

MERGING PHYSIOTHERAPY AND OCCUPATIONAL THERAPY TRAINING: A PARADIGM SHIFT

ABSTRACT: *This paper is based on Stephen Covey's work "The 7 Habits of Highly Effective People", which is only one philosophical approach aimed at empowering people to achieve desired goals. It is therefore not a research article, neither does it suggest that Covey's philosophy alone will lead to success, but rather, it is intended to offer a paradigm we need to consider and work within when applying any of the management theories to the joint training of occupational therapy and physiotherapy students. Naturally such a philosophical paradigm cannot stand alone in the practical implementation of a merger, however a discussion of the management theories and their strategies are beyond the scope of this paper. Therefore, while the ideas shared here are the products of a personal and professional conviction, and need to be read within this context, it may be worthwhile to consider the possible long-term implications to the training and development of professionals in the rehabilitation sciences.*

**M'KUMBUZI VRP
(BSc Honours Physiotherapy, UZ)¹;
EALES CJ (PhD)²**

¹ Registered MSc Physiotherapy student,
Department of Physiotherapy,
University of the Witwatersrand.

² Department of Physiotherapy,
University of the Witwatersrand.

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INTRODUCTION

Structural change is everywhere - in public and private sector organizations. Forteza & Neilson (1999), looking at the past decade of globalization, and looking into the future propose that to succeed there are three key disciplines that organizations need to look into:

1. The design of organizational structure
2. The management processes for allocating resources and
3. The company's culture, values and behaviour.

But more importantly is the need to **attend to all three elements of structure, process and people simultaneously.**

Universities are not exempted from this change. In particular the restructuring

taking place in many tertiary institutions in South Africa is a reality that may bring together the training programmes of many health courses. Further, the multidisciplinary training promoted in primary health care favours such restructuring. Driven by political, social, economic and technological forces, and "complicated by the challenge of cross-cultural operations, regulatory schemes, tastes and resentments based on nationality" (Forteza and Neilson, 1999), the trend is towards mergers into fewer, more influential and cost-effective university faculties and departments.

One area that has potential for a successful and meaningful merger, that is interdisciplinary training without any one losing the uniqueness of the professional aspects, is the training of physiotherapists and occupational therapists. In Zimbabwe the training of these two professions was merged at the inception of the department largely because of limited human resources. Therefore much cooperation had to exist between the two professions. On the other hand the School of Health Professions and Rehabilitation Sciences at the University of Southampton (UK) offers three undergraduate courses in

physiotherapy, occupational therapy and podiatry, and a masters programme in rehabilitation and research. It is their submission that the strength of the school lies in the multidisciplinary collaboration existing in the research programmes at a postgraduate level (University of Southampton Postgraduate Prospectus, 2000). Supervision is provided within the school and joint supervision with other departments can be arranged. The masters in rehabilitation and research is also a feature at the University of Indianapolis in the State of Indiana. Yet still, Obafemi Awolwo University - Ife, formerly the University of Ife (Nigeria) offers a Bachelor of Medical Rehabilitation degree with specialization in physiotherapy (BMR PT). This 5-year programme includes in its curriculum aspects of occupational therapy and speech therapy, with specific emphasis on physiotherapy dedicated to the last two years of training. At the University of the Witwatersrand (South Africa) however, physiotherapy and occupational therapy training developed and grew independently. While the two professions share common goals with respect to the philosophy of rehabilitation, the processes and strategies are often different. These

CORRESPONDENCE TO:

VRP M'kumbuzi
University of Witwatersrand
Faculty of Health Sciences
7 York Road, Parktown
2193, South Africa.
Tel: +27 11 488-3450/2
Cell: 27 83 2440-780
Fax: +27 11 488-3210
Email: vyvpiwai2000@hotmail.com

differences are reflected in both teaching and clinical approaches, and may on the surface seem irreconcilable.

This paper describes one paradigm to consider when adapting to change. While the structure of university departments is an important consideration in the change process, it is beyond the scope of this paper. Suffice to mention that whether clinical and academic departments function under a divisional head, faculty dean or the head of a school of therapeutic sciences for instance may have significant organizational and functional implications.

