

# We Need More than Another Keychain

## An Analysis of Marketing Needs of CTRs



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### Abstract

Recent literature shows that RT has been misunderstood and sometimes perceived as inferior to other treatment services in the health care arena (e.g., Chen & Chippendale, 2018; Harkins, 2010; Harkins & Bedini, 2013; Hinton, 2000). Although the field of RT has made significant advances in demonstrating its value, there is a lot of work yet to be done. Over three decades ago, Thorn (1984) stated that marketing is more than just selling a product and encouraged the field of RT to survey its own "...reputation and image, quality and types of service, accreditation and certification, status, availability and accessibility of services, and service philosophy" (p. 44) to determine effective marketing strategies. To that point, Bedini's (2017) national study on marketing among Certified Therapeutic Recreation Specialists (CTRSs) found only moderate efforts and understanding regarding how to market their own programs. This current analysis delved deeper into these data, examining the narrative responses to the open-ended question on identified marketing needs in RT. Results present patterns and themes among the responses regarding CTRSs' perceptions of their marketing needs. From these results, recommendations for practice and further research were identified.

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## Keywords

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Historically, the field of recreation therapy (RT) has had difficulties in terms of being perceived as a viable and effective treatment service within the health care arena. Although the field of RT has made significant advances in demonstrating it is more than a diversional service, it is still far from being universally accepted by potential consumers, related disciplines, and decision-makers as a goal-directed, efficacy-based, and outcome-driven treatment service. Professionals in and out of the field have shown that RT has been viewed as inferior to other treatment services by health care administrators (e.g., Harkins, 2010; Harkins & Bedini, 2013), as well as misunderstood and/or viewed negatively by some related therapies (e.g., Chen & Chippendale, 2018; Hinton, 2000; Vogeley, 2017).

Three decades ago, Thorn (1984) stated that RTs should research the perception of our field to understand, “discrepancies between the desired image and the actual image of therapeutic recreation” (p. 44). Within the last decade, however, RT professionals are still referring to the challenges the field faces for recognition and acceptance (e.g., Carter, Ashton, Hutchins, & Wolfe, 2016; DeVries, 2016; Dwulit 2017; Skalko, 2012) and offering myriad recommendations to address the image issue of the field (e.g., interprofessional collaboration, advocacy on the college level, higher entry-level degree, evidence-based practice). None of the recommendations, however, has addressed specific strategies for how RT should market itself.

Thorn (1984) emphasized that the field of RT must step up to address increased competition and changes in the landscape of health care, suggesting that RT should survey its own strengths and weaknesses including, “reputation and image,” among other things (p. 44) to determine effective marketing strategies. Unfortunately, little research has been done in the last 30 years to address these issues with regard to marketing the field of RT. A national study by Bedini (2017) examined the status and extent of marketing by CTRs. Findings of the quantitative portion (marketing efforts) indicated that CTRs have inconsistent approaches, only a moderate understanding about how to market their programs, and limited knowledge about what resources might be available to help them in their marketing efforts. One of the open-ended questions specifically asked respondents of the overall study to share their perceived marketing needs. Over half of the respondents answered this question. The responses to this question are the focus of this article.

## Literature Review

### Occupational Prestige

Thorn (1984) stated that the image of an RT department is related to “attitudes toward the services provided and the profession providing these services” (p. 46). He suggested that the field should “embark on a feasible plan to improve these image gaps” (p. 44) between the desired image and the actual image of RT. He went on to suggest that the field’s services “must be evaluated according to their relevance, execution, and

effectiveness” (p. 44). Unfortunately, the field of RT sometimes struggles to provide these factors at pre-professional as well as professional levels of practice.

Rosoff and Leone (1991) described the concept of “occupational prestige,” which indicates how a profession is judged for legitimacy. According to the authors, occupational prestige is often based on three major indicators, “...high pay, high social value, with the greatest training” (p. 322). Although the field of RT is currently resolving the debate regarding entry-level training in RT, movement toward this resolution will require time-consuming system changes. Similarly, orchestrating increases in RT salaries would be dependent on many factors, most of which depend on whether RT is perceived as an effective and essential service. Making progress in establishing the social value of RT, however, might be the most feasible and immediate approach to improving RT’s occupational prestige. It is likely, then, that until the field of RT is seen universally by potential consumers, administrators, and related treatment services as a profession that demonstrates significant impact on client outcomes, equivalent to that of sister therapies, RT will receive less professional recognition and be viewed as less prestigious than our competing treatment services.

