Introduction

Health care in Ontario, Canada, has undergone major changes and will continue to do so well into the next century. The current focus for health care workers is on interdisciplinary teamwork and collaboration in order to achieve a more efficient and effective health care system. The restructuring of services will ensure that all health care professionals will have new and more defined roles and responsibilities. No longer will all the decisions be made by physicians but rather through a team of professionals. According to "A Healthier Ontario" (1993),

"health care providers will work in multi-disciplinary teams that include physicians and others. Nurses, pharmacists, nutritionists, physiotherapists, psychologists, mid-wives, chiropractors and health educators, among others, will have an expanded role in health care. Teamwork and coordination among all providers will improve the quality of care and lead to better health outcomes. Hospital stays will no longer be the norm for treating many diseases, and both consumers and providers will take an informed part in decisions about what is 'appropriate' (Government of Ontario, p.2).

Interdisciplinary teams consist of health care professionals who work together to achieve optimum levels of patient focused care in a health care setting. Collaborative practice has been described as: a joint communication and decision making process between medical staff and nurses with the goal of meeting the patient's wellness and illness needs as best as possible, while respecting the unique qualities and abilities of both professions" (Ornstein, 1990, p. 10). This definition can and needs to be expanded in order to ensure all disciplines which represent the interdisciplinary teams are included in the decision making process. Collaboration requires professionals to "view each other as colleagues and peers" (Ornstein, 1990, p. 10).

Therapeutic recreation is one of many disciplines identified as part of the interdisciplinary team. As such, therapeutic recreation has a very specific role in patient focused care. Kraus (1983) wrote, "it is essential that therapeutic recreation specialists be accepted on this team and that they play a significant role if they are to gain respect for their field of service and make significant contributions to the overall treatment process" (p.1 15).

Peterson and Gunn (1984, p.4), described the purpose of therapeutic recreation as to "facilitate the development, maintenance, and expression of an appropriate leisure lifestyle." It is likely that some professional staff understand the unique role of recreation therapists while others do not. Some professional staff have positive attitudes towards the role of recreation therapists and others have ambivalent or negative attitudes. All people have attitudes of varying degrees on any given subject. Attitudes stem from beliefs and can be experiential. Many attitude studies have been done throughout the ages, however, there has been no research to date that assesses hospital interdisciplinary team members' attitudes towards the role of recreation therapists.
Research Statement
This study focused on determining whether systematically, identifiable sets of positive, ambivalent or negative attitudes toward the role of recreation therapists exist among other health care disciplines. This study also explored other variables that might contribute to the formation and reinforcement of positive and negative attitudes. These variables included age, gender, level of education, professional designation, past experiences with recreation therapists and professionalism.

Research Questions
Do attitudes toward recreation therapists vary among identifiable groups within the hospital setting? Specifically,
1. Do attitudes vary according to disciplines?
2. Do attitudes vary with age; gender; level of education; past experiences with recreation therapists; and professionalism?

Methodology
The respondents who participated in the study were members of various interdisciplinary chronic care teams at a southeastern Ontario health care facility. The respondents were divided a priori into three groups: Paramedical group (social work, chaplaincy, dietary and pharmacy, n=11); physical medicine group (physiotherapy, occupational therapy, n=10); and the medical group (nursing and physicians, n=25). A modified version of the Interprofessional Perception Scale (IPS) along with in-depth interviews were used in an attempt to identify various attitudes of the interdisciplinary team members. The IPS consisted of twenty-two Likert-Scale statements, a summated scale and demographic questions (sample statements are listed below). Forty six health care workers participated in the questionnaire. Data generated by the IPS were analyzed using SPSS (T-tests and ANOVA). Following the questionnaire component of the study, 13 in-depth interview questions were developed to gain more insight into the attitudes revealed in the IPS (sample in-depth interview questions are listed below). Eight respondents participated in the interviews. Hypotheses revolved around the concepts of role theory and expectations as a determining factor for positive attitudes amongst the members of the health care team toward recreation therapists. Other characteristics that were tested included age, gender, level of education, past experience working with recreation therapists and professionalism.

Sample of Therapeutic Recreation Statements: Interprofessional Perceptions Scale
Section One
The following statements refer to your overall attitudes toward the role of recreation therapists. Please circle the most appropriate response for each statement on a scale of 1 to 5 with 1 being strongly disagree to 5 being strongly agree.

