional), occupation (e.g., clinical and leadership work), and personal characteristics had on the therapist during the role transition. The reliability of the findings was enhanced using an audit trail. All of the investigators documented the audit trail and included a detailed account of the method, procedures, and decision making of the study.

Results

Six themes were identified during the transition process from a clinical to a PPL role (see Table 3). Three primary themes were identified as “supports” for participants in their transitions: (a) intrinsic motivation was a driving factor in pursuing leadership, (b) support systems to rely on when faced with difficult circumstances during and after the transition process, and (c) an OT perspective developed by clinical experiences was essential to ensure success when transitioning into the leadership role. There were also three primary themes identified as “challenges” for the participants in their transition: (a) difficulty adjusting to the changes in interpersonal relationships and lifestyle factors that resulted from the new role, (b) systemic factors limiting the number of opportunities available for leadership positions, and (c) a steep learning curve created by the limited resources and leadership-specific education in the OT program.

Table 3

Refined Codes and Themes using the Person-Environment-Occupation Model

		Supports	Challenges
Person	Codes	Personal traits Education in leadership	Lifestyle factors Interpersonal relationship
	Themes	Intrinsic motivation and leadership-focused education provided the skills to pursue and maintain successful leadership roles.	Difficulty adjusting to the changes in interpersonal relationships and lifestyle factors that resulted from the transition process.
Environment	Codes	Mentors Colleagues Family Institution	Organizational factors Lack of formal structure
	Themes	Availability of support systems when faced with difficult circumstances was critical during and after the transitioning process.	Systemic factors limited the number of opportunities available for leadership positions for occupational therapists.
Occupation	Codes	Clinical experience Leadership experience Occupational therapy perspective	Learning curve Limited resources Absence of leadership-specific education
	Themes	An occupational therapy perspective developed by clinical and leadership experiences was essential to ensure success when transitioned to leadership role.	Limited resources and leadership-specific education in the occupational therapy program created a steep learning curve during the transition process.

Supports in Leadership Transition

Intrinsic motivation (person). Intrinsic motivation was found to be an important aspect of the transition process, as it was mentioned by all five participants. Intrinsic motivation refers to the incentive to pursue a task driven by the individual's perception of it being intrinsically rewarding (Ryan & Deci, 2000). All of the participants reported an intrinsic drive that pushed them to pursue leadership roles. This intrinsic drive was inspired through personal factors unique to each participant. For instance, one participant said, "I think I have always been a leader, I just have been a quiet leader. I always had that capacity in me, I think just finding the right time and the right role is important" (Participant 4).

Furthermore, four of the five participants were motivated to learn more about successful leadership by completing additional education on leadership while working clinically. Three of the five participants completed a degree in leadership while one participant completed an educational certification focusing on leadership in health care. The one participant who did not pursue education in leadership stated an interest in pursuing one, as she said, "some courses in leadership, I think would be helpful and beneficial . . . that's something that I would like to do" (Participant 3). Table 4 contains quotes that illustrate the importance of intrinsic motivation and education in the pursuit of leadership roles.

Support systems (environment). The availability of support systems when faced with difficult circumstances was critical during the transition process for all of the participants. Support systems through mentorship, family, and supportive colleagues were outlined as an integral part of the transition process. Support systems were identified as elements in an individual's life both personally and professionally that fostered personal growth. These support elements included encouragement from family, a feeling of comfort from supportive colleagues, and guidance from mentors for developing professional capacity.

The participants identified mentors as individuals they relied on for trusted advice and support for professional development. All of the participants referred to mentors when facing times of uncertainty. One participant specifically mentioned the importance of having an occupational therapist as a mentor, stating, "I've drawn on mentors across many professional backgrounds . . . but the fact that she also had come from an occupational therapy background was important for me. I learned a lot from her" (Participant 2).