In the past, RT has unintentionally fallen victim to being perceived as “second class” citizens in the health care arena. For example, Smith, Perry, Neumayer, Potter, and Smeal (1992) examined interprofessional perceptions between RT and occupational therapy (OT). They found that not only did OTs rank themselves higher than RT professionals, but RTs also ranked themselves lower than they ranked OTs. Similarly, in a study on occupation prejudice, Hinton (2000) found that occupational prejudice toward RT existed from other therapies, but most significantly from physical therapy (PT) and OT. In addition, she examined perceptions of occupational prestige among these therapies, finding that PTs and OTs were ranked (including by themselves) the highest and RT the lowest. Hinton concluded that lack of knowledge of education and training required of RTs were main factors for occupational prejudice toward RT.

Today, studies show that RT is still misunderstood. Harkins and Bedini (2013) examined the perception of the field of RT from 347 health care administrators in North Carolina (NC). They found that the majority of respondents believed they knew what RT was, but later presented incorrect statements such as suggesting that other professionals and non-professionals provided RT at their facility—51% stated they used volunteers to provide RT services. Overall, results showed that the majority of the administrators in NC were not aware of what the field does, the credentials CTRSs hold, or that other disciplines are not trained to do what RTs do. Although administrators from only NC were surveyed in this study, the results are troubling considering that NC is uniquely situated in terms of the presence and quality of RT: it has the second most CTRSs in the country (McNeal, 2018), is one of four states with licensure in RT, has two state-wide TR/RT organizations, and has eight universities offering a bachelors degree in the field and two 2-year colleges with TR/RT curricula. If administrators in NC were uninformed about RT, then it is likely that other states experience similar or even greater misconceptions.

Similarly, the field of OT still seems to view RT as ancillary and not equivalent. Chen and Chippendale (2018) proposed using leisure as an end as well as a means in the practice of OT. They posited that, “The occupational therapy profession should take every advantage of these new positive changes in health care legislation to keep expanding its focus on leisure as a goal of intervention” (p. 3). They also noted that

the main obstacle is the “overlap” with RT stating that, “occupational therapists have unique knowledge and insight that differ from those of recreational therapists” (p. 3). In addition, DeVries (2016) described a session at a national RT conference where participants (CTRSs) noted that they, “...felt they were not treated as equal to other health care colleagues and that there was a perceived lack of clarity of their job by others” (p. 12).

Zhou (2005) examined occupational prestige from the perspective that “claims of legitimacy and appropriateness” are dependent on objectivity, which is based on reasoning that is “immune from artificial manipulation motivated by self-interests” (p. 95). To enhance the occupational prestige of RT, the field must be careful to avoid comparisons with other treatment services and focus on its own objective strengths instead. Thorn (1984) suggested that the image of an agency is based on the services provided and the professions providing those services. He stated that a positive image of these two components will attract others to the field, while a negative image will serve to compromise and deter.

Calls for improving aspects of RT practice are many and have resulted in research that proposes concrete solutions for the field. For example, Skalko (2012) argued for a more strategic initiative to increase evidence-based practice in RT noting that, “until our discipline addresses the short and long-term challenges, RT will continue to fight a battle for recognition and inclusion...” (Skalko, 2012, p. 3). Similarly, DeVries addressed the fact that “perceptions of lack of respect and recognition persist” (2016, p. 12), specifically noting the “struggle to obtain respect from other disciplines” (p. 12). She proposed that efforts in interprofessional collaboration between RT and other therapies would improve perceptions as well as strengthen practice. These and other significant concepts have the potential to do a lot to improve the status of RT among our critics, however, how to implement these efforts on a broad scale throughout the field remains a question.