Merging into fewer, more influential and cost-effective university faculties and departments presents one way of effecting professional survival. The challenge for occupational therapy and physiotherapy academic interdependence is not only in defining the "training system, the planning system, the communication system, the budgeting system or the information system..." There are already several systems to select from. Rather, the challenge is to trust the competencies of each profession, acknowledge and adapt the strengths of their systems and, to strengthen their weaknesses.

A successful merger between occupational therapy and physiotherapy is obviously the product of a paradigm. The focus is not so much in setting up organizational procedure, but is in the definition of character and the creation of meaningful relationships that enable interdependent interaction. Interdependence is a higher level of function compared to independence.

SYNOPSIS AND BACKGROUND TO COVEY'S WORK

The common thread in the model presented by Stephen Covey is the endeavour to optimize the human potential. It is in the principles and values of understanding, integrity, courage, confidence, empathy, cooperation and human preservation through renewal strategies that hold the key to successful interdependence

Stephen Covey (1989) presented a model (The Seven Habits), which according to him encapsulate the strategies that are used by highly effective persons. This paper applies these seven habits

to forward a mind set for a successful merger of occupational therapy and physiotherapy academic departments.

The premise of this model is that the best way to accomplish increased productivity from both a personal and business perspective is through enhancing the human resource (Covey, 1989). The fundamentals leading to this success are enshrined in the 'character ethic'. These include living with fairness, integrity, honesty and human dignity. Anthony Robbins, author of *Unlimited Power* (1997) describes these as the principles that give us the security to adapt to change, and the wisdom and the power to take advantage of the opportunities that change creates.

The seven habits are subdivided into three parts:

- Personal Victory - this is the product of the first three habits 1) being proactive, 2) setting goals and 3) setting priorities.
- Public Victory is the product of habit 4) seeking a win/win 5) seeking to understand and 6) seeking synergy
- Sustainability - this is the function of the seventh habit, which is involved with renewing and re-energizing the individual.

Habit 1: Proactivity

Being proactive enables one to choose, but with this freedom is an accompanying responsibility for the choices made. In the case of departmental mergers, choices with regards to ways in which cost-cutting measures can be implemented, rather than hoping to be spared from this exercise will constitute the first step. The obvious advantage of such an initiative is the subsequent strategic planning to manage the effects of merging academic departments and thus, exert more control over the direction they will take.

Circles of influence and concern.

Circumstances that can be controlled at the local level constitute the circle of influence, while circumstances determined, modified or controlled by factors beyond local control constitute the circle of concern. For instance selecting the departments to merge falls into the circle

of concern. This is because such a merger is as a result of overall university and faculty vision and plans. Meanwhile the operational procedures of the merged departments will fall into the circle of influence because these are laid down and implemented at a departmental level.

In most situations the circle of influence is smaller, but lies within the circle of concern.

The challenge for managing a departmental merger is to enlarge the circle of influence. This has the potential to close the gap between the circle of influence and the circle of concern thus increasing control over one's operations.

Friedman et al (1994) lists the major organizational issues facing academic units as, "institutional influence, faculty development, and role in medical education, research productivity, financial stability and clinical responsibilities". Bundy (2000), in his graduation speech echoed many of these sentiments, and made special mention of the need to form collaborative partnerships at departmental, community and international levels as well as within the private sector. Given such a plethora of background issues, the circle of concern for the physiotherapy and occupational therapy academic departments is complex and daunting. However the ultimate concern is a university and faculty's decision on the number and most appropriate departments to merge, without compromising the quality focus with which departmental objectives are achieved, and without further complicating the major issues mentioned above.

The circle of influence has 3 parts to it:

- **Direct Control.** This firstly involves a paradigm shift where individuals acknowledge that a merger is inevitable. This inevitability is as a result of political, social, economic and technological forces. Therefore, each staff member needs to buy into the concept of the need for change in order to realise a cut in departmental running costs. Secondly staff members need to set goals for themselves within the new mindset and thirdly, set priorities about how to achieve the goal. These first three steps when

accomplished constitute “personal victory” (Covey, 1989). An example might be the goal of increasing the research output in a given time period. The priorities may be to firstly reorientate teaching methodologies to increase problem (student) based learning and in so doing free more time for research; secondly to undertake more clinical responsibilities and use experiences gained here as a source of research data, and thirdly to identify potential partnerships for research.

