

# Introducing the Leadership in Enabling Occupation (LEO) Model

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## Key words

Health services accessibility  
Management  
Power  
Professional practice, evidence-based practice

## Mots clés

Accessibilité des services de santé  
Gestion  
Pouvoir  
Pratique professionnelle, fondée sur les faits scientifiques pratique

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## Abstract

**Background.** Occupational therapy is a broad profession yet access to services remains restricted and uneven across Canada. Access to the potential breadth of occupational therapy is severely restrained by complex supply, retention, and funding challenges. To improve access to occupational therapy, widespread leadership is needed by all practitioners. **Purpose.** This brief report introduces the Leadership in Enabling Occupation (LEO) Model, which displays the inter-relationship of four elements of everyday leadership as described in "Positioning Occupational Therapy for Leadership," Section IV, of *Enabling Occupation II: Advancing a Vision of Health, Well-being and Justice through Occupation* (Townsend & Polatajko, 2007). **Key Issues.** All occupational therapists have the power to develop leadership capacity within and beyond designated leadership positions. **Implications.** LEO is a leadership tool to extend all occupational therapists' strategic use of scholarship, new accountability approaches, existing and new funding, and workforce planning to improve access to occupational therapy.

## Abrégé

**Description.** L'ergothérapie est une profession dans la portée est très grande et pourtant, l'accès aux services d'ergothérapie demeure restreint et inégal à travers le Canada. L'accès à toute l'étendue possible de l'ergothérapie est grandement restreint en raison des problèmes complexes associés à l'offre et au maintien de la main-d'œuvre et au financement. Afin d'améliorer l'accès à l'ergothérapie, tous les praticiens doivent faire preuve de leadership. **But.** Ce bref rapport présente un nouveau modèle, le Leadership in Enabling Occupation (LEO), qui illustre l'interdépendance entre quatre éléments, tel que décrit dans la Section IV du livre *Faciliter l'occupation : l'avancement d'une vision de l'ergothérapie en matière de santé, bien-être et justice à travers l'occupation*, intitulée « Mettre l'ergothérapie en position de leadership » (Townsend et Polatajko, 2007). **Questions clés.** Tous les ergothérapeutes ont le pouvoir de faire preuve de leadership dans le cadre et au-delà des postes de leadership officiels. **Conséquences.** Le modèle LEO est un outil de leadership dont le but est d'inciter tous les ergothérapeutes à user de façon stratégique de leurs connaissances, des nouvelles approches en matière de responsabilité, du financement actuel et futur et de la planification de la main-d'œuvre, en vue d'améliorer l'accès à l'ergothérapie.

**Citation:** Townsend, E. A., Polatajko, H. J., Craik, J. M., & von Zweck, C. M. (2011). Introducing the Leadership in Enabling Occupation (LEO) Model. *Canadian Journal of Occupational Therapy*, 78, 255-259. doi: 10.2182/cjot.2011.78.4.7

**Submitted:** 11 January 2011; **Final acceptance:** 24 March 2011.

There is no funding to disclose for this work.

*This paper was accepted under the editorship of Dr. M. Finlayson.*

Occupational therapy is a broad profession yet access to services remains restricted and uneven across Canada; access to the potential breadth of occupational therapy is severely restrained by complex supply, retention, and funding challenges (Canadian Association of Occupational Therapists, 2010; Canadian Institute for Health Information, 2010). Occupational therapists can be proactive to improve access by cultivating everyday leadership power to influence the profession's potential contributions to society (Clark, 2010; Lawson-Porter, 2009; Pollard, Sakellariou, & Kronenberg, 2009). Introducing the Leadership in Enabling Occupation (LEO) Model is a proactive leadership initiative by the authors to bring to life the most recent Canadian guidelines for leadership in enabling occupation. In this brief report, the authors introduce LEO, a model designed to visually represent ideas about the inter-relationship of four key leadership elements: scholarship, accountability, funding, and workforce planning. LEO is offered as a tool to extend all occupational therapists' efforts to create optimal practice conditions and optimal access to this profession's broad range of services.

## Reflections on Introducing the Leadership in Enabling Occupation (LEO) Model

Leadership is "a process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2007, p. 3). Using this expansive, everyday view of leadership, all occupational therapists, including direct service providers, can assert power and confidence as leaders (Clark, 2010). Initiatives to assert direct service leadership could be influential in Canada where this group constitutes 84% of registered practitioners (Canadian Institutes for Health Information [CIHI], 2010), up from 80% in 2006 (CIHI, 2006).