### National Study on Marketing

While more strategies to improve the recognition of the quality and value of RT should be pursued, a lot of what the field does well is not evident to the “outside world.” Thorn (1984) called for the development and application of strong and targeted marketing techniques. To address the image gaps identified by Thorn, it was important first to establish a baseline of the status and needs of marketing in the field of RT. Bedini (2017) conducted a national study of the status of marketing asking practicing CTRSs to identify the existence and level of marketing activities conducted both within and outside of their own agencies. The study was based on Social Marketing Theory (Morris & Clarkson, 2009) which addresses “changes in knowledge and attitudes...as they lead to actual behavioral changes” (p. 137). The theory offers six guiding principles that potentially provide a foundation for marketing in RT. The principles include (a) goals for the target market behavior, (b) insight into customer decision processes, (c) segmentation and targeting, (d) competition, (e) exchange, and (f) marketing and intervention mix. These principles serve as a guide when applying the results of research to the potential target markets for the field (i.e., health care administrators, physicians, other therapies, community advocates, potential clients) considering that each of these targets has the ability to “choose” RT as a service, either through hire, prescription, or request.

The study used an electronic questionnaire with 40 Likert-type and four open-ended questions that was sent through the National Council for Therapeutic Recreation Certification (NCTRC) to all practicing full-time CTRSs (i.e., 6,500). Results from over 1,000 CTRSs indicated that their participation in marketing strategies was inconsistent. Bedini stated that "...while some CTRSs were implementing successful marketing strategies, others felt inadequately prepared or restricted with regards to developing and/or implementing marketing efforts" (p. 11). For example, findings showed that less than 30% of the respondents conducted marketing tasks and techniques on a regular basis, and only 9.5% of the respondents reported having a formal marketing plan for the RT/TR department. Similarly, 29.3% of the respondents stated that they "never" informed administration on RT evidence-based practice. The results of Bedini's study suggest that more needs to be done to provide effective guidance and techniques for students and professionals to describe, promote, and articulate the value and impact of the field to decision-makers regarding RT practice.

### **Lack of Emphasis on Marketing RT**

Potentially, part of the reason there is neither much literature nor discussion about how to market RT might be because it is not identified as a critical skill in professional preparation or credentialing processes. Academically, little specific and tested information exists on how to market RT as a student, or subsequently as a young practitioner. Although curricula provide important content for students to use (e.g., evidence-based practice, advocacy, philosophy), there are no formal plans or strategies in the professional literature or textbooks to guide instructors and students in these areas. There are two current RT management texts (i.e., Austin, McCormick, & Van Puymbroeck, 2016; Carter, Smith, & O'Morrow, 2014), both of which include a separate chapter specifically on marketing; however, only one offers details such as an actual marketing process (goals, assessment, action plans, and potential target markets). In addition, unfortunately, both texts target only upper-level undergraduates, graduate students, and the "first-line" RT managers. Therefore, many RT undergraduates do not get this exposure until a semester or two prior to their internship/graduation.

Similarly, RT accreditation organizations that guide RTs curricular development and implementation provide little emphasis on teaching marketing in the field. For both organizations, the standards that include marketing are found under general management categories rather than as a specific focus. For example, the Committee on Accreditation of Recreational Therapy Education's (CARTE) standard 1.7.5, "knowledge of the principles and practices of promotions, public relations, and marketing" is found under "Managing Recreation Therapy Practice" (CARTE, 2010). Similarly, standard 7.03 of the therapeutic recreation accreditation standards by the Council on the Accreditation of Parks, Recreation, and Tourism (COAPRT) includes marketing in the category of "Management, Marketing, and Finance of Therapeutic Recreation Services" (COAPRT, 2012). Again, the focus of these standards is geared more toward manager responsibilities rather than practice.