- **Indirect Control** involves problem - solving by changing our methods of influence. Covey (1989) identified over 30 methods of human influence ranging from empathy to persuasion and confrontation. In the case of a physiotherapy and occupational therapy merger, proactive behaviour in the circle of influence would largely involve meetings with staff from the two departments and influencing them to see the merger as mutually beneficial. This can be done on several fronts, such as informal one on one staff contacts, formal departmental meetings and through healthy debates between students from the different departments. This process if achieved successfully is described as “Public victory”(Covey, 1989).
- **“No Control”** factors exist in the proactive stage. An example might be the greater number of applicants and intake for physiotherapy leading to a “power in numbers” situation of physiotherapy over occupational therapy. In such an event all staff and students need to find ways to cultivate and exercise maturity, wisdom, integrity and courage.

Changing even one factor in the circle of influence changes the equation and thus has the potential to change the magnitude and quality of the final outcome.

Habit 2: Seeing the End - Goal Setting.

Setting goals is based upon the precept that all things are created twice (Covey, 1989). First in the mind - as a plan or blueprint, then, the physical implementation. When the mental planning has been carried out well, one is able to

a) maximize the output, b) anticipate problems and obstacles, and c) to thus seek possible solutions and probable alternatives in advance. The extent to which we understand the principle of two creations we act within and enlarge the borders of the circle of influence. If on the other hand we act at variance with this principle and take charge only of the second and physical implementation we in actual fact diminish the potential of the result or output.

Thus if for example, the immediate concern is to cut costs, one must have a mental picture of how this can be achieved before it is put to work. This includes the realization that cutting costs does not change the goals and objectives of the existence of the physiotherapy department in the university. The overall goal remains for the physiotherapy and occupational therapy training school to see itself within the context of the destination of its graduandi i.e. professionals functioning in the health care system. Physiotherapy and occupational therapy have much to contribute to healthcare. The professions thus need to position themselves ideally in order to be active participants of future resolutions to current and future problems and challenges.

QUALITY ASSURANCE AS A GOAL

At this point, some attention needs to be devoted to the “total quality movement”. Quality assurance is driven by customer demands, financial burdens and professional demand for quality. An added pressure emanates from the emergence and growth of alternative branches of healthcare and in particular the alternative therapies whose competencies are derivatives of the traditional occupational therapy and physiotherapy techniques. Quality assurance (QA) includes all the processes and sub-processes of planning for quality, the development of objectives for quality, setting standards, actively communicating standards, developing indicators, setting thresholds, collecting data to monitor compliance to standards and applying solutions to improve, (Reerink, 1999). Quality Assurance and cost cutting are not mutually exclusive, thus merging departments in a structured way is consistent and in harmony with quality assurance.

The immediate and obvious goal for the physiotherapy and occupational therapy academic departments is to design excellent training programmes which even when merged strengthen the unique contributions of either profession. The salient features of the ideal training programme should in the authors’ opinion include:

- **High quality** - the graduating therapist should be of an exceptionally high competence in clinical practice as well as research and administrative endeavours.
- **Appropriateness** - the graduating therapist should be able to meet the needs of his immediate environment but must also be able to function in any environment. Restructuring efforts which look more to producing “world class” graduates to standardize curricula and achieve economies of scale tend to neglect national and cultural preferences, and may not realize or meet local needs.
- **Accessibility** - geographical and cultural
- **Affordability** - for the state, individual and those financing tertiary education
- **Comprehensiveness** - the programme should encompass the four pillars of healthcare, which are preventive, promotive, therapeutic and rehabilitative interventions.
- **Fields of practice** - curricula design should equip and generate sufficient interest to motivate therapists to participate in all clinical specialties
- **Scope of Practice**- curricula should be sufficiently diverse to enable market absorption even into non-clinical organizations
- **Service culture** - the programme should provide opportunities for student therapists to develop the humane characteristics of a willingness to serve, compassion and a culture of integrity.

All these remain critical considerations and should be on the agenda of academic departments when planning for a merger, thus a merger has to be engineered in such a way that it facilitates promotes and upholds these features.