A recent leadership effort by the Canadian Association of Occupational Therapists was to publish *Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being and Justice through Occupation* (Townsend & Polatajko, 2007). These generic practice guidelines contain many charts, tables, models, and other visual tools for use in everyday leadership. Visual tools offer support when occupational therapists describe and portray the profession's power to engage others to plan, make decisions, and take action. The three main visual tools in *Enabling Occupation II* portray Canadian occupational therapy ideas that have resonated with those of leading international colleagues. The profession's core domain of occupation is shown in the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Section I); the core competency of enablement is shown in the Canadian Model of Client-Centred Enablement (CMCE) (Section II); and the core process for the broad scope of occupational therapy practice is shown in the Canadian Practice Process Framework (CPPF) (Section III). Unfortunately, *Enabling Occupation II* did not include a visual tool to represent elements of leadership in "Positioning Occupational Therapy for Leadership" (Section IV).

To remedy this situation, the authors designed LEO (see Figure 1) with four overlapping ovals that visually rep-

resent the inter-relatedness of four key elements in which all occupational therapists can assert everyday leadership to create optimal conditions for, and access to, occupational therapy services: "Scholarship", "Accountability", "Funding", and "Workforce Planning". Although the relative size of each element needs to be tested over time, for now LEO shows these as equal-sized elements embedded within a larger oval representing the broad practice of occupational therapy. The choice of key elements may also be tested over time, but the four elements chosen have been documented in the literature as powerful influences on access to occupational therapy in the Western world. LEO shows that "Occupational Therapy" is embedded within a larger sphere whether practice is direct service, community development, consulting, educational, managerial, policy and program development, research, or another form. The larger sphere in LEO has been labelled the visionary universe of advancing "Health, Well-Being, and Justice through Occupation." The area of overlap among the four elements is labelled "Optimal Leadership in Enabling Occupation." Optimal leadership occurs when integrated attention is given to the four elements. In introducing LEO, the authors recognize that the ideas about asserting leadership through scholarship, accountability, funding, and workforce planning are not universal and need to be examined in diverse socio-cultural contexts (Hammell, 2011).

## Strategies for Using LEO: Implications for Occupational Therapists

### Strategy #1

Scholarship is an essential leadership element whether or not occupational therapists are researchers (Crist & Kielhofner, 2005). Because the importance of scholarship to guide practice is well understood by occupational therapists, having it as one of the four key elements of LEO is fitting; scholarship supports direct service providers and other occupational therapists in asserting leadership power to develop access to occupational therapy.

Consider the leadership occupational therapists assert when practitioners inform others of the growing body of evidence on the centrality of occupation to human existence (Wilcock, 2006) and to "occupation as a health benefit" (Jennings, 2007, p. 274). Occupational therapists may make contributions in team meetings or public events by raising awareness, not only about the positive benefits of occupation, but also about the ill health or negative effects of harmful occupations, or the lack of meaningful occupations as defined by individuals and societies (Hammell, 2009). Occupational therapists are already a small, yet significant, force in global leadership when practitioners act in local, national or international circumstances to advance human and occupational rights (Hammell, 2008; World Federation of Occupational Therapists, 2006). The power of occupational therapists' everyday leadership is to explicitly contribute their experiential knowledge, in partnership with clients and backed by scholarship, to address clients'