Credential requirements for RT practice pose similar issues. NCTRC recently completed its fourth comprehensive 2014 Job Analysis Study and presented competencies in two areas: tasks and knowledge. Of the 69 tasks identified under Job Task Domains required in the field, only one item (#68) directly references marketing RT, comprising only 1.5% of all task-related items. This item, "promote marketing and

public relations,” is found under the “Awareness and Advocacy” subheading and had a mean comprehension score of 2.5 out of 5, with a higher score indicating greater knowledge. The second section of the report, Professional Knowledge Domains, provided only one item (#54) under “Advancement of the Profession” that addresses marketing. This item, “Public relations/promotion/marketing,” makes up only 1.8% of the knowledge expected of RT students with a mean comprehension score of 2.6 out of 5.

Finally, over the last few decades, RTs national associations (i.e., the American Therapeutic Recreation Association and previously the National Therapeutic Recreation Society), have established marketing committees that, with a few exceptions in the 1990s, typically focused on promoting membership and the organizations themselves. In addition, one can request brochures from NCTRC that provide a profile of RT practice as well as how CTRs are credible professionals. Nothing currently exists, however, on specific marketing strategies/training to help practitioners address critics outside of the field. With all that is being done, and all that the field has to offer, RT still remains a “best kept secret.”

## Purpose

In Bedini’s (2017) study, analysis of the four open-ended questions was presented only in summary and not examined in any depth or detail. One of these questions specifically asked respondents to share their perceived marketing needs. Different from indicating marketing efforts, responses to this question provided insight into what CTRs feel they need to be more effective in communicating the value of RT to other target markets. Over half of the respondents ( $n = 564$ ) wrote answers to this question, which indicates interest related to this topic in and of itself. Therefore, the purpose of this analysis was to examine the open-ended, narrative responses to the question regarding the respondents’ greatest marketing need for their own RT program. More specifically, this analysis generated themes and categories to facilitate a deeper understanding of the marketing needs of current practicing CTRs in an effort to establish a baseline for future marketing strategies.

## Methods

### Sample and Instrument

A sample of full-time, practicing CTRs in the U.S. and Canada was selected for this study. The selection was delimited to only full-time and practicing CTRs in the U.S. and Canada to reduce input that was not current nor from individuals who were not “hands-on” in the field (e.g., educators, retired practitioners, or individuals who were not currently practicing). The study used a Qualtrics electronic questionnaire that was approved by the university’s IRB and distributed through NCTRC. A total of 6,500 potential respondents were selected and received the survey based on these criteria.

A total of 1,114 completed and usable surveys (17.5%) were returned, representing 48 states, the District of Columbia, and six Canadian provinces. The actual sample for this analysis ( $N = 564$ ) comprised respondents who entered a relevant response to the open-ended question, “In your opinion, what is the greatest marketing need for RT/TR in our agency?”

## Data Collection

Responses received from the online questionnaire were collected for both the quantitative and open-ended questions and downloaded from the Qualtrics questionnaire to an SPSS version 24.0 (IBM, 2016)) data file. Columns were provided to accommodate entire entries from the open-ended questions.

## Data Analysis

A content analysis was conducted on these responses. Content analysis is a type of qualitative analytic strategy used to “ascertain meaning” and “make inferences” from open-ended data (Henderson (1991, p. 91). In this study, the researchers applied content analysis inductively to identify themes and patterns that emerged from the data related to perceptions of needs. To this end, both researchers independently read all responses for emergent themes and then compared identified themes for similarities and discrepancies. Inter-rater reliability was established at approximately 90%. All differences were discussed for resolution and negotiated until agreement was reached. In addition, researchers evaluated questionable responses that were vague or incomplete to determine their inclusion in the study. Overall, differences were minor and easily resolved. Some of the original themes identified were small, and in several cases similar in concept. Therefore, the initially identified themes were then collapsed into broader and more relevant categories before further analysis.

In addition, to determine whether there were differences among respondents based on demographics (e.g., setting, population, years in practice), entries for each category were examined for demographics and then compared using quantitative methods (i.e., cross-tabulations with chi-square and contingency coefficients) to identify relationships among the expected and observed counts for the variables.

