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Leadership Styles of Doctor of Physical Therapy Program Directors

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ABSTRACT

LEADERSHIP STYLES OF DOCTOR OF PHYSICAL THERAPY PROGRAM DIRECTORS

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The Commission on Accreditation of Physical Therapy Education requires Doctor of Physical Therapy (DPT) program directors to have the necessary academic and professional qualifications to lead their programs, but many directors lack awareness of their leadership styles. The purpose of this quantitative descriptive correlational study was to examine the leadership styles of current DPT program directors within the United States, analyze the relationship between DPT program directors' self-perceptions of their leadership style and effectiveness, and understand a relationship between leadership styles and race and ethnicity.

Methods: Data were collected using the 45-item Multifactor Leadership Questionnaire 5X Short – Leader Form developed by Avolio and Bass (which measures transformational, transactional, and laissez-faire leadership styles and the leadership outcomes of extra effort, effectiveness, and satisfaction) and a demographic profile questionnaire. The surveys were distributed electronically to 247 DPT program directors. Data were analyzed using descriptive statistics and Pearson correlations.

Results: Eighty-three DPT program directors responded to the survey (33.60% response rate). The results suggest a positive correlation that DPT program directors perceive themselves as having a transformational leadership style and to a lesser extent laissez-faire leadership style. There was a statistically significant positive correlation ($p < 0.01$) between the transformational

leadership factors of inspirational motivation and the leadership outcome of effectiveness. There was a statistically significant positive correlation ($p < 0.01$) among the transformational leadership factors of idealized influence attributed, inspirational motivation, individual consideration; the transactional factor of contingent reward; and the leadership outcome of satisfaction. There was no correlation between the remaining leadership factors (management-by-exception active, management-by-exception passive, and laissez-faire) and leadership outcomes. A relationship between leadership style and race and ethnicity was not established.

Discussion: The results of this study suggest that current DPT program directors perceive themselves as consistently implementing a transformational leadership style. DPT program directors exhibited some characteristics of the transactional leadership style factor contingent reward, but laissez-faire leadership was generally not exhibited. A relationship between leadership style and race and ethnicity could not be determined due to nonresponse bias. Implications for practice and research are discussed.

Conclusion: This study is known to be among the first to explore the leadership styles of DPT program directors. Further development of the transformational leadership style and behaviors of DPT program directors should be considered a priority in DPT programs to improve leadership extra effort, effectiveness, and satisfaction.

Keywords: leadership styles, physical therapy program director, Multifactor Leadership Questionnaire (MLQ), transformational leadership

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LEADERSHIP STYLES OF DOCTOR OF PHYSICAL THERAPY PROGRAM DIRECTORS

BY

DAWN S. BROWN
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A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL
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DEDICATION

To God – thank you for being my “refuge and strength, an ever-present help in trouble” (Psalm 46).

To my future self – your resilience, despite adversity, has paid off because with God all things are possible.

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TABLE OF CONTENTS

| | Page |
|---|------|
| LIST OF TABLES | viii |
| LIST OF FIGURES | ix |
| LIST OF APPENDICES..... | x |
| PREFACE..... | xi |
| Chapter | |
| 1. INTRODUCTION..... | 1 |
| Leadership in Higher Education | 3 |
| Leadership in Doctor of Physical Therapy Programs | 5 |
| Leadership Theories and Styles | 9 |
| Situational Leadership Theory and Style..... | 11 |
| Transformational Leadership Theory and Style | 12 |
| Transactional Leadership Theory and Style | 12 |
| Laissez-Faire Leadership Theory and Style..... | 14 |
| Leadership with Race and Ethnicity | 14 |
| Theoretical Framework..... | 15 |
| Methods..... | 17 |
| Data Sample | 18 |

| Chapter | Page |
|---|-----------|
| Participant Recruitment | 18 |
| Data Collection | 20 |
| MLQ 5X Short | 21 |
| Variables | 22 |
| Demographic Profile Questionnaire | 24 |
| Data Analysis | 25 |
| Research Question #1 | 27 |
| Research Question #2 | 27 |
| Research Question #3 | 27 |
| Limitations | 28 |
| Significance..... | 29 |
| Implications for Practice | 29 |
| Implications for Research | 30 |
| Implications for Policy..... | 31 |
| 2. LEADERSHIP STYLES OF DOCTOR OF PHYSICAL THERAPY PROGRAM DIRECTORS | 32 |
| Leadership in Higher Education | 34 |
| Leadership in Doctor of Physical Therapy Programs | 35 |
| Leadership Theories and Styles | 37 |

| Chapter | Page |
|---|------|
| Leadership with Race and Ethnicity | 39 |
| Theoretical Framework | 41 |
| Research Design and Methods..... | 44 |
| Sample..... | 45 |
| Instrument | 45 |
| Variables | 49 |
| Data Analysis | 52 |
| Positionality Statement | 53 |
| Limitations | 53 |
| Results..... | 55 |
| Demographics and Characteristics..... | 55 |
| Leadership Styles | 57 |
| Leadership Styles and Leadership Outcomes | 59 |
| Leadership Styles with Race and Ethnicity | 62 |
| Discussion and Implications | 63 |
| Recommendations..... | 67 |
| Recommendation One: Create Explicit Leadership Standards and Development..... | 67 |
| Recommendation Two: Increase Number of Historically Marginalized Racial and Ethnic Faculty..... | 68 |

| Chapter | vii Page |
|---|-------------|
| Recommendation Three: Revamp the MLQ 5X Short | 68 |
| Conclusion | 69 |
| 3. SCHOLARLY REFLECTION | 70 |
| Reflection on the Dissertation Process | 70 |
| Survey Process | 72 |
| Coursework | 73 |
| SWOT Analysis | 74 |
| Application to Professional Practice | 77 |
| Application to Research | 78 |
| Conclusion | 79 |
| REFERENCES | 81 |
| APPENDICES | 87 |