In addition, most of the participants identified family as being a major support during their transitions. The participants highlighted that with increased responsibilities in their new roles, their families were supportive in helping them achieve a healthy work-life balance. One participant also mentioned her husband as being encouraging and supportive of her going back to school, stating, "My husband would say to me, 'you will never regret going back to school, but you will regret . . . if you are always wondering [whether] you should have'" (Participant 1).

Furthermore, four of the five participants mentioned their institutional networks as one of the more important support systems in the transition. More specifically, three of the five participants stated that the Greater Toronto Area PPL network was a great resource to refer to during the transition. The participants mentioned that they would meet informally, either face-to-face or on online forums, to discuss the current developments and issues in health care. They would also use this network for guidance and sharing resources when developing new projects and policies. Table 4 contains a list of quotes that summarize the importance of different support systems during the transition process.

OT perspective (occupation). An OT perspective developed by clinical experiences was described by the participants as an essential component to successful transition. The OT perspective, also referred to as an OT lens, was identified by the participants to be a useful tool throughout the transition process. They defined it as a scope of expertise dictated by their experiences as a practicing clinician. Hence, four out of the five participants reported that their clinical experience helped them tremendously in the transition process, as it provided them with the knowledge and skills required to be successful in a leadership role.

The participants stated that having an OT background allowed them to overcome challenges in a more unique way compared to other health care professionals. They identified their OT lens as an asset providing them with a holistic perspective when faced with barriers during the transition. One participant stated, “I think OT helps in lots of ways. I think you think about problems in a more diverse way” (Participant 1).

The OT perspective was further outlined as one participant felt that she would not have been adequately prepared for the leadership role if it was not for her clinical experience: “I think you need to put in some time doing clinical stuff so that you can understand the working [sic] and properly advocate” (Participant 1). Several of the participants recommended having diverse clinical experiences because it increased their knowledge base, stating, “I think to be a really good leader in our profession, if you want to be within a health care institution, having a clinical basis or clinical knowledge base to draw from is a huge asset” (Participant 5).

The participants also mentioned that having a wide base of clinical knowledge and knowing the scope of practice for other health care professionals opens the door to various leadership opportunities. This was evident, as several of the participants were not just professional practice leaders for OT, but also for other allied health professions, such as physiotherapy and recreational therapy. Their roles were to support these various practice settings and clinicians in their education and professional development. They found the practical skills they gained through clinical work transferrable to their leadership roles. Table 4 consists of a list of quotes from the respondents that highlight the importance of work experience and the impact it has on the OT perspective when transitioning to a leadership role.

Table 4

Descriptive Analysis of Person-Environment-Occupation Supports from Candidates

	Support	Sample Quotes
Person	Personal traits	<p>“I sort of have a type A personality so I tend [to] have a hard time sort of sitting back and just, you know, listening. I like to kind of step up and I have a hard time not volunteering myself for things, so I think by nature I just kind of do that stuff.”</p> <p>“I felt morale in the department to be lower than I experienced [it] to be before and I felt I could do something about that, and I wanted to, so I was inspired by the people I worked with and really wanted to make this place the place where they wanted to be happy.”</p>
	Education in leadership	<p>“I mean, the degree, my leadership degree, was awesome for just, you know, general concepts in leadership for sure.”</p> <p>“[I] sort of sought out courses that would help lead me to develop those skills in that area. . . beyond my formal training . . . and then I went on to do my master’s degree through McMaster University in leadership.”</p> <p>“I did that leadership work conference or leadership workshop, and that really . . . oh my god, set me going, it was at the right time . . . I think I was maybe just under a year into the role and I was like, ok I’m getting it, I am understanding what’s happening when I</p>