## Results

Five hundred and sixty-four survey participants responded to the open-ended question about identifying their greatest marketing needs. The demographics for these respondents closely resembled the overall sample of respondents for the larger quantitative study. Most of the respondents solely self-identified as therapists (46.4%). The client population with which most CTRSs worked included behavioral health (34.7%), geriatric long-term care (23.5%), and physical medicine/physical disability (19.3%). The client age categories included adults and older adults (73.3%), pediatrics and adolescents (10.3%), and all age groups (16.4%). Hospitals (36.5%) and skilled nursing facilities (19.0%) were the primary employment sectors indicated by the respondents. The amount of time the respondents have been employed as CTRSs was evenly distributed between 0-10 years (33.9%), 11-20 years (30.0%), and over 21 years (36.1%). For more details see Table 1.

**Table 1**

*Demographics of Respondents Who Answered the Marketing Needs Open-Ended Question*

Demographics	<i>N</i>	%
Client Population ( <i>N</i> = 550)		
Behavioral Health	191	34.7
Geriatric Long-Term Care	129	23.5
Physical Medicine/Physical Disability	106	19.3
Other	124	22.5
Client Age ( <i>N</i> = 553)		
Adults/Older Adults	405	73.3
Pediatrics/Adolescents	57	10.3
All Ages	91	16.4
Employment Sector ( <i>N</i> = 553)		
Hospital	202	36.5
Skilled Nursing	105	19.0
Other	246	44.5
Years Employed ( <i>N</i> = 554)		
0-10 years	188	33.9
11-20 years	166	30.0
21+ years	200	36.1

## Themes and Categories

Content analysis of the data yielded a total of 27 themes (see Table 2). Four of the 27 initial themes were not included in the final categories because their unique attributes did not adequately fit into any of the broader themes and had response values that were too small to warrant their own theme/category. The omitted themes included research (37 responses), HIPAA (11 responses), reimbursement (14 responses), and terminology (i.e., TR vs. RT, 14 responses). These 27 themes were then grouped based on similarities to each other, resulting in eight categories (see Table 3). In order of frequency of responses, the final eight categories of marketing needs were the following: In-Services, Prestige, Resources, Visibility, Recognition, Differentiation, Media, and Community.

**In-services.** This category pertained to the need for more interdisciplinary training (29.6%), promotion of RT services (8.0%), and general education about RT (15.0%). Nearly one-third of respondents reported a desire to have opportunities to provide education about what RT is to related treatment service providers, medical professionals, and administrators. CTRSs cited that this interdisciplinary training would allow them to “gain respect” from their colleagues by helping them better understand RT and its scope of practice. This category also represented the need practitioners identified for inter-agency promotion of RT services, including educating others about what CTRSs do. One respondent stated, our “biggest need is informing new staff members about the value and services provided by TR.” Aside from formal in-service training, these responses indicated the importance of providing general education about RT. For example, one respondent stated, “I think our greatest marketing need is providing general education to the community, clients, and other discipline[s] about the benefits of RT.”

**Table 2***Initial 27 Themes on Marketing Needs*

Acknowledgement	Personnel
Autonomy	Presence
Benefits	Promotion of Services
Community Awareness	Purpose
Community Education	Reimbursement*
Credentials	Research*
Digital Media	Social Media
General Awareness	Support
General Education	Tangible Materials
HIPPA*	Terminology*
Importance	Time
In-Services	TR vs. Activities
Money	Value
	Website

*Note:* \*These themes were not included in final eight marketing needs categories.

**Prestige.** This needs category described issues associated with being considered legitimate as a treatment service. Three subcategories emerged: purpose (13.5%), value (7.1%), and importance (6.4%). Respondents noted that they did not seem connected to other facets within the agency and some indicated they were not valued or viewed as important within the agency. For example, a respondent stated that he was concerned about the “lack of opportunity to utilize all skills within our discipline and lack of opportunity to provide education to upper management and administration on the purpose, impact and importance of RT services.” They also needed others to know what RT is as a treatment service. Similarly, respondents expressed the need to be seen as a valuable team member and service provider especially by their interdisciplinary colleagues and key decision-makers. One respondent noted, “We do not provide enough education to critical decision makers about the value of TR. Our clients understand the value of it [RT], but I am not so sure that the decision makers understand.” Not only did the respondents want their roles and services to be valued, but they also wanted others to realize the importance of their treatments. As one respondent stated, RT professionals need to “help other departments and professionals understand the importance of the hours for recreation therapy.”