LIST OF TABLES

| Table | Page |
|--|------|
| 1.1. Variable Table..... | 24 |
| 2.1. Leadership Styles and Associated Factors, and Leadership Outcomes | 42 |
| 2.2. Leadership Style Factors and Leadership Outcome Linked to MLQ 5X Short Question | 47 |
| 2.3. Reliability Estimates for Each Factor | 48 |
| 2.4. Variable Table..... | 50 |
| 2.5. Selected Respondent Demographics..... | 56 |
| 2.6. Descriptive Statistic Results for Leadership Styles | 58 |
| 2.7. Correlations Between Leadership Styles and Leadership Outcomes | 60 |
| 3.1. Personal SWOT | 75 |

LIST OF FIGURES

| Figure | Page |
|---------------------------------------|------|
| 2.1. Full range leadership model..... | 41 |

LIST OF APPENDICES

| Appendix | Page |
|---|------|
| A. RECRUITMENT LETTERS | 87 |
| B. COPYRIGHT PERMISSION MLQ 5X SHORT | 90 |
| C. SAMPLE QUESTIONS FROM THE MLQ 5X SHORT | 92 |
| D. DEMOGRAPHIC PROFILE QUESTIONNAIRE..... | 94 |

PREFACE

The aim of this dissertation research study was to explore the leadership styles of Doctor of Physical Therapy (DPT) program directors at accredited DPT programs within the United States. This quantitative correlational study examined their leadership styles and sought to determine a correlation between leadership styles and leadership outcomes (extra effort, effectiveness, and satisfaction) and between leadership style and race and ethnicity. The resulting chapters from this study describe the research process from the proposal to the report on the study findings and conclude with a scholarly reflection on my dissertation process and insights gained.

Chapter 1 is my dissertation proposal. The proposal was defended in April 2022, and this chapter outlines the initial purpose of the study, the literature review, and methods. The original theoretical framework for this study was Bass and Avolio's (1997) full-range leadership theory. The study was not significantly modified from this original proposal except for grammar and syntax modifications, and the MLQ 5X Short analysis was conducted by comparing the average for each scale to the norm tables found in the MLQ manual instead of calculating an average by scale.

Chapter 2 utilizes a research paper model that includes a report on the study findings. This chapter details the research conducted in the spring of 2022, including the methods, results, and discussion. The results of this study suggest that current DPT program directors perceive themselves as consistently implementing a transformational leadership style whose factors

significantly correlated with the leadership outcomes of extra effort, effectiveness, and satisfaction. A relationship between leadership styles and race and ethnicity could not be determined due to nonresponse bias.

Chapter 3 is the scholarly reflection on my dissertation process and examines the research competency I gained by the conclusion of the study. This chapter discusses modifications that occurred during the research process, including dissemination of the survey and inability to determine a correlation between leadership style and race and ethnicity. This chapter also examines insights gained that can be applied to future research and applications for me as a researcher and future academic leader in physical therapy education. Noteworthy pearls of reflection include the importance of time management and strong writing skills as well as the ability to interpret the data to make meaningful decisions during data analysis.

CHAPTER 1

INTRODUCTION

Academic leadership creates a vision of academic success for faculty, students, and staff (Black, 2015; Hendrickson et al., 2013). Academic leaders must lean into their leadership styles by demonstrating leadership commitment, capacity, and impact to create campus environments that inspire students and faculty while facilitating excellence (Bolman and Gallos, 2011; Hendrickson et al., 2013). However, there are misconceptions that academic leaders, which include Doctor of Physical Therapy (DPT) program directors, can assume leadership positions without formal leadership development (Alonderiene & Majauskaite, 2016; Bisbee, 2007; Leudtke-Hoffmann et al., 2010; Niewiesk & Garrity-Rokous, 2020). The skills and competencies needed to be a good professor or to earn tenure are potentially different than the leadership skills and expertise needed to lead a DPT program. Leadership development for DPT program directors is often inconsistent and inadequate in preparing them for their role and responsibilities (Bennie & Rodriguez, 2019; Leudtke-Hoffmann et al., 2010; Perry, 2002). Some DPT program directors are unaware of their leadership styles, abilities, and capabilities to lead their faculty and students toward achieving program goals (Leudtke-Hoffmann et al., 2010; Perry, 2002). Strong academic leadership skills are necessary for leadership development of DPT program directors because an understanding of DPT program directors' perceptions about their leadership style and correlation with their perceptions of leadership outcomes could provide insight into what gaps exist currently in DPT program director leadership (Bateh & Heyliger, 2014; Desveaux et al.,

2016;Hinman et al., 2014). Exposing gaps in the leadership of DPT program directors may be achieved by exploring an understanding of their leadership perceptions and styles.

There is a lack of literature that examines DPT program directors' perceptions of their leadership styles and how that can impact job effort, satisfaction, and effectiveness (Desveaux et al., 2016; Luedtke-Hoffmann et al., 2010). Therefore, the purpose of this quantitative descriptive correlational study is to examine the leadership styles of current DPT program directors within the United States (U.S.). Using the Multifactor Leadership Questionnaire (MLQ) 5X Short Form (Avolio & Bass, 2004), this study analyzed the relationship between DPT program directors' perceptions of their leadership styles and effectiveness. Additionally, this study sought to understand a relationship between leadership styles and race and ethnicity (American Indian/Native American, Alaskan Native, Asian/Asian American, Black/African American, Native Hawaiian/Pacific Islander, White, Hispanic origin). This study was guided by the following three research questions:

1. What are the leadership styles utilized by DPT program directors?
2. Is there a relationship between the DPT program directors' leadership styles and each of the three outcome scores (extra effort, effectiveness, and satisfaction) as measured by the MLQ 5X Short?
3. Is there a relationship between DPT program directors' leadership styles as measured by the MLQ 5X Short and race and ethnicity?

The results of this study may serve as a catalyst for further research to fill the gaps in literature associated with DPT program director leadership. The results of this study may also further refine the integration of leadership theory and practice into physical therapy leadership toward DPT program success. Additionally, this study may highlight the emerging phenomenon

of diversity leadership theory and styles in DPT programs and higher education as faculty become more racially and ethnically diverse.

Leadership in Higher Education

A growing interest in the role of academic leaders and their leadership styles within colleges and universities has been driven by the pursuit of leaders who can build their missions and make their institutions successful (Arday, 2018; Black, 2015; Hendrickson et al., 2013). Subsequently, this has led to an abundance of definitions of leadership, leadership theories, and examinations of leadership styles (Amanchukwu et al., 2015; Antonakis et al., 2003; Bryman, 2007; Khan et al., 2016; McCleskey, 2014), which may be generalized to higher education contexts. Leadership is often understood as involving an individual influencing the actions of others toward accomplishing goals and visions. This often includes setting the pace and direction of change and facilitating innovative ideas (Desveaux et al., 2016; Lumby, 2012).