		<p>got invited to the leadership, it just set me . . . it just made me like fly. I was like, this is what I needed, this is the best thing.”</p> <p>“As I got into [a] more formal role, then I sought out courses that would help me . . . how do you do a program evaluation . . . I haven’t had a clue how to evaluate a program, so I developed all of that . . . I developed those skills by doing continuing education.”</p>
	Mentors and colleagues	<p>“I reached to people in the organization who were managers who I sought mentorship [from] because I knew that would be helpful.”</p> <p>“As my mentor, they assigned me with the VP of mental health on patient services . . . change[d] my life to this day and she is amazing.”</p> <p>“I had my physiotherapy colleague who, [we] spent a lot of time commiserating and figuring things out together because we were both new in the role.”</p> <p>“There is a bunch of us in [an] office together, so I am really close to them and so just having that social support is very important.”</p> <p>“I had the support of an occupational therapy manager. So that made the biggest difference for me.”</p> <p>“I think it’s the support from my colleagues and a lot of the opportunities here at Trillium to allow me to build my leadership, formally and informally.”</p>
Environment	Family	<p>“Having family support was helpful.”</p> <p>“My husband has been a huge support. He put up with me going back to school a couple of times, so, he gets kudos for always being somebody who supports growth and transition.”</p>
	Institutional support	<p>“The culture of the organization, I think that’s huge . . . new organization that I had gone to at that time that there was a culture there that was accepting of that type of a role and I think that’s a really enabler because that’s not always present.”</p> <p>“I had that support within the program, you could draw on for with peers to do collaborative work, and I think that’s probably what helped me the most.”</p> <p>“Having a working organization that values professional practice because it is not valued in every organization, so that understands and values the role that professional practice leaders play in maintaining standards of practice, in enhancing quality of practice . . . that has made the difference for me.”</p> <p>“With the GTA [PPL] network as well, being able to connect with other people is also a helpful resource.”</p>
Occupation	Experience	<p>“I think just getting lots of experience in different areas of practice . . . I definitely think that was the benefit for me.”</p> <p>“I think to be a really good leader in our profession, if you want to be within a health care institution, having a clinical basis or clinical knowledge base to draw from is a huge asset.”</p> <p>“After being here for about 5-6 years, you sort of become one of the senior therapists that people come to, to get advice, you start being involved in committees where you’re taking a lead on different areas.”</p>
	Occupational therapy perspective	<p>“I have been in this role for 2 years but I think something that gives me, I don’t want to call it street-cred, but gives me credibility is the fact that I have been in there, I have done that, I have walked in your shoes, and now I am trying to help make that easier for you.”</p> <p>“I think OT helps in lots of ways. I think you think about problems in a more diverse way.”</p> <p>“I think when you have an allied health perspective sometimes you are like, ‘awesome, it’s an [occupational therapist] they can advocate for more allied health’ and you can see that because they have that they...they have that extra, extra little thing that maybe a nurse may not completely understand.”</p>

Challenges in Leadership Transition

Interpersonal relationships (person). The change in interpersonal relationships between colleagues due to new role adjustment was expressed as challenging by the participants. Three out of the

five participants identified a change in relationship dynamics with their colleagues associated with feelings of guilt, stating, “I was used to going down, having lunch and just talking casually with people, and then it was like, I would enter the room and the conversation stopped a little bit” (Participant 3). Several of the respondents also reported the balance between their personal lives and the new responsibilities to be overwhelming. One participant found the balancing of clinical and leadership tasks to be difficult and stressful, as she said, “I was an emotional mess most of the time because I couldn’t balance . . . I had two young children at home, I had this education . . . I was working. I had this new role and yeah, yeah I wasn’t ready” (Participant 1).

Most of the participants felt that they experienced a change in relationships with their peers because their roles and expectations had changed. They also had difficulty finding a balance between their work and their personal lives at the beginning of their roles, which was likely due to the steep learning curve they encountered. They reported feeling overwhelmed and emotionally distressed. Table 5 encompasses a list of quotes that outline the challenging aspects of the change in relationship dynamics with colleagues and the responsibilities of managing a healthy work-life balance.