**Resources.** Respondents expressed the need for more resources, which included personnel (11.2%), money (6.4%), time (4.6%), and administrative support (3.7%). “I am the only CTRS” was a common sentiment among respondents. The respondents citing a need for more personnel to provide RT services stated that they did not have the time or money to commit to marketing. Several respondents expressed that their budgets barely accommodated their client care needs, thus, there was no money in their budgets to spend on marketing efforts. Last, some CTRSs noted the lack of support from agency administrators “to dedicate time and resources to marketing and promotion.” Gaining administrative support could lead to more personnel, money, and time, which may increase an RT department’s visibility.

**Table 3***Final Marketing Needs Categories with Sub-Categories*

Categories	%
In-Services ( <i>n</i> = 240)	42.6
Interdisciplinary Training	
Promotion of Services	
General Education	
Prestige ( <i>n</i> = 138)	24.4
Purpose	
Value	
Importance	
Resources ( <i>n</i> = 123)	21.8
Money	
Personnel	
Time	
Support	
Visibility ( <i>n</i> = 109)	19.3
General Awareness	
Presence	
Tangible Materials	
Recognition ( <i>n</i> = 97)	17.2
Acknowledgement	
Benefits	
Differentiation ( <i>n</i> = 91)	16.1
Autonomy	
Credentials	
TR/RT vs. Activities	
Media ( <i>n</i> = 77)	13.7
Digital Media	
Social Media	
Websites	
Community ( <i>n</i> = 52)	9.2
Community Awareness	
Community Education	

**Visibility.** This category addressed being known and available to potential clients. Three interrelated subcategories included general awareness (5.1%), tangible materials (8.2%), and presence (8.3%). One respondent described a need for “more visibility and education both inside the organization and outside in the community about what RT services involve and how it can benefit people served.” In addition, specific to visibility and exposure, respondents identified communicating about their services via tangible materials. Most notably, these materials included business cards, brochures, newsletters, bulletin boards, and posters. Another frequently mentioned visibility need was “presence” which involved RT having visual exposure through various means (e.g., signage, informational displays). To this point, a respondent shared the consequence of having no branding in RT stating, “There is nothing on our business logo that says RT is available or shows that RT is available.”

**Recognition.** Although similar, this category was distinguished from prestige in that it focused primarily on acknowledgment (7.3%) and benefits (11.3%) rather than purpose and importance. Several respondents noted that they want their treatment team colleagues and agency administrators to recognize and acknowledge that RT professionals are an equal component of the team. One described a desire for their administrators to “acknowledge RT staff... and complement their strengths. State what positive outcomes they were able to obtain.” Similarly, the respondents wanted these individuals to recognize the benefits that their RT services are having on their clients. As one respondent stated the desire “...to be recognized by administration about the need and positive benefits of RT.” Similarly, several respondents identified the specific need for more research and evidence-based practice to help support and validate RT services. For example, one respondent highlighted this need by stating that “All other fields within our division have a great presence with this and RT is lagging behind.”

**Differentiation.** Practitioners who work in agencies that employ PTs and OTs as well as other related services, such as activity professionals, might have more needs for establishing distinction than those who work in a community-based environment. The Differentiation category contains three subcategories: autonomy (3.9%), credentials (4.8%), and RT versus activities (9.2%). The autonomy subcategory comprised needs related to being viewed as a stand-alone treatment service. For example, one respondent stated, “the need... to market RT as a ‘stand-alone’ discipline” because their “organization ‘lumps’ [RT] together as therapeutic services.” Another noted, that staff outside of their department “does not recognize CTRS as an important credential.” Respondents also noted the need to separate the perception that RT is merely diversional activities. One respondent noted the need to communicate that, “RT is a viable profession and not a diversion for patients to stay busy.” Respondents expressed that they are battling against being viewed as “babysitters” rather than therapists. One respondent shared, “Despite others claiming to know what we do, they always describe us as the ‘fun people,’ or the ‘Play Lady,’ or ‘They make it fun here for the kids,’ but there is so much more to us. Not sure how to get that across after 25 years!” Another respondent shared that “when RT/TR is mentioned they [other therapies] “use the statements [like] ‘all we do is have fun,’ ‘wanna play games,’ ‘wanna play bingo,’ for our community outings, people call them ‘field trips,’ which is annoying!”

