Exploring the Working World of Occupational Therapy
Clinical Leaders

Simon Shiri

A thesis submitted in partial fulfilment of the requirements of

the degree

Doctor of Health Services Management

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The Australian public health system, influenced by repeated reforms, has experienced sustained policy and financial pressures leading to the creation of new roles such as the Queensland Health Occupational Therapy Clinical Leader (OTCL). This thesis investigated the lived experiences of ten OTCLs to gain an understanding of this new role and explored the scope in terms of the clinical and managerial responsibilities. This research drew on two philosophies of hermeneutic phenomenology (Heidegger 1962; Gadamer 1975; van Manen 2001) and the Interpretive Phenomenological Analysis approach (Smith 2004) as components of the methodology with in-depth semi-structured interviews as the method of data collection. Kanter’s (1977) theory of organisational power was chosen as the theoretical framework and informed the process of data analysis.

Five themes and thirteen sub-themes around the scope of the OTCL role emerged from this investigation, with key conclusions indicating at policy level that the implementation of safe, sustainable, efficient, quality and responsive health services for all Queenslanders is still a work in progress. At this stage it has failed to achieve the desired results for all stakeholders and there is a need to devise strategies that can best be implemented to achieve sound health care reform. Secondly, key conclusions are significant at practice level for OTCLs to adopt and implement models of practice that support the mainstream health policy to contribute towards better health outcomes. Nevertheless, these conclusions by contributing new knowledge to existing literature on clinical leadership, in the context of the Australian public health care systems’ rapid and unpredictable constant changes, set the foundation for future research directions to enact new ways to lead health reforms. The utility of Kanter’s (1977) theory to this study is examined and this thesis then concludes by describing how the aims of the study were met.
I, Simon Shiri, certify that the substance of this thesis has not already been submitted for any degree and is not currently being submitted for any other degree or qualification.

I certify that any help received in preparing this thesis and all sources used have been acknowledged in this thesis.

Signature: [signature]
### Abbreviations

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<th>Abbreviation</th>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>DHSM</td>
<td>Doctor of Health Services Management Degree</td>
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<tr>
<td>IPA</td>
<td>Interpretive Phenomenological Analysis</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapy/Occupational Therapist</td>
</tr>
<tr>
<td>OTCL</td>
<td>Occupational Therapy Clinical Leader</td>
</tr>
<tr>
<td>OTCLship</td>
<td>Occupational Therapy Clinical Leadership</td>
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<tr>
<td>OTA</td>
<td>Australian Occupational Therapists Association</td>
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<tr>
<td>WFOT</td>
<td>World Federation of Occupational Therapists</td>
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<tr>
<td>SARRAH</td>
<td>Services for Australian Rural and Remote Allied Health</td>
</tr>
<tr>
<td>QH</td>
<td>Queensland Health</td>
</tr>
<tr>
<td>MDT</td>
<td>Multidisciplinary Team</td>
</tr>
<tr>
<td>HP</td>
<td>Health Practitioner</td>
</tr>
<tr>
<td>NSW</td>
<td>New South Wales</td>
</tr>
<tr>
<td>NUM</td>
<td>Nurse Unit Managers</td>
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**GLOSSARY OF TERMS**

| Working World/lived experience | ‘Working World’ is a phrase borrowed from one of the central ideas, particularly the Ontological Viewpoint of Being (*Dasein*) as employed in Heidegger’s (1962) and Gadamer’s (1975) hermeneutic phenomenology within the context of understanding human experience. van Manen (2001) later applied this phenomenon of ‘Being’ during thematic analysis research by using the term ‘lived experience’ to describe the meaning of human experience from study participants’ perspectives. In the context of this research, the phrase, ‘Working World’ represents the lived experiences of Queensland OTCLs as viewed from study participants’ interpretations. |

<p>| <strong>Australian public health care system</strong> | It is the organisation of publicly accessible and funded health services that is structured around the inputs (financial capabilities for workforce, capital and supplies) and processes (institutions of care provision and micro processes of care) of the system and the associated outputs (treated patient numbers and days of care) and outcomes of care (lengthy and quality of life) within a socio-political context, which is characterised by the place of women, racial discrimination and discrimination of people from non-English background, and the role of class divisions (Duckett 2007). Governance plays a role of making policy and steering society. It is represented by the current market–oriented management health sector reforms that focus on cost containment, efficiency and cost-effectiveness of the health sector. |
| <strong>Participant/respondent</strong> | The term is used interchangeably for the 10 OTCLs who agreed to participate in this research project. |</p>
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<td>Is an umbrella term encompassing both a philosophical movement and a range of research approaches that are concerned with the study of phenomena, their nature and meanings as things appear, through to human experience or consciousness (Finlay 2008).</td>
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