

vate Practice Section in fulfillment of its pledge of \$2,500 to help meet the J.M. Foundation's Challenge Grant. The deadline is fast approaching, and PPS has rallied round the cause of the \$25,600 grant, which can only be won by raising \$76,500 in new money by December 31, 1986.

Normally, meeting planners expect Sunday sessions to be lightly attended, since people need to meet hotel check-out and flight departure deadlines. But the conference's final session, "Motivation and Selling Yourself," was well attended.

Describing the process of successful selling in very personal terms, workshop leaders Chuck Reaves and Terri Amato dramatized less and more successful methods of dealing with sales prospects and employees. Expanding on Tom Reilly's behavioral theory, Reaves and Amato presented differing reactions to managerial and marketing initiatives by type.

Reaves contributed several highly pragmatic axioms for PPS members:

- The most powerful management tool is the question.
- Your business card is very important; don't leave home without it!
- List five top objectives for the next day, before you go to bed each night. Then, in the morning, make five marketing calls before noon.
- Associate with winners. Don't forget that you are known by the company you keep.
- Attendance at all meeting functions was a high percentage of the total registration of 700. A record number of exhibitors filled two exhibit halls, and they were not disappointed in the show. Many exclaimed that the PPS Annual Meeting is the very best way to reach PTs, bar none!

#### Next Fall Meeting

The 1987 PPS Fall Meeting will convene at the Hotel Inter-Continental in San Diego, November 12-15. It would be hard to top the 1986 meeting, but the Section already is arranging an unusual, upbeat and high-tech conference. ■

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# LUCY BUCKLEY

## The 1986 Robert G. Dicus Award Winner



**T**his is incredible! Last year I sat out there with all of you. Last year I danced on the table tops with Phil Tygiel. And this year—I'll try to act a little more dignified, but I can't promise. At this stage in life, we-over-50 can do as we please pretty much.

The Minister, Priest and Rabbi were debating when life begins. The Minister claimed life begins when a mother feels the baby move. The Priest stated life begins at conception. The Rabbi declared life begins when the kids leave home and the dog dies. Well, my kids have left home and I'm raising dogs.

Seriously, the Dicus Award means so much because it comes

from you, my colleagues, in this dynamic part of a wonderful profession. You apparently think I've done something meaningful in my life. Thank you. I hope I deserve your honor.

But I think my biggest personal achievement has been raising five children who:

- All went to college.
- Were not maimed by a working mother or divorced parents.
- Are independent, self-reliant, dependable and caring individuals with a zest for life.
- Think women can do anything.
- Think physical therapists know everything.
- Are my very best friends.

The thrill of receiving the Dicus is matched by the pride I feel towards this Section—its growth, dreams and achievements. Both of us have "Come a long way, baby!"

I recall back in the late '60s when Stanley Paris reported back to our Massachusetts Private Practice Group (about six in number) on his first Section meeting in Las Vegas. He chuckled about the fervor and antics of what he termed "a bunch of naughty boys." In those adolescent years of the Section, there were about five of us women at meetings.

Formal structure, process, implementation in the group's efforts were not much in evidence, but spirit, ideas and gripes were plentiful. The election of our members to National APTA office—Charles, Don, Bob as presidents and many others in other offices—demonstrated the growing trust of our salaried members in private practitioners.

This Section is a "product champion," so believing in our common commitment that obstacles, bu-

reaucracies, superstructures have been overcome time and again. As a forum for ideas—as a respecter of individuals—the Section has nurtured many individual “product champions.”

My son Stephen is the reason for my being a private practitioner. Back in 1954, his birth ended my Yale-New Haven Hospital staff job. I had to continue to earn money. Even in 1943, my husband's \$50 a week didn't go very far. Working mothers back then got no breaks at all.

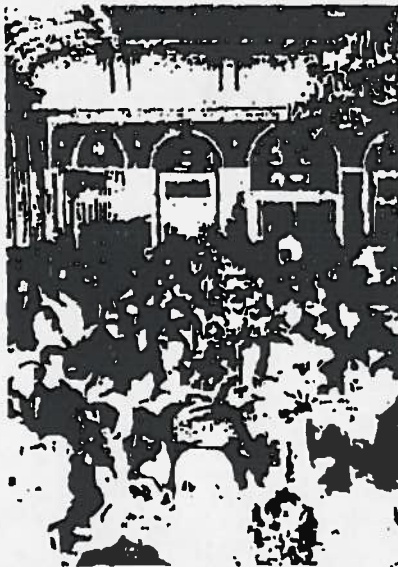
All PT jobs were in hospitals—full time or not at all. Dr. Tom Hines, my former physiatrist chief, suggested I make home visits to the area's polio and muscular dystrophy children whose mothers had problems getting them to the outpatient departments. Presto! Home care—12 years before Medicare. Presto! Private practice.

What an education that was! A whole new world out there “on-your-own.” I had the flexibility to match my babies' needs and still augment our income. A return to Cape Cod, a widening home care practice with geriatrics the emphasis (the average age in Chatham is 49.7), more children, Medicare's big boost, hiring other PTs (mothers also) to share the load, opening an office, becoming the first proprietary rehab agency in Region I, a hospital contract, and now a big osteoporosis project.

In those early years, private practitioners and working mothers were both beyond the pale. “We did it for money, you know.” It is so satisfying that both are respectable now.

Enough prologue. Since I am the first woman to receive the Dicus Award, I am grabbing the chance to “soap box.”

This Section has been the vanguard in the APTA for many issues—legislation, practice without referral, referral for profit, public relations, etc. I urge the Section, and its members as individuals, to take on another cause—one that is close to all of us, one that gets lip service and a laugh in the House of Delegates, a cause vital to all PTs, to employ-



ers, to the Section, the Association and the public: women in physical therapy, women in private practice, working mothers.