Central to academic leadership is a leader who takes responsibility for finding the potential in people and processes (Brown, 2018). The work of an academic leader is to help people understand how their work contributes to the mission and vision of programs and the institution (Bolman & Gallos, 2011; Hendrickson et al., 2013). It has been argued that academic leaders need to rethink and reframe their view of leadership to align their leadership styles and practices for a more equitable and social justice perspective (Bolman & Gallos, 2011; Kezar & Dizon, 2020). Higher education continues to evolve; therefore, it is essential that academic leaders engage in self-reflection to ensure they avoid complacency and promote a conscious leadership style that embraces their faculty, students, and staff.

Leadership in higher education regarding the styles or approaches to leadership that are the most effective has been under scrutiny over many years (Black, 2015; Bryman, 2007). In a literature review of effective leadership in higher education, Bryman (2007) found the following key leadership styles associated with leadership effectiveness: a) clear sense of direction/strategic vision, b) being considerate, c) treating academic staff fairly and with integrity, d) being trustworthy and having personal integrity, and e) creating a positive/collegial work atmosphere. Black (2015) postulated that the relevance of leadership constructs in higher education needs to be analyzed in tandem with traditional contemporary leadership theories and practice. Transformational leadership, which fosters inspiration and motivation, is considered a popular approach to educational leadership (Basham, 2012; Bateh & Heyliger, 2014; Black, 2015; Lumby, 2012). Despite the popularity of transformational leadership, the full range of academic leadership styles needs to be explored to optimize leadership capacity toward facilitating institutional success.

Research has indicated there is some inadequacy of using traditional leadership approaches solely to discuss leadership approaches and styles in higher education (Black, 2015; Pinnington, 2011). Educational leadership draws from traditional leadership theories, but given the complexity of the academic environment, more relevant and applicable theories must also be considered. However, transformational leadership models have tended to dominate the understanding of leadership within higher education due to a focus on building relationships with people and creating change by emphasizing values (Basham, 2012; Black, 2015; Giddens, 2018). Overall, leadership style in higher education must consider the leader, the follower, and the context.

The capacity to develop academic leaders is critical for institutional survival during challenging times, yet formal leadership development programs are scarce and underutilized (Rumbley et al., 2018). Academic leaders, including DPT program directors, often receive little if any formal leadership development or training to explore their leadership styles (Hinman et al., 2014; Leudtke-Hoffmann et al., 2010; Perry, 2002). For most DPT program directors, leadership training consists of little more than on-the-job training, making them ill-prepared for their leadership role and responsibilities (Bennie & Rodriguez, 2019; Leudtke-Hoffmann et al., 2010; Perry, 2002). Therefore, the premise of many leadership development programs is to teach aspiring and current leaders how to solve problems and engage with those they lead. Leadership is an ongoing process that requires leadership development beyond an associated title.

Leadership in Doctor of Physical Therapy Programs

Literature in physical therapy has only recently begun to pay attention to the topic of academic leadership based on the limited current research in this area (Bennie & Rodriguez, 2019; Bowens et al., 2021; Desveaux et al., 2016). The physical therapy profession has a dire need to explore leadership styles for the development and retention of qualified DPT program leaders beyond on-the-job training (Bennie & Rodriguez, 2019; Luedtke-Hoffmann et al., 2010; Hinman et al., 2014; Wolverton et al., 2005). Bennie and Rodriguez (2019) found that most DPT program directors became directors to help lead their departments. However, only 50% received formal leadership training and orientation. Many DPT program directors understand the importance of their role, but they lack leadership knowledge and awareness of their leadership styles to meet the demands of their DPT program faculty, staff, and students (Bennie & Rodriguez, 2019; Perry, 2002). When DPT program directors better understand and execute their

leadership styles, program goals centered on faculty and students can be better accomplished. Moreover, structured development and leadership programs for DPT program directors could enhance their retention and role efficacy (Hinman et al., 2014).

The Commission on Accreditation in Physical Therapy Education (CAPTE, 2020) requires DPT program directors to have the necessary academic and professional qualifications to lead their programs. CAPTE provides standards or guidelines for effective DPT program leadership, but they should provide a more robust framework for essential leadership styles and behaviors. Per CAPTE (2020), DPT program directors provide effective leadership for the program, including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation. Given the CAPTE criteria for DPT program director leadership, it is surprising that there is a paucity of literature to support DPT program directors' leadership models to meet CAPTE guidelines and support DPT program directors' effectiveness in fulfilling their leadership roles and responsibilities.

There are several resources available for DPT program directors, including the American Physical Therapy Association (APTA) Leadership, Administration, Management and Professionalism (LAMP) Program; the APTA Fellowship in Higher Education, formerly called Educational Leadership Institute (ELI); and the Educational Leadership Conference (ELC). Recognizing the need to develop a better understanding of the leadership skills used by leaders in physical therapy, the APTA's Section on Administration (SOA) published the LAMP document in early 1999 (Lopopolo et al., 2004). The LAMP curriculum facilitates leadership development through self-assessment of leadership strengths and weaknesses, identification of leadership tools, empowerment, and mentoring (APTA, n.d.). Within the APTA, the Academy of Physical Therapy Education (APTE) and the American Council of Academic

Physical Therapy (ACAPT) designed the ELC to excite, educate, invigorate, and facilitate discussion among leaders in physical therapy education (APTA, n.d). Additionally, in response to a lack of leadership knowledge and skill in physical therapy, the Fellowship in Higher Education was established in 2010 as a one-year program to facilitate the development of leadership skills and training opportunities for DPT program directors (Bennie & Rodriguez, 2019; Hayhurst, 2010). The existence of these leadership resources provides a path for DPT program directors to become aware of and develop their leadership styles to successfully lead their programs.