ADVANTAGES OF MERGING

The Edith Cowan University in Australia as early as 1996 tabled discussions for possible merger with the Murdoch University and others. Two reasons provided the stimulus for this direction in the university's development:

1. To become a stronger and more complimentary institution
2. To enhance its portfolio for national and international student admissions.

With regards to physiotherapy and occupational therapy these reasons too are relevant. In addition the multi-disciplinary approach to patient care in institutional and community practice can be developed at a training level. The multi-disciplinary approach has the potential to make services more convenient and available to the patient. This is achieved by an increase in the quality of care and by greater success in treatment outcomes. Indicators such as reduced duration of therapy and attendance and thus, reduced cost to the funder of health services as well as cost-effective use of resources by the health organization are and will become increasingly important for rehabilitation services managers.

How do these benefits accrue to the university department?

1. The credibility of the academic department and its reputation as a centre of excellence will grow. This could attract funding for university projects and programmes from the community.
2. Students attached to units practicing the multi-disciplinary approach are exposed to "best practice" situations during training.
3. The learning and experience gained through working with other health professionals will increase the clinical expertise of therapists, thereby generating a pool of therapists for clinical teaching with the lateral thinking required in today's health care arena.

Emerging diseases, alternative therapies and the advent of managed health care requires universities to commit themselves continuously to re-evaluating medical education.

DISADVANTAGES OF MERGING

These have been listed as:

1. Uncertainties and negotiations can harm the image of the faculty and department, particularly if they are protracted
2. Mergers are disruptive
3. Agreement is not certain
4. Political support from individuals, institutions and other stakeholders is not always forthcoming even when agreement is reached.

Edith Cowan University. Minutes of the 47th reg. meeting of the council. 1996.

Thus, goal setting must take all this wider significance of physiotherapy and occupational therapy academic departments' merger into account.

It is not adequate to set goals and keep them to oneself. Covey (1989) describes the goal setting process as one that needs to be principle centered. Part of this process in practice includes the setting up of a **mission statement**, or as Friedman (2000) prefers the strategic context of your operations. This establishes the framework through which your individual and organizational goals are articulated. The process, which may take anything from a few hours to months, requires professionals to reflect on their innermost values and to express their vision in a solid form (only written goals are real goals). The process itself is very important. It must of necessity be the product of the participation and contribution of all involved physiotherapy and occupational therapy staff members for it to empower, organize and commit them to the mission statement (Covey, 1989). The mission statement that is selected becomes the criterion by which the new department measures its own operations. In addition, it also becomes the yardstick by which outsiders measure its relevance and value. Given that future students and society (patients) are the consumers, the mission statement should reflect and communicate the excellence pursued by the departments.

Finally the mission statement is a constant. The value basis upon which it is formed is not circumstantial but rather, when the correct principles have been applied they foster a culture to

uphold the mission statement even when the odds are unfavourable.

Habit 3: Establishing Priorities - First Things First

Setting priorities is one of the management functions. Within the context of an occupational therapy and physiotherapy merger, priorities are set on two levels. Firstly on an individual, personal and professional level, and secondly, at a departmental level.

Universities are generally mandated to teach, conduct research and contribute to society through community service. Community service includes contribution to the direction in which development of the profession will take. Faculty and departmental plans are founded around these mandates.

Knowing the purpose for the existence and operations of the physiotherapy and occupational therapy departments on a daily, weekly and annual basis is paramount to setting priorities.

To know this requires good time management. A time management matrix (Covey, 1989) is intended to assist in deciding where the greatest proportion of your time should be spent for effective operations.

THE TIME MANAGEMENT MATRIX - ACCORDING TO STEPHEN COVEY

(See Fig 1)

The consequences of spending too much time in the "urgent and important" block are crisis management, stress and burnout. The activities in the "not important" row do not make significant contributions to meeting organizational goals (Covey, 1989), further staff may feel their job is impossible as they "feel the territory is too wide.... making them both professionally ineffective and personally unhappy" (Forteza et al, 1999). Essentially then, occupational therapy and physiotherapy activities prior to, during and after the merger should be concentrated in the "important but not urgent". One of the main activities here is relationship building. Deckmyn (1999), in an analysis of knowledge management concludes that failure is as a result of an overemphasis on technology. The secret she says may be in the promotion of human interaction, not