Systemic factors (environment). When evaluating the environmental component, it was clearly perceived by the sample, in their practice communities, that system factors in place had limited opportunities available for leadership positions for occupational therapists. Based on the responses of four out of the five participants, the system in place provides more opportunities for leadership in nursing compared to other allied health care professionals.

A common theme among the participants was a culture in place at hospitals where it was assumed that nurses are the only qualified candidates for leadership positions. One participant said, “Great leadership opportunities . . . above even a PPL, and I think the challenge is that people think it’s just nursing [that] can do it” (Participant 4). Several of the participants also mentioned that the lack of formal structures in place for occupational therapists interested in pursuing a leadership role is a challenge. One participant phrased it as, “there isn’t any formalized process [for occupational therapists]” (Participant 5) when they were seeking out the process of becoming a professional practice lead. Table 5 includes quotes from the interviews that highlight the systemic factors that create a challenge for occupational therapists in transitioning to leadership roles.

Steep learning curve (occupation). An overarching theme identified when analyzing the occupational component was a steep learning curve during the transition. A few of the participants felt that resources regarding successful leadership practice were not readily available, thus creating a challenge for the clinicians interested in making the transition. Also, they identified limited exposure to leadership-specific education in the OT program as a barrier when pursuing leadership opportunities. One participant mentioned that the 2-year OT master’s program had not prepared her at all for a leadership role, stating, “There was absolutely nothing that prepared me upon graduation for leadership. Nothing!” (Participant 5).

In addition to the lack of formal structure and training, the participants perceived having to seek out resources and networks on their own as another challenge. Some of the participants also identified the scarcity of OT-specific departments as a barrier because they felt they had limited opportunities to climb the leadership ladder. Table 5 consists of quotes that emphasize the challenges present due to the limited resources and leadership-specific education in the OT program, which resulted in a steep learning curve.

Table 5*Descriptive Analysis of Person-Environment-Occupation Challenges from Candidates*

	Challenge	Sample quotes
Person	Work-life balance	<p>“Obviously, the demands that were placed on me in this position are different, it’s not as easy to kind of just go home and leave things, there’s a lot more, you know, sometimes follow up or things that I have to take home with me.”</p> <p>“At any given day you could [be] swamped in clinical [tasks] and you can never get to those leadership things and when there’s people that are waiting on your answer, for your answer on things so that balance [was] really challenging.”</p>
	Relationship dynamics	<p>“Just the dynamics . . . you change from being a colleague to now . . . someone in more of a leadership position to your peers, so that changed a bit as well.”</p> <p>“I don’t want to say, it’s a thankless job but it’s definitely a job where you, you are trying to make people happy and you’re not always going to make people happy.”</p>
Environment	Organizational factors	<p>“It’s culture . . . it’s, nurses have always gone into leadership role within the hospital because you really need the leader for mostly nurses, most of the time so I think in acute care setting you are going to get a lot more nurses in leadership roles.”</p> <p>“There is more funding bodies for things, for leadership development for nurses then there are for non-nurses.”</p>
		<p>“But yeah, and then you think about this hospital you can be a manager of any ward of the hospital or any unit, there is only one rehab department and so it’s hard to move up the ladder when there’s . . . 1 OT PPL role and clinical manager role and a director role, and that’s it with climbing within the rehab department.”</p>
	Lack of formal structure	<p>“You don’t have department anymore so we just call it a group. You would meet once a month and part of this, this, change merging with the hospital was we were losing our identity as [occupational therapists] because we were [a] department and now we are not.”</p> <p>“I mean, there is no formal training, right. Like there’s no . . . there’s nothing for people who want to go into being professional practice leaders of occupational therapy, there are things that we have, that if you want to do that you have to find those resources yourself.”</p> <p>“It’s sort of a leap from clinical to administration, there isn’t really a stepping stone anymore.”</p>
Occupation	Learning curve	<p>“When I came into the position, there hadn’t been someone doing it consistently, so a lot of things had been dropped in terms of meetings and sort of . . . there was a lot of things that the therapists needed, right off the bat, and there was a big learning curve.”</p> <p>“I am the practice lead for a number of disciplines, I am an [occupational therapist] and I oversee occupational therapy, but I also oversee a number of other disciplines, so it has its challenges because I have to know everybody else’s college regulations, including our own.”</p>
	Limited resources	<p>“I think as practice leaders in OT we have to be more and more creative around finding those resources and opportunities much, much, more so than our nursing colleagues, where it is much more just available.”</p> <p>“Maybe around how to search up resources so that if you wanted to develop your leadership skills, what are some of those things.”</p>
	Leadership-specific education	<p>“If there were elements from that collaborative change leadership program that they could provide highlights of within your program, that’s the piece that I’m trying to say, just planting the seed, to be able to say, there are leadership competencies and if you’re ever interested in learning how to develop them, these are some of the elements that are, really important to look at.”</p>