While the physical therapy profession recognized the need to develop the leadership abilities of DPT program directors, many program directors do not partake in leadership training (Hayhurst, 2010). Most DPT program directors entered higher education through a clinical route and ascended to their leadership position by promotion or appointment, vastly unaware of their leadership style (Bennie & Rodriguez, 2019; Leudtke-Hoffmann et al., 2010). Hence, leadership style awareness is especially important as DPT programs seek to train emerging program directors and existing program directors strive to recognize and utilize their current leadership styles. A DPT program director's leadership knowledge and skills can be manifested through their leadership style.

Few studies have explored the leadership styles of DPT program directors and the impact on the faculty, students, and programs they lead. As DPT program directors become more cognizant of their leadership style and its implications on the faculty and students, they may be better prepared to meet the opportunities, challenges, and demands of their faculty, students, and DPT program. When leadership styles of DPT program directors are explored, the findings may inform optimal leadership development opportunities for current and future physical therapy

program directors (Bennie & Rodriguez, 2019; Desveaux et al., 2016; Perry, 2002). The DPT program directors' leadership styles may have an impact on the consequences in academia such as job satisfaction, extra effort, and effectiveness – significant outcomes indicators on the MLQ 5X Short Form.

Effective and efficient leadership in higher education, which includes DPT programs, has several key principles, including the ability to create and foster partnership, and bring diverse people and interests together (Hendrickson et al., 2013; Wren, 1995). Development of academic leadership remains a long-standing topic of research and discussion (Lopopolo et al., 2004; Wren, 1995). Leaders within colleges and universities and their associated programs must examine how to better lead their institutions and find leadership styles that fit best in the higher education context. However, this is not straightforward because there is variability in the definition of leadership (Eddy & VanDerLinden, 2006), and the parallel and sometimes interweaving evolution of leadership ideologies further complicate the picture. Over many years, several leadership theories have emerged and continue to emerge and influence leadership in a variety of contexts.

DPT program directors must be knowledgeable about their programs and the faculty within them. They must recognize that leadership – as the art of leading people – is a difficult and challenging process that requires attentiveness to new approaches, styles, and contexts (Black, 2015; Hendrickson et al., 2013; Lopopolo et al., 2004). Leadership has been described as a process involving a “series of actions and interactions among leaders and followers which leads to the attainment of group goals” (Wren, 1995, p.325). Lacking the qualities and skills needed to influence followers, especially during periods of transformation and change, can disrupt institutions and their associated programs at their foundation. Particularly during this time of

racial tension and health pandemics in higher education, institutions must reconsider how to develop their leaders and determine appropriate leadership styles to enable their followers to adapt to new circumstances.

The leadership of DPT program directors is critically important in successfully navigating the upheavals affecting DPT programs while maintaining their relevancy (Gordon, 2014, Hinman et al., 2014). DPT program directors will need to use their leadership styles to harness the energies of their faculty and channel them into quick, decisive action toward DPT program success. Simultaneously, specific knowledge and skills required of DPT program directors will be essential and used in new ways. Widespread changes and challenges that affect higher education have contributed to resurging interest in academic leadership and associated leadership theories and styles (Black, 2015). An understanding of dominant leadership theories and associated leadership styles will enable current and emerging DPT program directors to lead their programs effectively and efficiently toward achieving program missions and goals.

Leadership Theories and Styles

Numerous leadership theories, explanations, and concepts exist in contemporary literature contributing to the broad classification of leadership styles (Foldy & Ospina 2016; Khan et al., 2016; Okozi et al., 2009). Leadership styles tend to emerge from different leadership theories (Bateh & Heyliger, 2014; Chin et al., 2016; Khan et al., 2016). Leadership theory is a discipline that focuses on discovering the underpinnings of successful leaders (Bateh & Heyliger, 2014; Chin et al., 2016; Khan et al., 2016). The three dominant leadership theories that emerged in the literature in the 20th century are situational (process), transformational, and transactional leadership (Bateh & Heyliger, 2014; Chin et al., 2016; Khan et al., 2016). Over the years,

traditional theories of leadership have shifted from focusing exclusively on the characteristics of the leader to emphasizing the quality of the relationship between leaders and their followers (Bateh & Heyliger, 2014; Brown, 2018). The existence and emergence of various leadership theories and associated styles lend credibility to the notion that leadership development is an ongoing process.

Leadership theories allow academic leaders to gain knowledge and skills to effectively lead their colleges and universities. The most dominant leadership theory reported in recent literature is transformational, followed by the transactional leadership theory (Bateh & Heyliger, 2014; Chin et al, 2016; Gotsis & Grimani, 2016; Khan et al., 2016; Wolfe & Dilworth, 2015). An emphasis on transformational leadership gained traction because of its alignment with the greater good and its focus on leaders engaging, empowering, and inspiring those they lead toward a common goal. Per Bass and Avolio (1994), a transformational leader encourages development and change and prioritizes the selflessness of the leader.

Leadership style focuses specifically on the traits and behaviors of leaders or how they enact or perform their leadership (Chin et al., 2016; Foldy & Ospina, 2016; Khan et al., 2016). There are diverse leadership styles based on different leadership theories. Leadership styles typically mirror the leadership theories from which they arise (Chin et al., 2016; Khan et al., 2016). Academic leaders can emerge with specific leadership styles that provide direction for and motivate faculty, staff, and students. The literature suggests that alternative leadership styles are replacing the traditionally held definitions of leadership and provide innovative ways to understand the concept of leadership. The following are details of the three major theories of leadership and their associated leadership styles, as well as a description of a theory of lack of leadership.

Situational Leadership Theory and Style

Situational leadership theory suggests the work of leaders is to contribute to the well-being of others, with a focus on some form of social responsibility (Amanchukwu et al., 2015; Chin et al., 2016; Khan et al., 2016). Situational theorists, grounded in work by Hersey and Blanchard in 1969, argue that leaders emerge as a result of place, circumstance, and time (Bass, 1985). This theory focuses on where leaders act across different contexts and situations with an appropriate response (Chin et al., 2016; McCleskey, 2014). As a contingency theory, situational theory postulates that there is no one way of leading and the leadership style used in one circumstance may not be suitable for others (Khan et al., 2016).