Figure 1: The Time Management Matrix - According to Stephen Covey

	URGENT	NOT URGENT
IMPORTANT	1. Crises, pressing problems, deadline driven projects	2. Prevention, relationship building, recognizing new opportunities, planning, recreation
NOT IMPORTANT	3. Interruptions, some calls, some mail, some reports, some meetings, proximate pressing matters and popular activities	4. Trivia, busy work, some mail, some phone calls. Time wasters and pleasant activities

Source: Covey, S.R
"The 7 habits of highly effective people - Powerful lessons in personal change" pg151.

technological interfacing. The need for relationship building where two or more parties come together is important if trust and a spirit of genuine cooperation are to be cultured. Encouraging healthy and constructive discussion and debate, as well as making provisions to develop skills and strengthen weaknesses can achieve this.

From a practical point of view "important but not urgent" requires extensive preparation of and for meetings between occupational therapy and physiotherapy departments. The agendas should have significant bias to positive and constructive principle centered items e.g. issues related to shared teaching, joint community projects, research partnerships and student welfare. The consequence of focusing on "important but not urgent" activities is to decrease the relative time spent in "important and **urgent**" and "not important and **urgent**", i.e. the urgent and stress causing activities.

One of the principle functions of the academic department is to impart knowledge. It follows then that the major "important not urgent" activities will occur around defining and reviewing the curriculum. Difficulties will be encountered in defining that which is core because of rapidly changing medical education. Access to advanced technology, increasing the body of knowledge and the speed of accessing new information will be important activities. Curriculum review is intended to shed that which is no longer relevant and to increase the emphasis on evidence based teaching. For example, the role

of some electrotherapy modalities in physiotherapy is being increasingly challenged and may be an area needing careful review, especially as physiotherapists are more often than not reluctant to shed course content. The time matrix does not allow for "crossing the bridge when you come to it", it clearly spells out a planning process to preempt crises and unprecedented decisions.

Some of the challenging issues needing to be resolved and planned for will include:

- Adequate provision for student clinical practice - this will become increasingly difficult if OT and PT clinical areas are to be taught concurrently, as well as with anticipated increases in student intake,
- Prioritizing research and teaching schedules, while teaching may be theoretically and traditionally the principal function of the university, research output is a critical consideration for academic promotion and professional survival, and
- Calculation and provision of optimal student/staff ratios for the teaching of the different components of the PT and OT curricula.

"Important but not urgent" activities are thus committed to strategic planning. Their nature requires not only efficiency with regards to meeting a deadline by which the merger must be complete but also, to allow sufficient time to ensure that all staff members are "on board the ship" thus "subordinating schedules to people" (Covey, 1989). The University of Edith Cowan - Australia in its early

deliberations for merging with other universities estimated a time frame of one year at administration level while faculties, divisions and schools were given up to 3 years to implement the mergers. However, ensuring that staff are supportive in an informed manner requires sound knowledge management practices. Knowledge management refers "to the ability to create and transfer as much of the right knowledge as possible in the best method possible in order to have a positive impact...thus enabling the organization and individual to learn and adapt.

"(Friedman, 2000), demonstrates the immediate and cascading gains that can be made in performance levels when all staff buy into the concept -

(see Fig 2)

Proactive behaviour, setting goals and setting priorities are active processes that all individuals and the separate departments must undertake. However in preparation for the coming together of the two departments either party will need to keep in mind the possible concerns of both occupational therapy and physiotherapy. This paves the way for identifying core principles and values from which a working platform is developed.

Habit 4: Seeking to Understand

At face value this habit may appear to be the greatest challenge for merging departments. However, when the habits leading to personal victory have been accomplished with maturity and integrity, the process to public victory should follow with relative ease. In seeking to understand, it is necessary to overcome the following:

- Preoccupation with ones' own profession
- Inferiority and superiority complexes
- Insecurity which is indicative of the fear of change (of the unknown)
- Identifying common ground
- Acknowledging and respecting unique differences and practices.

The first step to understanding involves generating a knowledge base. At times obtaining information and understanding can occur simultaneously.