1. I understand the role of the recreation therapist on my interdisciplinary team.
2. Recreation therapists are well trained in assessing the recreation needs of patients.
3. Recreation therapists are well trained in providing therapeutic recreation interventions to the patients.
4. Recreation therapists are well trained in teaching patients cognitive skills.
5. Recreation therapists are well trained in educating patients in the areas of health promotion and prevention.
Section Two
The following statements refer to your overall perceptions of your colleagues' attitudes. Please circle the most appropriate response for each statement.

1. Individuals in my profession understand the role of recreation therapists.
2. Individuals in my profession respect the work done by recreation therapists.
3. Individuals in my profession have a higher status than recreation therapists.

Section Three
You have been given 100 points to distribute amongst which disciplines you consider to be most important and the least important to the interdisciplinary team (based on patient focused care). Please indicate in the space provided the number of points you would assign to each of the members of the interdisciplinary team (from 0 to 100).

Sample In-Depth Interview Questions

1. What do you believe the role of recreation therapists to be?
2. Have recreation therapists met your expectations in their roles? If not, why.
3. In your opinion, should recreation therapists be a part of the interdisciplinary team?
4. When you were participating in your training to become a professional, was the role of recreation therapy discussed?
5. If professional training was discussed, do you think people in your profession would have a better understanding of the role of recreation therapists?
6. What can recreation therapists do to educate other team members about their discipline?

Discussion
The hypothesis for the first question was: when role expectations are met by the various health care disciplines, positive attitudes toward the role of recreation therapists will result. Though there is little support for this hypothesis from a statistically significant standpoint, descriptive trends suggest the paramedical and the physical medicine groups tended to be more positive in their attitudes towards the role of recreation therapists versus the medical group who appeared to be less positive. Specifically, the paramedical group was the most positive. The results of section one of the Interprofessional Scale (IPS) indicated that the paramedical group were most positive 8 of 14 times, the physical medicine group 6 of 14 times and the medical group 0 of 14 times. In section two of the IPS, the physical medicine group was the most positive 5 of 8 times, the paramedical group 3 of 8 times and the medical group 0 of 8 times. It is important to note that in the majority of cases, all groups tended to fall on the positive side of the Likert scale with most responses being over 3.0000. In the interview component of the study, all respondents indicated that recreation therapists played a strong role in patient care, specifically with chronic care residents.

Section three of the IPS asked respondents to rank all of the interdisciplinary team members in order of perceived importance (summated scale). In most instances, nursing was the discipline that was perceived to be most important of all of the interdisciplinary team members, followed by medicine. The remaining eight professions were relatively equal in their perceived importance by team members. Some respondents felt that all team members are equal and no one discipline is more important than another.

Although recreation therapists have been on patient care teams for several years, many team
members aren't knowledgeable about the role of recreation or the unique contribution they can and do make to patient care. This finding was identified in both the questionnaire and the interviews.

A number of respondents indicated that they were uncertain of the training recreation therapists received and therefore couldn't comment on everything they may be capable of doing. Respondents noted that neither recreation therapy or the role of recreation therapists were discussed in professional course curriculums of any of the professional disciplines. As Compton (1989) suggested, "therapeutic recreation has yet to reach a level of respectability enjoyed by our sister professions, occupational therapists and physical therapy, etc." (p. 429). Coyle, Kinney, Riley and Shank (1991) added that "therapeutic recreation's existence in health care will depend on the judgement of its relevance by physicians, hospital administrators and patients and on the achievement of intended outcomes" (P.67).

Respondents in this research study suggested that there was a real need for recreation therapists to be part of the chronic care interdisciplinary teams. All three groups (paramedical, physical medicine and medicine) had similar responses to describing the role of recreation therapists. They felt that they could provide a variety of services including assessment, program development, opportunities for meaningful participation by patients in activities, motivating patients to get involved, socialization and improving the quality of life for patients in the hospital.

The literature regarding roles suggested that with all roles, people have norms to follow and expectations to be fulfilled. Colman (1985) noted that each role a person plays is bound by both responsibilities and privileges. These responsibilities help to define an individual's role to both themselves and their audiences.