The situational leadership style is not a static leadership style, but instead one that is flexible to allow leaders to adapt their style to various factors within an institution or organization, including relationships with employees (Chin et al., 2016; Khan et al., 2016; McCleskey, 2014). This leadership style embraces task and relationship behavior in which leaders adapt their style based on the performance readiness of their team (Khan et al., 2016). The typical situational leader embodies four styles: telling/guiding, explaining/selling, facilitating/participating, and empowering/delegating (McCleskey, 2014). The style of situational leaders may create a more comfortable environment for their followers since it typically matches the followers' needs. Critics of situational leadership theory often cite three flaws: consistency, continuity, and conformity (McCleskey, 2014). The situational leadership style tends to place significant responsibility on the leader whose decisions may be flawed and thus not applicable in every context.

Transformational Leadership Theory and Style

Transformational leadership theory entails involvement of the followers in processes related to personal factors associated with others that will yield participation in shared goals (Bateh & Heyliger, 2014; Gotsis & Grimani, 2016; Khan et al., 2016). Introduced by Burns in 1978, transformational leadership theory is about leadership that creates positive change in the followers whereby they take care of each other's interests and act in the interests of the group (Chin et al., 2016; Hendrickson et. al., 2013; Khan et al., 2016; McCleskey, 2014; Odumeru & Ogbonna, 2013). Transformational theory emphasizes leaders being a role model for their followers. According to Avolio and Bass (2000), this leadership theory may encompass some elements of transactional theory. Adversaries of transformational leadership theory believe this theory will benefit from a more detailed description of leader influence on group and organizational processes (Odumeru & Ogbonna, 2013).

Several studies revealed that transformational leadership styles raise the motivation and morality of both the follower and the leader by involving followers in decision processes (Gotsis & Grimani, 2016; Khan et al., 2016). These traditional leadership styles form the basis of a leader's typical behaviors as they guide and manage people within institutions. Transformational leaders exude their leadership style by influencing followers to work efficiently to achieve goals through a clear vision (Bass & Avolio, 1994).

Transactional Leadership Theory and Style

Transactional leadership theory is described as that in which leader-follower associations are grounded in a series of exchanges between leaders and followers (Chin et al., 2016;

Hendrickson et al., 2013; Khan et al., 2016; McCleskey, 2014). The leadership focus in this theory is on the exchange of value between the leader and follower, with no focus on the follower's needs, thereby leading to short-term, one-size-fits-all exchange relationships (Khan et al., 2016; McCleskey, 2014). A transactional leader is concerned with maintaining the status quo rather than change risk-taking behaviors (Khan et al., 2016). In this style of leadership, the leader promotes compliance of followers through both rewards and punishments. Unlike transformational leadership, leaders using transactional styles are not seeking future change. They merely want to keep things the same.

A transactional leadership style is grounded in contingent rewards, active management-by-exception, passive management-by-exception, and a fair social exchange (Hendrickson et al., 2013; Khan et al., 2016). Khan et al. reviewed literature on leadership theory styles and revealed that transactional leadership styles can stunt creativity and adversely influence employee satisfaction. A transactional leader promotes compliance of the followers through both rewards and punishment. Leaders with a transactional style are not seeking future change; they are merely looking to keep things the same (Odumeru & Ogbonna, 2013). This leadership style is characterized by behaviors of risk avoidance, operating within existing systems; close attention paid to efficiency and time constraints, and maintaining control through processes (Bass & Avolio, 1997). Therefore, a transactional leader's style is likely to be effective in stable and predictable environments in which monitoring productivity against performance is the most successful strategy.

Laissez-Faire Leadership Theory and Style

A last leadership theory that is not discussed in depth in the literature is laissez-faire leadership, which is characterized per the French term as “let it be” leadership (Amanchukwu et al., 2015; Khan et al., 2016). This theory postulates that leaders avoid making decisions and give their followers unrestricted freedom to do their work and set their own deadlines (Amanchukwu et al., 2015). Laissez-faire leadership includes the absence of transaction, decision making, and charisma and is generally considered the most passive and ineffective form of leadership (Antonakis, Avolio, & Sivasubramaniam, 2003). Often laissez-faire leadership occurs when leaders do not have control over those they lead.

Leaders exhibiting a laissez-faire style of leadership are the least attentive to their followers and are inclined to procrastinate with regard to their leadership roles and responsibilities (Khan et al., 2016). Typically, the laissez-faire style is disregarded as a leadership style given its negative connotations. However, a potential advantage of laissez-faire leadership is that followers have more autonomy and may report more job satisfaction as a result.

Leadership with Race and Ethnicity

A relationship may exist between leadership style and race and ethnicity due to differences in socialization, perceptions, and lived experiences (Chin et al., 2016; Parker, 1976). There is evidence that suggests that racial and ethnic minority leaders, due to the impact of past and present racism, tend to adopt a more transformational leadership style that advocates for inclusion and change (Ardichvilli et al., 2009; Chin et al., 2016). This may be in stark contrast to the transactional leadership style of white leaders that is task oriented and based on rewards and

punishments (Ardichvilli et al., 2009; Haney-Brown, 2017). Racial and ethnic minority leaders may be distinguished from their White counterparts due to the perceptions of power and privilege that permeate their leadership styles (Arday, 2018; Okozi et al., 2009; Wolfe & Dilworth, 2015). As more faculty of color assume leadership roles, associated studies need to be conducted to account for variations in leadership styles.

Few leadership theories explicitly include components related to diversity leadership or more specifically to racial and ethnic minority leadership (Chin, 2013; Chin et al., 2016). Chin's (2013) exploration of diversity leadership revealed that race and ethnicity and associated lived experiences had a consistent influence on leadership style. The type of academic leaders faculty and students are exposed to may influence their perceptions of what an academic leader looks like as well as leadership styles and the relationship to faculty and student success. There is little academic research regarding the leadership styles of racial and ethnic leaders primarily because most academic leaders in administrative positions are White (Arday, 2018; Chin et al., 2016). Statistics from DPT programs in 2020 showed that White program directors accounted for 247 of the 272 program directors at accredited and developing programs, while program directors of racial and ethnic minority groups account for only 27 (CAPTE, 2021). These statistics indicate a continuing influence of dominant-culture leadership styles due to the lack of DPT program directors of color.