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The forums in which greater understanding can be enhanced are many. Some will be less threatening and less confrontational and should be the preferred choice. One approach that has proved effective in many companies in the USA is to set up so-called communities of practice, which allow workers to share knowledge on a particular topic (Deckmyn, 1999). When seeking to understand, use of academic and clinical staff contacts and meetings, professional association meetings as well as professional publications should be made. While information technology can provide the infrastructure to help groups communicate Skip McDonald, vice president of knowledge management at Align Solutions Corp. in Dallas says the main goal is to enable person-to-person communication. "If this communication happens in a public forum, such as a threaded discussion, that is an added advantage" (Deckmyn, 1999).

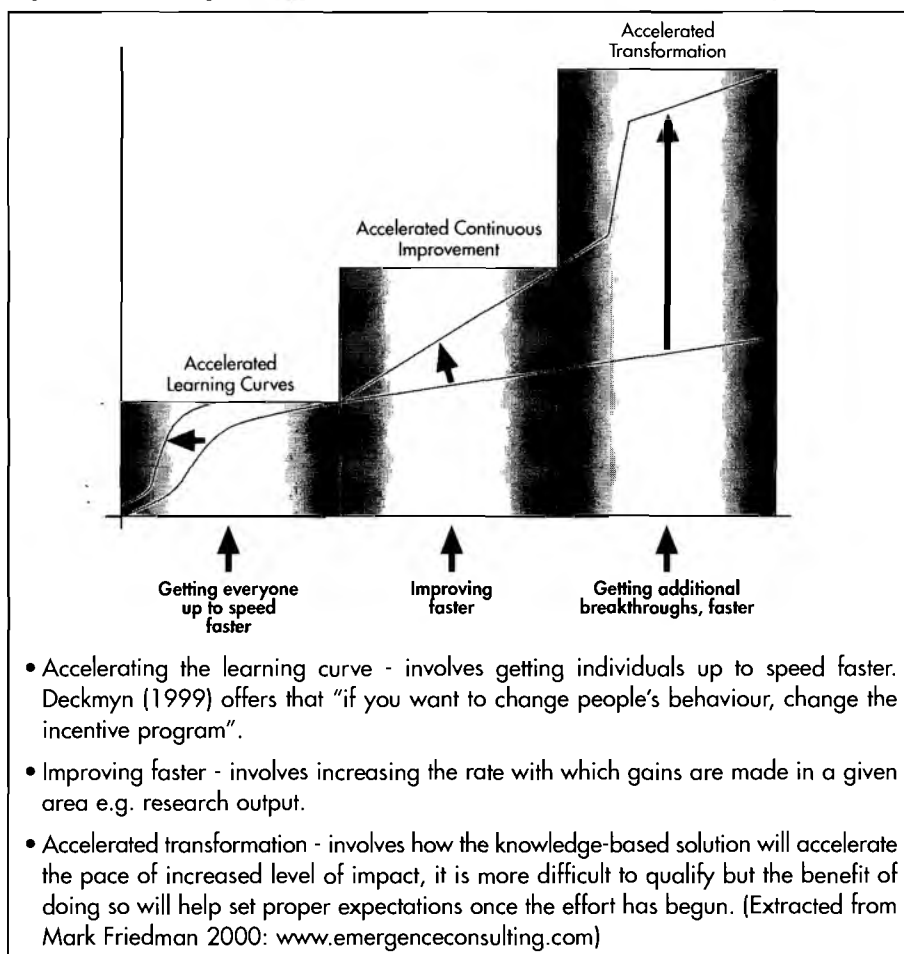
The spread of opportunity for discussion presupposes the need to understand the total context of occupational therapy and physiotherapy practice, education, continuing education, professional development issues, research priorities and future orientation. Seeking to understand therefore goes beyond the immediate environs of the academic departments and should make use of the expertise and advice from colleagues not directly involved in academia.

Finally, one should seek to understand first rather than to be understood. **Hence attentive listening is needed, and when this is done with a genuine desire to understand many insecurities, potential conflicts and biased perceptions fall away.**

Covey (1989), describes the process of seeking to be understood as a 3-pronged approach:

1. Ethos - this represents the credibility of character and the trust and faith it inspires in others and is a function of integrity and competence.
2. Pathos - relates to the emotional alignment portrayed with respect to other people's views in relation to ones own.
3. Logos - relates to the logical reasoning of ones motivation.