**Media.** The Media category can be broken down into digital media (3.9%), social media (7.4%), and websites (4.8%). Digital media needs entailed more access to opportunities to promote their programs through TV, radio, and other media outlets. Similarly, respondents mentioned the need for more opportunity and investment in social media (e.g., Facebook, Twitter) for their programs. Many of the individuals who cited websites as a marketing need expressed that they were overlooked by the agency administration by being left out of the agency’s marketing efforts online. One respondent commented that, “...our company’s website does not even acknowledge our department!” Another noted, “Our website should also have a description about what we do. As of now, there is nothing.”

**Community.** Although the Community category had fewer responses than some of the other categories, its subcategories are important to marketing the field of RT. This category comprises community education (3.5%) and community awareness (6.6%), both of which are seen as imperative to the success of establishing a well-rounded program. Respondents noted they would like RT to be involved in, “more

community outreach for marketing to community-based clients” as well as the desire to “showcas[e] the benefits of RT in the community.”

### Comparative Analyses

Additional interpretive analysis examined each of the eight categories by the demographic data to determine if there were any statistically significant differences. Results showed that CTRSs who had been working in the field for 10 years or less were more likely to express marketing needs associated with In-Services than those with more than 10 years of experience ( $p = .013$ ). Also, practitioners who worked with clients with diagnoses in behavioral health and long-term care appeared to have more marketing needs in the areas of prestige when compared to those working with other populations ( $p = .026$ ). Practitioners who worked with clients with physical disabilities were more likely to share needs associated with visibility than those working with other populations ( $p = .007$ ). At the same time, CTRSs who worked in skilled nursing facilities were most likely to struggle with differentiating RT from Activities programs ( $p = .026$ ). Two categories, Recognition and Resources, showed no statistically significant differences, suggesting that practitioners in all settings have equal needs in these areas.

### Limitations

Limitations to this study were centered primarily on the need to gain greater depth of information about the populations surveyed as well as within the answers provided. The majority of respondents were from hospital and skilled nursing facilities settings, with a limited number of respondents working with groups such as pediatrics or corrections. The low response rates for these specific populations make it impossible to analyze them separately. As a result, information from in this study cannot be generalized to RTs working with those populations. A second limitation centers around the vague nature of some of the respondents’ comments. Although many comments were direct, specific, and detailed, a number of them were brief, individualized without explanation, or cryptic. Since these data could not be used, it compromised the ability to analyze and identify specific needs in some cases.

### Conclusions and Discussion

The purpose of this study was to examine narratives from the open-ended question on marketing needs among these practicing CTRSs to determine emergent themes and patterns. Seven categories of marketing needs in RT were identified and described. Several conclusions and recommendations were evident from these results.

First, it is important to note that marketing is clearly a concern of CTRSs currently practicing in the field. The fact that over 50% of the 1,114 respondents from the larger quantitative study answered the open-ended question on needs is an indicator of the work to be done in the field. Also, the specific needs that were shared were diverse but also consistent across levels, settings, and population types.

Second, the themes that emerged fell into categories in both internal (e.g., dept. agency) and external (e.g., community) capacities, although some settings and populations were more likely to have internal versus external related needs. Similarly, emergent themes also represented both conceptual as well as practical perspectives. The categories of Visibility, Recognition, Differentiation, and Prestige could be viewed as conceptual marketing needs in that they centered around perceptions and vision

rather than techniques of practice. Equally as important, the categories of In-Services, Resources, Media, and Community addressed practical needs and tangible skills. In addition, results suggested that conceptual and practical needs seem to be intertwined. For example, the lack of resources could lead to a lack of recognition and conversely, a lack of recognition would likely compromise the ability of RTs to secure resources.