The expectations of recreation therapists identified by various members of the interdisciplinary team included providing meaningful and positive experiences for patients while in the hospital, programming, leisure activities for patients, a broad base of skills and knowledge and being a team player. With regards to questions of whether expectations have been met by the various interdisciplinary team members by recreation therapists, the paramedical group was the most positive in their responses, followed by the physical medicine and the medical group.

Recreation therapists have often had difficulty in describing their roles to others and having other team members understand what it is that they do. Perhaps this is due to a lack of confidence in trying to understand their role on the interdisciplinary team. The literature supported the notion that definitions or roles for recreation may be imposed by other disciplines and administration if the recreation therapist can not verbalize or impose their own definition (Humphrey, 1977). That therapeutic recreation is practiced in a variety of settings with a variety of different models (and in some cases, no models), may cause some of this confusion. This confusion or misunderstanding in roles can lead to a "role conflict" for an individual and may change the ways in which a person practices their discipline.

Conclusions

There are some team members with more positive attitudes toward the role of recreation therapists (paramedical group), some team members with ambivalent attitudes (physical medicine), and some with less positive attitudes (medical group) toward the role of recreation therapists. Variables such as age, gender, level of education, and past experience with recreation therapists did not yield statistically significant results and very few (if any) descriptive trends towards positive, ambivalent or negative attitudes. The variable of professionalism of the recreation therapist (as perceived by various members of the interdisciplinary team) did yield consistent results with the earlier literature and reinforced the need for standards of practice, credentialing and education for team members.

A lack of education regarding the role of the recreation therapist was evident in both the
questionnaire and interview components. It was emphasized in both the questionnaire and the interview data that the various team members were not familiar with the training of recreation therapists and therefore were unaware of their role in patient care. It was also identified that none of the team members were familiar with other health care disciplines' educational curriculum. It appears that there is a need for all health care disciplines to become acquainted with each others' roles and contributions in the classroom. This is especially true if the province of Ontario is to follow a teamwork and collaborative philosophy in health care. In this particular case it seems that education does not equal practice in the workforce.

If recreation therapists are to promote themselves to the members of interdisciplinary teams, they must first understand the perceptions of various team members. Once perceptions have been determined, they can begin to strategize the best way to target the information to the team members. Strategies may be different for each team member. What may have credibility in one profession may not have with another. For example, in the interview component of the study, the pharmacist believed problem solving was important for credibility and respect and the physician felt that additional credibility would be given to recreation therapists if their role was introduced to physicians in the classroom setting.

Since the paramedical group seemed to be the most positive group in the study, it would appear that they will need a reiteration of the value and importance of therapeutic recreation with minimal education regarding therapeutic recreation. Similarly, the physical medicine group will benefit from a reiteration of the benefits as well as some additional education regarding the role of therapeutic recreation. Recreation therapists need to focus their energies on the medical group in terms of education and marketing therapeutic recreation.

**Implications for Practice**

Recreation therapists can create opportunities for educating the interdisciplinary team members about their roles on the team. Examples include in-services and education sessions to the team members, opportunities for other team members to observe recreation programs and role modeling. It was suggested during the interviews that they be participating members of their respective team and respond to patient matters in a way that demonstrates the therapists' unique training and skills.

Recreation therapists need to be assertive and willing to share their unique body of knowledge for patient problem solving purposes. In order for them to do this, they must be comfortable and confident in their role. This should come from the education and training they receive before going into practice.

Other tools that the recreation therapist can use to assist in educating team members include sharing their knowledge, philosophy, theory and practice freely amongst the team by outlining journal articles and research. They also need to continue to work within their teams and participate in the philosophy of teamwork and collaboration.

An important aspect for recreation therapists to consider is their individual professionalism and attitude. Some display a very professional manner whereas others do not. Those who do not appear to be professional in their work or attitude may never be able to gain the respect of their team members. Unfortunately, this could result in a lack of understanding about the role of therapeutic recreation as well as the need for it (this was eluded to in the study).

Recreation therapists need to ensure that they participate in continuing education opportunities and lobby for themselves to take time from work to participate in sessions that will assist them in both their personal and professional development. Along with continuing education, it is also important for them to get involved in their local, provincial and/or national associations. The more they are involved in an association, the stronger their voice in the province and/or country for the purposes of educating all people
about therapeutic recreation.