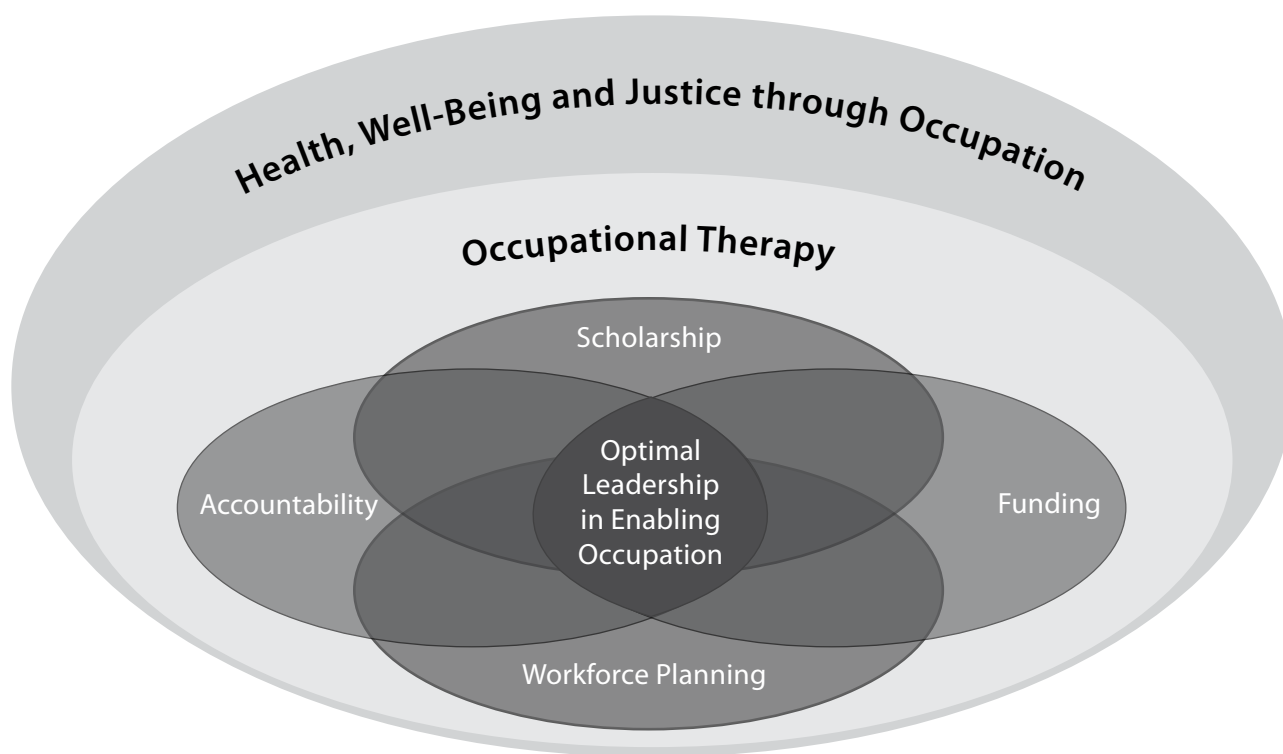


Figure 1. LEO: Leadership in Enabling Occupation Model.

occupational challenges. There is great potential for occupational therapists to raise public attention to home, work, community, and other conditions that alienate, deprive, disable, marginalize, oppress, or otherwise socially and occupationally exclude people from leading healthy, meaningful lives (Pollard et al., 2009; Wilding & Whiteford, 2007).

The inclusion of scholarship as a key element in LEO is to support occupational therapists in asserting the power of scholarship to influence decision making “that can profoundly change the outcomes of . . . patients and the organization of which they are a part” (Grimm, 2010, p. 77). LEO’s visual attention to scholarship and evidence-based practice reminds occupational therapists to be explicit about the systemic challenges that, as practitioners know and research has shown, require strategic action to implement theory in practice and improve access to occupational therapy (Griffin, 2001; Rappolt, Mitra, & Murphy, 2002; Wilding & Whiteford, 2007).

## Strategy #2

Accountability is the “obligation of an individual, firm, or institution to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner” (“Accountability”, n.d.). Although practitioners are already well aware of the necessity of accountability (possibly as a burden, not an opportunity), LEO offers a challenge to occupational therapists worldwide. In Canada, the workforce has grown from 8,520 to 13,122 occupational therapists, up from 36 to 39 nationally per 100,000 population between 2005 and 2009 (CIHI, 2006, 2010). Currently, 94% of registered occupational therapists, up

from 90% (CIHI, 2006), practice in urban areas, where 73% of Canadians live (CIHI, 2010). LEO can be used as a stimulus to use the CIHI database (on Canadian occupational therapy) and other accountability data to profile service gaps and to advocate for improved access to the full breadth of occupational therapy, especially in small, rural or remote communities with limited resources. For example, collectively and individually, occupational therapists can propose increased access to services using data on met and unmet occupational issues and statistical or narrative evidence of occupational solutions.

LEO includes accountability because of the imperative to give voice and visibility to client and occupational therapy activities, responsibilities, and results in the “regulatory texts” that are used to manage accountability in the institutions that societies organize to manage particular functions such as health services (Smith, 2006, pp. 65, 139-162). Modern occupational therapy, like all services, is funded according to accountability evidence in “regulatory texts” that display data on the profession’s quality, service quantity, and importance to client and service outcomes. Evidence required for decision making about service access includes outcome statistics and net service costs of the workforce and delivery of existing services. Other “regulatory texts” used to assess accountability and service access may implicitly or explicitly use assessment data, narrative records, reports, practice protocols, information materials, media reports, images, program statistics, and more.

As a leadership tool, LEO offers a reminder to seize opportunities for negotiating the inclusion of accountability forms that display occupational therapy’s identity and

autonomy (Whiteford, 2007), especially during organizational restructuring when the profession is vulnerable to human resource rationalization (Rappolt et al., 2002). The inclusion of accountability in LEO is intended to enable the empowerment of occupational therapists to clearly document occupational solutions to health and social issues and make problems of access to the broad range of occupational therapy within and well beyond hospital-based services more transparent to the profession, funders, and the public.