I am a survivor because of my profession, because of this Section. I didn't plan on private practice 32 years ago. If I hadn't married, I'd be a department head dinosaur trying to please everyone, pleasing no one, and thinking maybe about private practice and that maybe it's too late.

If I'd married a different sort of man, I'd have played suburban mama—stuck at home for so many years that re-entering PT would scare me knowing I'd missed so much in the '60s and '70s.

If I had had a fussy first child, I wouldn't have been able to take him with me or leave him with a sitter. I'd have scrapped the whole home care idea. There are now more options for a working mother.

But Physical Therapy—even then—gave me options. Private Practice gave me options and a chance to develop and expand, to be innovative. The Section—you all—gave me support, ideas, encouragement, a network and many, many good friends.

Let us as a Section make this a reality for other women. Men, women, employers, the public, the profession will all benefit.

My data comes from:

—APTA's 1983 Survey on Women in PT

—Naisbitt and Aburdene's *Reinventing the Corporation*

—Peters and Waterman's *In Search of Excellence*

—Section directories and *Whirlpool*

—Thirty odd years of experience as a PT, a mother and an employer.

Seventy-two percent of PTs are women. This ratio has stayed about the same over the years, although our numbers have doubled each of the last three decades.

Women are increasing faster than men in private practice. Eighteen percent of the Section's members were women in 1978 (and earlier). Now we are 37 percent of the membership. Indeed, the growth in numbers in the past year has been all women. I predict that in five to seven years, 50 percent of the Section will be women. And you're gonna love it!

But women PTs are no different from women in other fields. They earn less than men for the same work and level of responsibility right across all employment settings.

Now the very reason that this is a predominantly female profession contributes to the salaries being lower than in male-dominated fields. Consider low pay in other female-dominated professions like teaching, nursing and social services. You men must have entered private practice because you couldn't afford to work for women's pay, right?

Well, let me share some interesting data about private practicing women. Yes, women make more money in private practice; they work longer hours than salaried women, but still make much less than men with less experience. In 1983, 89 percent of PP women with up to ten years of experience made \$45,000 or less, but 52 percent of men fell into this category. Even more experience didn't close the gap.

Sixty-three percent of women with 11 to 40 years' experience made less than \$45,000 compared to 31 percent of men. Now granted, 84 percent of men in private practice are principal wage earners with dependents. But 20 per-

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cent of women in private practice are the sole support of their families, and a quarter (24 percent) of the women are doing it on \$25,000 to \$35,000 per year. The same 24 percent of male heads of households made \$46,000 to \$60,000 with which to support their families.

Now we can figure that salaried PTs get locked into wage scales, but why doesn't a woman make more money in private practice? Two main reasons are:

1. Women treat fewer patients a day and spend more time with each one. Women PPs see an average of 12.8 patients per day; men see an average of 18.
2. Women work in lower paying areas like pediatrics and geriatrics. Eighteen percent of women PPs deal with pediatrics; 41 percent of them treat geriatrics. Men PPs see two percent pediatrics and 21 percent geriatrics.

Men private practitioners see twice the 16-64 age population (a more lucrative group) than women do.

PP women work about four hours less a week (53 hours versus 57 hours) and spend less time on administration and management than their male counterparts, but remember that the women with families are spending another 30 to 40 hours a week on family and home duties.

More men take continuing education courses; more men participate in APTA; more men belong to Sections. It may not be lack of interest on the women's part, but lack of time. Working women with families just don't have any time.

So, what is my point? As a profession, a Section, a nation, we cannot afford to ignore the needs of working women. Seventy percent of college educated women work. Fifty percent of women with children under six work. Incidentally, 75 percent of men work. Working women are vital to our economy. If we truly believe in private practice, we must make it easier and more attractive for women to join us as staff, partners and colleagues.

"Women hold up half the sky" declares an old Chinese proverb.

More and more PTs are leaving institutional settings—the rewards have worn too thin. PTs with children want to "keep their hand in" as do even those who don't "need" to work.

These women must not slip away from us. We must be proactive in considering their needs. These are work issues, not just women's problems:

- Day care
- Flexible hours
- Maternity leave
- Part-time work
- Decent compensation

Organizations that can offer these benefits can keep good staff and attract new staff. With a staff of ten therapists, my turnover rate is less than one per year. We women in private practice need to share our problems and solutions, be innovative, to lower the attrition rate among PTs.

Another message from this APTA data: Practice styles differ among men and women.

1. Women spend more time with their patients. Do they get better sooner? I don't know. A recent study of women physicians (who also make less than men) shows they also spend more time with their patients, and their patients have fewer problems requiring return visits. HMOs are courting these women for that reason. Are women practitioners wasting time? Maybe yes, maybe no. Are they undervaluing their knowledge—their power? Probably.

2. Men do more, faster. Is this good? Bad? Are long-term goals being sacrificed for short-term gains? I don't know.

A non-judgmental study of practice styles would be very educational.

We men and women have worked together in this profession in a unique and wonderful fashion. You men have to have had an appreciation for women to have entered the field—and unlimited patience to have put up with the earlier discrimination. It's generally been you male colleagues who have had the wider perspective—who have challenged us to grow. We women need your interest and your help for the fulfillment of our

professional potential.

To close, a few lines of Emily Dickinson, a fellow New Englander with a rather different lifestyle:

We never know how high we are  
Till we are called to rise;  
And then, if we are true to plan,  
Our statures touch the skies.

Thank you, and I do love you, ■