Theoretical Framework

This study was guided by the full-range leadership theory (FRLT) proposed by Avolio and Bass (1991). FRLT focuses on the behavior of leaders in various contexts. Bass (1985) argued that existing theories of leadership primarily focused on follower goal and role

clarification and the ways leaders rewarded or sanctioned follower behavior. According to Avolio (1999) FRLT does not fully cover all the dimensions of leadership, but it is a model that ranges from passive/avoidant leadership to a highly encouraging charismatic role-model leader. This leadership model centers on the degree of activity (level of engagement) and effectiveness of leaders, ranging from most passive to most effective.

The FRLT suggests there are three types of leaders who have specific leadership styles linked to the associated leadership theories. These leadership styles, as described earlier, are designated as transformational, transactional, and laissez-faire. Bass (1985) suggested that a paradigm shift to transformational leadership from transactional leadership was required to understand how leaders influence followers to transcend self-interest. A large portion of contemporary leadership research has focused on the effects of transformational leadership on followers' motivation and performance (Bass, 1985; Bass & Avolio, 1994, 1997). The transformational leadership styles identified and described by the full range leadership model are highly correlated with leadership success (Bass & Avolio, 1997). Bass's original FRLT included five transformational and two transactional leadership factors, but it was expanded based on the results of studies completed between 1985 and 1990 (Bass & Avolio, 1994; Hater & Bass, 1988).

In its current form, the FRLT represents nine single-order factors comprised of five transformational leadership factors, three transactional leadership factors, and one non-transactional laissez-faire leadership factor described above. The FRLT emphasizes a change in the balance of leadership behaviors; therefore, emphasis on the range of leadership styles leaders generally demonstrate is innovative. The most widely used survey instrument to assess these nine factors in the FRLT has been the MLQ (Antonakis et al., 2003; Bass & Avolio, 1997). The MLQ 5X Short used in this study measures three the distinct leadership styles – transformational,

transactional, and laissez-faire leadership – represented by nine factors and three additional factors that focus on the leadership outcomes of extra effort, effectiveness, and satisfaction.

The FRLT will be relevant for understanding DPT program directors' leadership styles, as these directors could benefit from early identification or even balance of leadership styles. Several studies on faculty perceptions of program directors in allied health professions, including physical therapy, have indicated that transformational leadership had a positive predictive relationship with leadership outcomes and job satisfaction (Bateh & Heyliger, 2014; Snodgrass & Shachar, 2008). Conversely, these studies showed transactional leadership had a negative predictive relationship (Bateh & Heyliger, 2014; Snodgrass & Shachar, 2008). Additionally, physical therapy programs have a responsibility for incorporating diversity, equity, and inclusion into their programs; however, consideration of the relationship between race and ethnicity and DPT program director leadership styles has not been fully explored. This study will help fill that gap by examining the relationship between DPT program directors' leadership styles as measured by the MLQ 5X Short and race and ethnicity.

Methods

This study used a quantitative descriptive correlational design to examine DPT program directors' leadership styles. Quantitative designs incorporate the use of surveys to test associations between the variables of a population by studying samples of that population (Cohen et al., 2018; Creswell & Creswell, 2018). Descriptive statistics are appropriate for this study because such a design addresses the “what” and “is there” questions, particularly as they pertain to the leadership styles of DPT program directors. There are several hundred DPT programs in the U.S., so this method is appropriate for surveying a large data set. The MLQ 5X

Short and a demographic profile questionnaire will be used to collect data from the DPT program directors. This study was guided by the following three research questions:

1. What are the leadership styles utilized by DPT program directors?
2. Is there a relationship between the DPT program directors' leadership styles and each of the three outcome scores (extra effort, effectiveness, and satisfaction) as measured by the MLQ 5X Short?
3. Is there a relationship between DPT program directors' leadership styles as measured by the MLQ 5X Short and race and ethnicity?

Data Sample

The population for this study includes the 247 DPT program directors in the CAPTE-accredited DPT programs in the U.S. This study excluded DPT program directors from developing programs since they have not fully formed their leadership. The goal is to have a large response rate from the entire population of DPT program directors to provide more accuracy in the inferences made and allow the results to be generalizable to future populations (Creswell & Creswell, 2018; Frankfort-Nachmias et al., 2019; Kelley & Maxwell, 2003). A large response rate will help better determine a more precise mean and any outliers in the data.

Participant Recruitment

After NIU IRB approval, all prospective participants received an email invitation to participate in this study. The invitation included details about the significance of this study for leadership in physical therapy education. Informed consent was embedded within the survey and contained information about the study title, researcher, purpose of the study, eligibility,

description of the study, risks and benefits to the participants, guarantee of confidentiality or anonymity, patient rights for withdrawal, and future use of the research data (Cohen et al., 2018; Creswell & Creswell, 2018). Respondents were asked on the survey if they consented to the participate in the study. If they responded “no,” they were exited from the survey.

To recruit participants, an electronic recruitment letter (Appendix A) was emailed in the spring of 2022 to the 247 DPT program directors in the accredited DPT programs. The recruitment letter was also sent through the APTA or ACAPT listserv during a second round as needed. This letter also contained information about the importance of the study to physical therapy education, the expected duration of the subject’s participation, a description of the procedures to be followed for completion of the surveys, and statements of the voluntary nature of the participation, anonymity, and confidentiality. The information was emailed to prospective participants using a phased administration process developed by Salant and Dillman (1994) in which a short advance notice was sent to all identified participants, followed by a second mailing that contained the MLQ 5X Short and a demographic profile questionnaire via an electronic Qualtrics survey, then a third mail-out as a follow-up, and finally a fourth mail-out to all nonrespondents. Therefore, the administration period for the MLQ 5X Short and demographic questionnaire ended approximately four weeks after its initiation. In accordance with American Psychological Association (APA, 2020) standards, study data and material associated with this research study will be maintained for at least five years, after which time it will be destroyed.

To estimate a target respondent size from the population of DPT program directors in the U.S., a power analysis was conducted to identify the smallest respondent size suitable to detect a significant relationship in the current study (Cohen et al., 2018; Creswell & Creswell, 2018). Small, medium, and large effect sizes for hypothesis tests for the Pearson correlation coefficient

(r) are $r = 0.1$, $r = 0.3$, and $r = 0.5$, respectively (Cohen et al., 2018). Through the power analysis, the respondent size required to determine whether the correlation will yield a significant positive (or negative) correlation will be estimated. Alpha (α) value will be set at the commonly accepted value of .05 and the beta (β) value of .20. There are no previous studies on this topic on which to base a respondent size determination or estimate the size of correlation (r). However, a study on characteristics of entry-level DPT program directors (Bennie & Rodriguez, 2019) had a 30.3% response rate from a survey instrument distributed to 247 DPT program directors.