Recreation therapists working in the Program Management model will need to be confident about the role they play on the interdisciplinary team and about the services they provide. A confident therapist is someone who can demonstrate grounded knowledge in therapeutic recreation and practice, someone who presents themselves as a team player and displays a professional attitude. This person is flexible and adaptable and ready to participate in problem solving during team meetings. In the Program Management model, there may be a single recreation therapist on each team. (This tends to be the case in most southern Ontario hospitals with recreation therapists assigned to specific units.) As such, Standards of Practice would provide an excellent base for them to define their role on their team. They can also look for other creative ways to assist team members in understanding the role of recreation therapists. These may include invitations to participate or observe recreation therapy programs, put up photo displays on the unit, promote recreation to team members in an effort to help them understand their own leisure needs, and provide recent journal articles that support the role of recreation therapy with the specific client base they are working with.

**Recommendations**

Once the attitudes of the interdisciplinary team members have been identified, the next step is to design a marketing campaign. Though beyond the scope of this study, the following section is a basic discussion regarding marketing and marketing terms with a model to assist recreation therapists in their marketing efforts.

**Marketing**

The basis of all marketing lies in knowing what the customer wants/needs. This research provided a baseline for what attitudes exist amongst various members of the interdisciplinary team. Marketing can be defined as a "human activity directed at satisfying needs and wants through exchange processes" (Kotler, McDougall, & Armstrong, 1988, p.5). The traditional marketing mix consists of four major concepts: product; price; promotion and channels of distribution. These concepts, when done together, form both the concept of marketing and the beginning of marketing strategies.

The teams in this study were not homogeneous groups. The physical medicine, paramedical and medical groups studied provided insights into what types of marketing strategies may work best for them.

These insights were identified by the interview respondents in the research. For the paramedical group the ability to participate in problem solving was important to them. The physical medicine group preferred team collaboration and joint programming and the medical group suggested an introduction to recreation therapy in the undergraduate years.

Lovelock (1991) wrote that market segmentation is "central to most professionally planned and executed marketing programs. Through careful analysis, the marketer can decide which markets to serve and then develop strategies to attract and retain customers within specific segments" (p. 118). By identifying the marketing segmentation variables, the marketer can target specific products to specific groups of people. For example, in a hospital setting there are several different target markets within an interdisciplinary team. The teams are not an homogeneous group. Each member brings something different to the team. Different variables to consider when segmenting individual team members include occupations, age, gender, education level, familiarity and experience with therapeutic recreation, power, prestige and influence on team. This phenomena was identified by the interview respondents in the research. For some participants, problem solving during team meetings was important to them. Team participation and introduction to recreation therapy in the undergraduate years were important to other participants. Some examples of education techniques that might be used at the undergraduate level include lectures, videos, literature, case
studies, labs, field trips and volunteer work.

Once the recreation therapists determine which groups they would like to target, they need to determine what steps they will take in order to attempt to change the attitudes of the less positive and ambivalent team members.

**Promotion**

Promotions are just one aspect of the marketing concept. Kotler et al. (1988), and Crossley and Jamieson (1988) agreed that the four main promotional strategies for marketing include advertising, sales promotion, publicity and personal selling. Lovelock (1991) defined promotion as "essentially a short-term element in marketing strategy, designed to attract special attention and to motivate immediate action" (P.249).

Crompton and Lamb (1986) argued that promotion is "basically an exercise in communication" (p.377). As such, they have suggested four activities for communication which include informing, educating, persuading and reminding. It is important to recognize that different target markets will require different communication tasks; not every group will need to be informed, educated or persuaded at a given point in time. In a therapeutic recreation context, informing refers to basic information regarding the profession. Promotion would be considered important at this level in order to inform the target audience (interdisciplinary team) about the role of the recreation therapist.

Educating refers to the need for recreation therapists to develop a level of understanding amongst the health care team about their role. The difference between this stage and informing according to Crompton and Lamb (1986) is that through education the interdisciplinary team member recognizes the value of the programs and services that recreation therapists can provide.

Persuading refers to the idea that recreation therapists may need to persuade the various interdisciplinary team members into understanding their role. They need to persuade the interdisciplinary team members to participate in education opportunities regarding therapeutic recreation and offer unique techniques to get them to the session such as a recognized guest speaker.