Third, the responses reinforced and expanded conclusions from previous research and literature discussed above about RT being perceived less than a viable treatment service. Many practitioners expressed frustration, not only related to their less than desired status, but also regarding their lack of time, knowledge, or resources to address these issues. Few responses, however, identified specific strategies they used to pursue or address these issues.

Finally, when considering the identified needs shared by these respondents that related to the three indicators of occupational prestige suggested by Rosoff and Leone (1991), few if any, noted a need for an advanced degree or increased salary to demonstrate the value of RT. Rather, these respondents emphasized the importance of getting others to see the benefits and value of RT services and thus choosing it as a treatment service. These results, in addition to recent literature, suggest that in the short term, focusing more heavily on demonstrating and marketing RT's "social value," might best serve the field in terms of educating and addressing misconceptions of target markets (e.g., Chen & Chippendale, 2018) and advancing our occupational prestige.

## Recommendations

Practical as well as research recommendations are warranted based on the results of this study. In terms of practice, several short-term approaches could be pursued to help CTRSs gain marketing skills. First, more "how-to" materials need to be made available to students in pre-service programs through coursework to prepare them prior to graduation on how they can market the field to different target markets. Similarly, RT practitioners also lack the opportunities to learn successful marketing strategies. As noted in the In-services section, almost one-third of respondents expressed a desire to teach other related treatment service providers, medical professionals, and administrators about RT. Some expressed time and resource constraints. To address this need, professional RT organizations on the state and national levels should consider the development of templates for presentations, handouts, and other materials that would provide a standard guide regarding what and how RTs could market their programs to specific target groups. Materials that give examples of successful strategies, as well as how to overcome barriers and obstacles in marketing could be researched, designed, and made available to all RT practitioners. This would not only encourage practitioners who have time constraints, but also provide a consistent message about RT across settings and services.

Second, although formal training on how to market RT is not readily available, RT practitioners should seek out the guidance of professionals in their agencies who might serve as marketing specialists. Coordinating with personnel in these positions would help RT practitioners address several of the needs categories identified in this study. In addition, practitioners already in the field who have successful techniques and skills in marketing their programs should consider submitting these ideas as training sessions for local, state, and national RT conferences and workshops.

Several recommendations for future research on this topic also exist. Clearly, more research is warranted on the topic of marketing in the field of RT. Identifying by setting, specific needs and/or strengths would help in the development of marketing materials that could address specific target markets.

Related to understanding issues within settings, one of the limitations of the study was the low response rate from practice areas such as pediatrics, corrections, and other sectors that are typically underrepresented and where fewer RTs are employed. As a result, these groups were combined into an “Other” category for statistical analyses. Intuitively, however, the diversity among these settings suggests that there would be differences between each of these if the response rates had been greater. Further research on marketing in the field should seek to increase the numbers of these groups for more focused analysis (e.g., stratified sampling, focus groups).

Another area for future research is the use of qualitative methods to gain a more in-depth understanding of the particular marketing needs of RT practitioners. Focus groups or semi-structured interviews could provide the insight needed to develop and sculpt specific and meaningful marketing strategies for the field.

Now that CTRs’ needs have been identified, future efforts to design and test materials to address marketing needs for the field of RT should be considered in concert with the principles of the Social Marketing Theory (SMT) (Morris & Clarkson, 2009) that framed Bedini (2017)’s study. Understanding goals and motivations of potential target markets in addition to the needs of CTRs has potential for developing more effective marketing strategies.

Finally, the next job analysis survey by NCTRC should include an additional source of information to help determine the categories and details of job tasks of the field. Specifically, in addition to identifying the tasks that CTRs actually do practice, survey items should be added that ask about what knowledge/skills CTRs need but might not possess or use. Although the tasks that are being evaluated are important, potentially there are areas that practitioners are not doing, but that could improve service provision, such as marketing. If the Job Analysis Survey measures only tasks that are being done, rather than also soliciting information on tasks that should be done but are not, then it influences the preparation of students in only the areas where competence has already been established without adding the potential for improving RT services in the future.

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