Data Collection

The use of questionnaires for this study is advantageous because it can measure attitudes, decisions, and needs as well as behavior, lifestyles, affiliations and/or demographics of the sample chosen. The data can be used for descriptive and inferential purposes and analyzing the relationships among constructs as in correlational designs (Boudah, 2020). Additionally, questionnaires offer a large amount of data in a short time at low cost, follow a standard format, and can result in a rapid turnaround in data collection (Cohen et al., 2018; Creswell & Creswell, 2018; Kelley & Maxwell, 2003). Conversely, questionnaires may be disadvantageous because the produced data is likely to lack details or depth on the topic being investigated, and securing a high response rate may be difficult to control (Cohen et al., 2018; Kelley & Maxwell, 2003).

The MLQ 5X Short used in this study will examine the relationship between DPT program director leadership style and perceptions of leadership effectiveness based on three leadership outcomes. The leadership styles are transformational leadership, transactional leadership, and laissez-faire leadership. The leadership outcomes include extra effort, effectiveness, and satisfaction in achieving DPT program goals. Copyright permission will be

received from Mind Garden, the distributors of the MLQ (see Appendix B). Sample questions from the MLQ 5X Short are appended with permission from Mind Garden (see Appendix C).

Using a pre-existing validated questionnaire (the MLQ 5X Short) is beneficial because it has been extensively tested in research for educational leadership and validity and reliability.

Demographic background information of the participants, with particular attention to race and ethnicity, was also collected via the demographic profile questionnaire that was developed from common content themes for demographic questionnaires used by the American Physical Therapy Association (see Appendix D). This questionnaire was used to identify the racial and ethnic identity of respondents and their corresponding leadership styles. These data provide insight into the perceived leadership styles of DPT program directors of color versus White DPT program directors. The MLQ 5X Short and demographic profile questionnaire were pilot tested and refined prior to implementation.

MLQ 5X Short

The MLQ 5X Short (Bass & Avolio, 2004) is frequently utilized and adapted by researchers investigating leadership styles; therefore, it was used in this study to measure the leadership outcomes extra effort, effectiveness, and satisfaction (dependent variables) and the leadership styles (independent variable) of DPT program directors. The Leader Form on the MLQ 5X Short 45-item questionnaire uses a 5-point Likert scale to quantify leadership into transformational, transactional, and laissez-faire leadership styles (Bass & Avolio, 1997). It requires the DPT program directors to “judge how frequently each statement fits you” using the 5-point Likert scale (0=not at all, 1=once in a while, 2=sometimes, 3=fairly often, and 4=frequently, if not always). Overall, the MLQ 5X Short consists of 12 main leadership factors –

nine that focus on transformational, transactional, and laissez-faire leadership styles and three factors that focus on the leadership outcomes extra effort, effectiveness, and satisfaction (Bass & Avolio, 1997). Of these nine factors, five are defined as transformational leadership and include the idealized influence attribute, idealized influence behavior, inspirational motivation, intellectual stimulation, and individualized consideration (Avolio & Bass, 2004). Three factors are defined as transactional leadership and include contingent rewards, management-by-exception active, and management-by-exception passive. The remaining factor is defined as laissez-faire leadership. Of the 45 questions on the MLQ 5X Short, 36 questions are associated with the three leadership styles and nine questions are with the leadership outcomes of extra effort, effectiveness, and satisfaction.

The completed MLQ 5X Short and Demographic Profile Questionnaire results will be coded without the name of the respondent. Additionally, all questionnaires will be reviewed to identify any errors, including unanswered questions and questions with multiple responses. A number will be assigned to each respondent to track the completed questionnaires as the data are being transferred to Statistical Package for Social Sciences (SPSS). All questionnaire information and data analyses are securely stored in a safe or locked file cabinet for detachable media and the use of encrypted technologies with protected passwords for computer-stored data, both of which are managed by the researcher.

Variables

The dependent variables in this study are the leadership outcomes of extra effort, effectiveness, and satisfaction (Avolio & Bass, 2000). Extra effort is measured via a three-item scale that measures the frequency with which leaders are perceived to be able to influence their

followers to do more than they are expected to do. Effectiveness is measured via a four-item scale that measures the frequency with which leaders are perceived as being effective when interacting at different levels of the organization. Satisfaction is measured via a two-item scale that measures the frequency with which raters are satisfied with their leader's methods of working with others.

The independent variable is a nominal variable with three categories: transformational leadership, transactional leadership, and laissez-faire leadership. The MLQ 5X Short has subscales for measuring transformational and transactional leadership (Avolio & Bass, 2000, 2004). Transformational leadership is measured by combining several subscales (Avolio & Bass, 2004; Bass & Avolio, 1997). Inspirational motivation is the articulation and representation of a leader's vision. The idealized influence attribute refers to the leader's charisma. Idealized influence behavior emphasizes a leader's sense of mission, values, and associated actions. Intellectual stimulation includes the assumptions about followers' beliefs and generated solutions. Individualized consideration considers the individual needs of the followers and development of their strengths. Transactional leadership is measured by contingent rewards focusing on clearly defined tasks; management-by-exception active, an active focus on searching for active deviations from rules and standards to avoid and correct them; and management by-exception passive, in which leaders intervene only after errors have been detected. Laissez-faire leadership is measured by laissez-faire leadership in which leaders do not give much instruction or guidance.

Demographic Profile Questionnaire

The Demographic Profile Questionnaire developed for this study was adapted from existing demographic questionnaires used by the APTA for member profile, with the addition of questions about leadership. The demographic information collected and used in this study includes age, gender, sexual orientation, race, ethnicity, total years as a physical therapist, total years as a DPT program director, total years at the current DPT program, total years as a DPT program director at current DPT program, APTA and ACAPT membership, educational background, and courses and training/development programs taken on leadership. The collected demographic information is nonidentifiable and subsequently cannot be traced back to the respondent. All variables and their characteristics are presented in Table 1.1.