Reminding refers to assuring the people with existing positive attitudes towards the role of recreation therapists to continue their beliefs. It is their responsibility to reinforce the positive aspects of their attitudes.

A Model for Recreation Therapists' Integration into the Interdisciplinary Team may assist them in this endeavor. This model incorporates the elements of role theory (role senders and receivers), and the marketing mix (product, price, channels of distribution and promotion), combined with the various levels of therapeutic recreation (individual recreation therapists, therapeutic recreation departments, recreation therapists in a program management model, therapeutic recreation education programs, the therapeutic recreation discipline), and the three groups studied in this research (paramedical group, physical medicine group and the medical group). The purpose of this model is to assist them in their integration into the interdisciplinary team, and their actual marketing of recreation to the members of the team. This model allows for the various levels of therapeutic recreation (e.g., individual recreation therapists, education programs, T.R.O., etc.) and for whom they may be targeting (i.e., paramedical, medical, physical medicine groups) in an effort to allow easier integration for them to become members of the interdisciplinary team. The following example will illustrate the utilization of this model.
In this example, the individual recreation therapist is the role sender. Using the traditional marketing mix elements of product, channels of distribution and promotion would be explored. Under product, the individual recreation therapist provides a service to patients and are responsible for their own practice. Specifically under practice, the individual recreation therapist may focus on outcome measurements, credentialing and standards of practice. Under distribution, the individual recreation therapist may act as a direct service provider, a facilitator or an outreach worker (in the hospital setting, the majority of recreation therapists would be working as a direct service provider and/or a facilitator). The promotional elements of therapeutic recreation would be broken down into informing, educating, persuading, and reminding. The type of promotional strategy used would be dependent upon the role receiver (medical, paramedical or physical medicine). The publicity and personal contact components of the promotional mix would most likely be used for all three groups in promoting therapeutic recreation to the members of the interdisciplinary team.

The results of this research indicated that the medical group was the least positive in their attitudes toward the role of recreation therapists. It is this group that would require the informing and educating processes of promotions as outlined by Crompton and Lamb (1986). This group requires basic information as well as the education to gain an understanding of the value of therapeutic recreation. Strategies for providing basic information may include formal education in the classroom (as indicated by the study),
articles and brochures. Educating may take the form of 15 minute sessions within the interdisciplinary team setting, providing opportunities for observing recreation programs and offering problem solving solutions in team meetings.

In contrast, the physical medicine group would likely benefit from the educating and persuading components. This is because they have ambivalent attitudes toward the role of recreation therapists. They don't require the basic information but do require the understanding of the value of therapeutic recreation and the persuasion factor. Recreation therapists may choose to educate this group through similar strategies outlined above including 15 minute education sessions within the interdisciplinary team meeting, providing opportunities for observing recreation programs and offering problem solving solutions in team meetings. Persuading them to participate in education may include inviting the manager of the department to come and speak to the team, or someone who is well recognized and respected by the team members to discuss therapeutic recreation. Invitations to view programs may come in the form of written invitations or incentives for participation such as a meal with the lunch group program.

The paramedical group which had the most positive attitudes toward the role of recreation therapists would benefit from reminding. Strategies for this group may include invitations for observation of recreation programs, continued problem solving on the team and a 15 minute education session during a team meeting to reiterate the value of therapeutic recreation. This may also create an opportunity for a member of this group to persuade other members of the interdisciplinary team about the value of the role of recreation therapists.

The majority of these strategies would take place at the team level and therefore it would be the responsibility of the individual recreation therapist to commit to changing the attitudes of the team members. This can be done through direct contact. Examples may include the attitude of professionalism by the recreation therapist, positive interactions with team members and through sound problem solving at the team level. As suggested earlier in this chapter, the therapeutic recreation body needs to determine who will educate the health care students in a formal classroom setting. It would make sense that the provincial body take on this initiative as to ensure consistency and continuity in these education programs.

In conclusion, a future study could review the concept of marketing, market segmentation and promotional strategies and present a variety of marketing techniques which could be tested to see what strategies are successful in changing attitudes of those disciplines that are the least positive and ambivalent toward the role of recreation therapists. The study would be advantageous if it could be both short and long term in the sense that the opportunity would be created to see short and long term effects of the marketing strategies.
References