### Strategy #3

Funding was included as a key element in LEO because funding profoundly influences access to services (Jongbloed & Wendland, 2002). Strategic leadership to improve funding and access is particularly important for occupational therapy, a profession that offers widely diverse practice options by a workforce in which 92% are women, and only 65.4% work full time in their primary employment (CIHI, 2010). CIHI (2006) data suggest that drastic funding changes are needed to improve access to occupational therapy, given that full-time primary employment has decreased over four years from 79.3%. The gender distribution remains largely unchanged at 92.4% women, with 91.5% under 49 years CIHI (2006).

Inclusion of funding in the visual representation of LEO is intended to capture occupational therapists' attention to participate in local or broad funding discussions about potential occupational therapy contributions to society and restricted access to the profession. LEO may be a reminder to study the effects of funding on the occupational therapy workforce and, by implication, the access to occupational therapy services, especially in small, rural and remote communities with limited resources.

Funding is included in LEO to encourage occupational therapists to speak boldly about this powerful element. The profession needs all members to be vocal about priorities that would extend the benefits of healthy, meaningful occupation and collaborative practice approaches to all Canadians, even though this is a vision beyond present reality and critiques of practices with intentions of enabling occupation are needed. In keeping with the "C to C to C" idea presented by Law, Polatajko, and Townsend (2010), LEO may be used as a call to action to celebrate existing occupational therapy services under past and current funding; challenge practitioners to be daring in proposing innovative funding opportunities, and create an expanded workforce backed by scholarship with suitable accountability systems to increase access to occupational therapy locally, regionally, and beyond.

### Strategy #4

When players are working in collaborating partnerships and engaging with others who share a similar vision, workforce planning can transform visions of possibility into reality (Stewart, 2007). This fourth element is included in LEO to encourage practitioners in building collaborating partnerships with individuals, or population, organization, community, group or family representatives in keeping with being client- or person-centred in all partnerships (Cummins & Gallagher, 2003).

Partnerships could include community advocates, professionals, funders, and planners who share occupational therapists' visions, such as the vision of advancing health, well-being, and justice through occupation (Townsend & Polatajko, 2007).

Putting a picture of LEO in a visible place during workforce planning can remind occupational therapists to address scholarship, accountability, and funding as conditions that influence workforce planning possibilities. LEO can be used in any way that galvanizes practitioners in any context to seize leadership in workforce planning, including the 45.3% of practitioners who work in hospitals, largely unchanged from 45.6% four years ago, (CIHI, 2006, 2010).

LEO may help occupational therapists to form alliances and partnerships with those who share occupational therapy interests and values. A team that includes client voices (Cummins & Gallagher, 2003), not only occupational therapists, could do the workforce planning needed to make access to occupational therapy a public issue.

## Conclusion

In this brief report, the authors reflected on introducing the Leadership in Enabling Occupation (LEO) Model as a visual tool for improving access to occupational therapy. LEO supplements written ideas on "Positioning Occupational Therapy for Leadership" (Section IV) in Canada's latest practice guidelines, *Enabling Occupation II: Advancing a Vision of Health, Well-being and Justice through Occupation* (Townsend & Polatajko, 2007). LEO was designed to galvanize widespread occupational therapy leadership power in enabling occupation by direct service providers plus those in designated leadership positions. Beyond existing leadership efforts, the value of LEO is as a call for widespread leadership in bringing scholarship, accountability, funding, and workforce planning into decisions that influence access to the breadth of occupational therapy services in all communities. The design of LEO is generic to cultivate powerful leadership in diverse practice contexts by a female-dominated, often part-time, profession with few senior leaders. Given the need to debate ideas about access to occupational therapy and to debate the use of LEO in diverse contexts, the authors invite others to reflect on introducing the Leadership in Enabling Occupation (LEO) Model.

## Key Messages

1. Reflections are offered on the new Leadership in Enabling Occupation (LEO) Model, which displays the inter-relationship of four elements: scholarship, accountability, funding, and workforce planning.
2. LEO was designed to develop leadership among direct service providers, not only those in leadership positions.
3. LEO represents the ideas in "Positioning Occupational Therapy for Leadership," Section IV, *Enabling Occupation II: Advancing a Vision of Health, Well-being and Justice through Occupation* (Townsend & Polatajko, 2007).

## Acknowledgements

We wish to thank the many authors across Canada who contributed to Enabling Occupation II.

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