Figure 2: Knowledge Management Accelerates Performance in Three Ways.



While most people head straight for the logical reasoning in trying to forward their argument (Covey, 1989), there is a need to consider the ethical and emotional backgrounds of individuals. Should these backgrounds manifest as insecurities they have the potential to negate the logical reasoning (logos paradigm) and frustrate merger efforts.

Thus, in pursuit of the next habit (win/win), much sensitivity needs to be invested at the negotiating table for the foundation of a cooperative and supportive environment in which to conduct the traditional missions of teaching, research and community service. This will require some homework on the power dynamics, "baby or pet" projects and special experiences and competencies of staff in the respective departments. Deckmyn (1999), also observes that staff who have contributed a lot to the department are rewarded with high visibility, i.e. is not to say the remaining staff have no part to play but, incentives

may be needed to jump start their performance.

Habit 5: Seeking a Win/Win.

A win/win is defined as achieving a balance between courage and confidence (Covey, 1989). It is a frame of mind and heart that constantly seeks mutual benefit in all human interactions. It therefore requires a spirit of cooperation rather than competition.

With respect to a physiotherapy and occupational therapy merger it requires knowledge of the strengths and weaknesses of both parties. The strength of the occupational therapy curriculum seems to stem from their capabilities in community-based teaching. The growing influence of the public health movement, Primary Health Care and health sector reform to decentralized systems makes community - based teaching extremely relevant. Also, core to occupational therapy is the psychosocial component of their curriculum. Eales (2000), recognizes the need for

physiotherapists to “pay more attention” to psychosocial aspects of disease in a multicultural society, such as that found in South Africa. In my experience physiotherapists very often pay lip service to this dimension of patient need. For example the social history forms an important part of the initial physiotherapy assessment, but very often therapy concentrates on the biomechanical aspects of the patients problem, and biomechanical indicators are used to discharge the patient. I believe in many instances physiotherapists would do well to direct interventions more towards functional and occupational goals.

On the other hand physiotherapy has grown and enjoys greater public patronage than occupational therapy, is recognized more by other health service providers and organizations such as doctors and medical aids respectively. One of the reasons for this characteristic is the dominance of physiotherapy in acute curative services, and the biomedical approach of physiotherapy practice.

Finally the merger must address issues relating to alternative sources of funding and efficient use of human and material resources to obtain cost-effectiveness of the combined academic departments.

Indicators grouped under four broad categories will demonstrate a win/win situation for occupational therapy and physiotherapy:

- Growth and maintenance of student intake capacity by both occupational therapy and physiotherapy
- An increased quality graduate output e.g. high aggregate marks, market absorption, and therapists who are able to deliver the services they promise to.
- Greater quantitative and qualitative research capacity and output by both occupational therapy and physiotherapy
- Greater quantitative and qualitative community service capacity and contribution.

A composite indicator can be derived from the above, and used to define the academic excellence profile ascribed to merged academic departments.

Figure 3: Domains of Learning

Knowledge (What you must know)	Skills (What you must do)	Professional Qualities (What you must be like)
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Adapted from:

University of the Witwatersrand, Dept. of Occupational Therapy 4th Year - 2000, pg. 16.

As the goal is cost-effectivity, gains demonstrated by these indicators will need to be weighed against input costs. Habit 6 attempts to suggest practical measures that can be implemented to achieve these gains.

Habit 6: Seeking Synergy

Synergism recognizes that **the whole is greater than the sum of its parts**. In other words how do you add one and one to get three (1+1=3)? Further, synergy values differences and uses it to “catalyze creativity, and come up with a better product”(Covey, 1989).

Any strategy is futile if it is not pursued in a **spirit of cooperation, partnership and complement:**

1. Sharing of space - for lectures, practicals, meetings and professional continuing health education venues
2. Shared resources e.g. library material, teaching equipment such as projectors, video camera and clinical or therapeutic equipment and appliances such as standing frames and mobility aids.
3. Shared teaching of courses common to both the occupational therapy and physiotherapy curriculum.