Discussion

The purpose of this study was to examine the lived experiences of occupational therapists who transitioned to a leadership role. We identified and categorized six themes as “supports” or “challenges.”

The identified themes, further organized using the PEO frame of reference, may have important implications for the future development of leadership in the OT profession.

Person

The findings from this study encourage occupational therapists to have strong aptitude in social interaction. An existing study has highlighted the need for social capital elements, such as relationship and network building, to enhance leadership capabilities (McCallum & O'Connell, 2009). Thus, it is suggested that by developing and maintaining relationships in and beyond one's own organization, occupational therapists can create leadership opportunities and positive connections that may further assist their career development. Consistent with previous literature, the findings of this study suggest that occupational therapists are more likely to pursue leadership roles if they are intrinsically motivated through their desire to influence the profession or their desire for career advancement (Heard, 2014; Thompson & Henwood, 2016).

The results of this study also suggest that continuing education and varied clinical experiences are essential for personal growth and the development of leadership skills. The participants found that having such experiences strengthened their competency in leading and accomplishing tasks associated with new professional duties. In addition to more formal education, accepting students for fieldwork placement has been linked with professional development for preceptors through update of clinical knowledge and increased desire to keep up with the current literature (Shannon et al., 2006). The findings from this study encourage occupational therapists who wish to pursue a leadership role to engage in opportunities for continuing education, gain clinical experiences, and take on students for fieldwork placements. These experiences will enhance their skill repertoire and assist them with staying up-to-date on recent developments in health care.

Aside from what is already present in the literature, several of the participants highlighted continuing education to develop leadership skills beyond their formal job training. Pursuing additional leadership-specific education can build leadership capacity through skill acquisition and development of core leadership competencies. This will prepare occupational therapists by developing the skills required to successfully navigate the challenges that come with the transition process.

Environment

The finding that support systems (i.e., mentorship, social support, and organizational support) are integral to fostering successful transitions into leadership roles is consistent with existing literature (Evans & Reiser, 2004; Heard, 2014; Lapointe et al., 2013; McCombie & Antanavage, 2017; Thompson & Henwood, 2016). The findings from this study strongly suggest that seeking out mentorship in the professional and educational environments is necessary to support leadership development. Mentorship provides an opportunity for clinicians to benefit from the experiences of their mentors in developing technical, interpersonal, and communication skills to optimize their professional development (Ali & Panther, 2008).

Consistent with the previous research, transitioning roles can create role ambiguity and change relationship dynamics between colleagues, causing ongoing emotional stress (Evans & Reiser, 2004; Plakhotnik, Rocco, & Roberts, 2010; Thompson & Henwood, 2016). The findings from this study indicate that individuals who are transitioning into a leadership role require more learning than anticipated while not receiving adequate organizational support. Therefore, individuals interested in taking on leadership roles are encouraged to seek out mentors, build strong relationships with people in OT and across professions, and develop a strong knowledge base through experience. This is consistent

with existing literature that indicates that to succeed in a new role, it is important to seek out supportive individuals and opportunities, learn from experiences, and build leadership potential (Plakhotnik et al., 2010). An existing study has also found that individuals who felt supported by their colleagues had positive experiences in their work environments and managed their emotions effectively, thereby revealing a positive correlation between perceived social support and the level of reported job performance (AbuAlRub, 2004).