There are areas that are common to occupational therapy and physiotherapy. The model below presents a method of identifying common ground. (See Fig 3)

The knowledge base would for example include such courses as community health, research methodology, biostatistics and kinesiology and biomechanics.

Clinical management of conditions such as stroke, injuries, burns, and cerebral palsy whose management by both occupational therapists and physiotherapists is often duplication could constitute the skill component.

Professional quality courses could include medical ethics, communication

within healthcare, administration, business operations and management.

4. Joint research and publications
5. Joint community service
6. Shared administrative duties e.g. course and year coordination.

SUSTAINABILITY.

Habit 7: Renewal Strategies

- “Sharpening the saw”

Finally, in order to succeed in departmental merger through use of the paradigm outlined above, the welfare of staff members must be attended to. In so doing, the human resource is optimized and the character ethic is strengthened, (Covey, 1989).

Renewal activities can be defined in four broad categories - physical, mental, social/emotional and spiritual. These enable therapists firstly, to continue to achieve the organizational goals and secondly to be able to continue navigating through the rapidly changing socio-economic, political and healthcare arena.

1. **Physical** - physical renewal focuses on creating the correct physical framework for optimal function of the human body. This includes a good diet, rest and exercise. From an organizational perspective a major responsibility to staff members is to ensure adequate rest and breaks. The department must adhere to fair policy on annual, maternity and sick leave.
2. **Mental** - the process of continuous improvement is the hallmark of the “total quality movement” (Reerink, 1999). The merged academic department has the responsibility to provide opportunities for continuing education in the area of physiotherapy, occupational therapy and related research and administrative duties. Workshops, courses and conferences can be organized jointly with the

professional associations. Funding for international and regional attendance needs to be planned for. This key area should be built in to an organizational objective from the outset. While some of the mental renewal activities such as research and publication may overlap with regular work responsibilities, this area should consider individual interests and preferences to a greater extent. Further, departmental heads need to provide opportunity and create an ambience for intellectual discourse between staff members removed from regular work responsibility and obligation.

An area that will need due consideration will be the added skills and competencies required in administering a more complex departmental structure.

3. **Social/Emotional.** Social and emotional needs of staff need to be catered for. Regular time off and not extending working hours on a daily basis may seem overly simplistic considerations. In essence time spent with family or away from the work place has a direct and positive effect on maintaining staff balance and work output capacity.

Further, opportunities for staff to socialize outside the workplace and develop a better understanding and appreciation of colleagues as well as a support system in the work place are important considerations in staff welfare issues.

Ultimately, the quality of work will testify to the spirit with which it is done. This reflects the atmosphere in the workplace and the culture that is nurtured.

4. **Spiritual** - Although this part is often an intensely private experience, it is extremely important, as "...it draws upon the sources that inspire and uplift... and tie us to the timeless truths of humanity" (Covey, 1989). People exercise their spiritual health differently. Some find spiritual renewal in religion, others in music and yet still others in their relationship with nature.

To come full circle, it follows then that if organizational objectives are derived from principles and core values, the organization needs to respect the source of these values. With regards to physiotherapy and occupational therapy education, practice and research, there can be no room for isolating or scorning individual sources of spiritual health.

Many of these renewal strategies can be negated or potentiated by the leader. Covey (1989), recommends a stewardship type of leadership. Even in an academic department where the levels of qualification, experience and expertise of staff may be fairly equal, a hierarchy of who is in charge is necessary, for the simple reason that no one can make a decision without a clear chain of command. A lack of leadership creates problems not only of poor organizational responsiveness but also of poor staff morale, (Forteza et al, 1999). Further The Edith Cowan University emphasizes that a substantive leader is necessary to harness early commitment and unity.

CONCLUSION

There is no doubt that we are living in a time of rapid political, social, economic and technological change. This change requires us to find ways to adapt structure; methods and systems in order to ensure our professional survival.

It may appear that departmental merger challenges the conventions of professional autonomy. Quite so, as it has been the case that each professional group has had in addition to a separate training, a separate hierarchy above it. The literature indicates that this traditional structure only "tends to compound the professional isolation and 'tribalism' of each group" (Rolfe & Jackson, 2000) - which I am sure my colleagues will agree is quite evident in physiotherapy and occupational therapy clinical and academic department boardrooms and corridors!

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