Qualitative analysis of this study's findings suggests that, in the hospital culture, nurses have more funding bodies for leadership development and more opportunities for leadership positions. These findings are consistent with previous research that indicates that leadership development has been a primary focus of the nursing profession for a longer time (Heard, 2014; Thompson & Henwood, 2016). This trend suggests that there are limited leadership opportunities for allied health care professions, though participants voiced that more leadership job postings have begun to surface in hospitals that are not strictly for those in the nursing profession.

In addition, this study has identified that encouragement from family is an important factor in continued self-development through challenging times. Family support can decrease work related stress and lead to a healthy work-life balance. The participants highlighted that family had played a significant role in their pursuit of leadership roles.

Occupation

In addition to the limited leadership opportunities and changes in interpersonal relationships, the results of this study indicate that there is limited exposure to leadership-specific education in the OT curriculum. The findings from this study suggest that students are not adequately prepared to take part in leadership opportunities and may benefit from leadership-specific education. These authors were not able to locate any further evidence or articles on the relationship between increased leadership education and leadership role acquisition after graduation. However, it is anticipated that students would likely benefit from being informed of various leadership resources (e.g., continuing education, workshops, and social networks), should they have an interest in pursuing leadership as a career path. It is also expected that gaining a wide base of clinical knowledge and knowing the scope of practice for different professions supports professional development, thus leading to various leadership opportunities. Based on these findings, this study recommends occupational therapists interested in leadership positions seek out courses, workshops, or further education. This will further enhance one's ability to succeed in a leadership role.

Furthermore, this study highlighted that clinical experience prior to transitioning to leadership roles provides a toolkit of resources that can be drawn on when faced with obstacles during the complex transition process. It is recommended that the OT curriculum incorporate more leadership-specific topics and information regarding available resources.

Limitations and Future Directions

The primary limitation of the study was the use of a convenience sample; the small sample was composed solely of professional practice leaders in urban hospital settings. This implies that the findings may not be generalized to all populations. In addition, the participants were females, and four out of the five participants had been working in pediatric hospital settings in the Greater Toronto Area. It is plausible that their transition processes may not be similar to other OT leaders in different practice settings. It is also possible that because OT is a female-dominated profession, gender may have an impact on leadership practices. Future research could further explore the themes that may emerge from

different leadership positions, such as clinical managers, supervisors, or directors in different practice settings and geographical regions. Further studies could also explore the role of gender in leadership success in the OT profession.

Conclusion

This study examined the lived experiences of five participants who had transitioned from a clinical role to a professional practice lead. All of the participants felt strongly about pursuing additional leadership-specific education to strengthen their leadership capacity and develop competencies to be an effective leader. Limited resources and change in interpersonal relationships meant a steep learning curve, thus an increase in emotional stress. However, despite the challenging environment, the participants also indicated that having family support was integral to work-life balance after being overwhelmed with responsibilities associated with the new role. To ease the role transition, it is suggested that new graduates and clinicians wishing to pursue leadership as a career path should seek out mentorship, take initiative at their respective institutions (e.g., getting involved in projects), and gain diverse clinical experience prior to transitioning. It is also suggested that OT programs should implement leadership-specific education to inform students of various resources there are available, should they want to pursue leadership as a career path.

Overall, the themes that emerged in this study are consistent with the existing literature. Although the findings of the study are specific to the professional practice leaders in hospital-based settings in Toronto, the information seeks to provide perspective for transitioning into other leadership roles. Future occupational therapists can best prepare to transition to leadership roles in health care based on this study's findings.

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