Table 1.1

Variable Table

| Variable | Subcategory | Description |
|-----------------------|-----------------------------|----------------|
| Dependent Variables | Effectiveness | |
| | Satisfaction | All Continuous |
| | Extra Effort | |
| Independent Variables | Transactional Leadership | |
| | Transformational Leadership | All Continuous |
| | Laissez-Faire Leadership | |
| Demographic Variables | Age | Continuous |

(Table continued on next page)

(Table 1.1 continued from previous page)

| | |
|--|--|
| Gender | 1=Woman; 2=Man, 3=Nonbinary; 4=Transgender; 5=Agender; 6=Genderqueer; 7=Not listed/prefer to self-describe; 8=Prefer not to say |
| Sexual Orientation | 1=Straight/heterosexual; 2=Lesbian; 3= Gay; 4=Bisexual; 5=Queer; 6=Asexual; 7=Not listed/prefer to self-describe; 8=Prefer not to say |
| Race | 1=American Indian or Native American; 2=Alaskan Native; 3=Asian or Asian American; 4=Black or African American; 5=Native Hawaiian or Pacific Islander; 6=White; 7=Some other race or origin; 8=Not listed/prefer to self-describe; 9=Prefer not to say |
| Total Years as a PT | Continuous |
| Total Years as a DPT Program Director | Continuous |
| Total Years as a DPT Program Director at Current DPT Program | Continuous |
| APTA Membership | 0=No; 1=Yes |
| ACAPT Membership | 0=No; 1=Yes |
| Highest Degree Earned | 1=AA; 2=AAS; 3=BA/BS; 4=Professional Entry Level Master's degree; 5=Post-Professional Master's degree; 6=Professional Entry Level DPT degree; 7=Post-professional DPT degree; 8=Academic Doctorate (PhD, EdD, etc.) |
| Degree Program with Course on Leadership | 0=No; 1=Yes |
| Completion of a Leadership Development/Training Course | 0=No; 1=Yes |

Data Analysis

Results from the MLQ 5X Short were calculated per the MLQ manual instructions (Avolio & Bass, 2004). Scores on the MLQ 5X Short were obtained by summing the items and dividing them by the number of items in the scale (Avolio & Bass, 2004). The completed MLQ 5X Short and the Demographic Profile Questionnaire were reviewed, and the data were entered

into SPSS for data analysis. The analysis plan for this study will consist of detecting a significant association between DPT program director leadership style and each of the three leadership outcome scores as well as race and ethnicity.

Data were analyzed using a series of steps as outlined by Creswell and Creswell (2018). The first step involved cleaning the survey data for respondents who did not complete the MLQ 5X Short or Demographic Profile Questionnaire accurately or did not match the targeted population. A table with numbers and percentages describing respondents and nonrespondents is created. The second step provides a descriptive analysis, presents the results in tables or figures, and interprets the results from the statistical test. The MLQ 5X Short and Demographic Profile Questionnaire was coded without the name of the respondents – a number was assigned to track completed questionnaires. The instructions in the manual provided by Bass and Avolio (2004) were followed for scoring of the results for the MLQ 5X Short. Step three provided a discussion on how response bias can be determined using a wave analysis in which returns are examined weekly. The fourth step calculated the total scores per the MLQ 5X Short manual and included reliability checks for internal consistency of the scales. Cronbach's alpha was used to measure the internal consistency reliability of the MLQ 5X Short scores. The last step identified the results of the SPSS statistical computer program used to address the research questions as well as present the descriptive statistics for the MLQ 5X Short Form.

Inferential statistics were utilized to assess the research questions, and inferences were drawn on the probability of generalizing the results to future DPT program directors. The research questions pertaining to DPT program directors were evaluated using Pearson's r correlation coefficient to assess leadership factors for each of the three leadership styles – transformational, transactional, and laissez-faire – and the leadership outcomes of effectiveness,

satisfaction, and extra effort. Data analysis for each of the three research questions is outlined below.

Research Question #1: What are the leadership styles utilized by DPT program directors?

This first research question was addressed by the independent variables transformational leadership, transactional leadership, and laissez-faire leadership. Data were summarized, and the leadership styles were described using descriptive statistics to summarize the leadership styles and demographics of the respondents. Demographic data collected via the Demographic Profile Questionnaire provide more insight about the respondents. An assumption was made that the MLQ 5 Short is reliable enough to yield the same response by respondents with repeat testing and that the respondents provided honest responses.

Research Question #2: Is there a relationship between the DPT program directors' leadership styles and each of the three outcome scores (extra effort, effectiveness, and satisfaction) as measured by the MLQ 5X Short?

This second research question was addressed by dependent continuous variables, which are the leadership outcomes of extra effort, effectiveness, and satisfaction. Pearson's r correlation coefficient will be utilized to assess the relationship between leadership factors and leadership outcomes and Cronbach's alpha to measure the internal consistency reliability of the MLQ 5X Short scores. Pearson's r correlation was used to determine the relationship between the transformational, transactional, and laissez-faire leadership styles (independent variables) and extra effort, effectiveness, and satisfaction (dependent variables).

Research Question #3: Is there a relationship between DPT program directors' leadership styles as measured by the MLQ 5X Short and race and ethnicity?

This third research question was addressed by analyzing the Demographic Profile Questionnaire and reviewing responses on race and ethnicity. This data will be summarized using descriptive statistics to determine whether a relationship exists between leadership style and race and ethnicity.

Limitations

The pending results of this study should be considered despite several potential data limitations. Limitations to this study include design choice, method of data collection, choice of leadership questionnaire, and sample population. A correlational design might be a limitation of this study because it shows a relationship between two factors rather than causation. Data collection may contribute to limitations because there may be missing data or nonresponses due to surveys lost in transit, respondent attrition, and/or respondents completing the survey but not meeting the inclusion criteria. Missing data may have also occurred due to potential respondents not being given a chance to participate (did not receive the MLQ 5X Short), potential respondents were given a chance to participate but refused, or potential respondents were given a chance to participate but could not (e.g., they could not understand the survey; Kelley & Maxwell, 2003).

Factors that contribute to the prevalence of certain leadership styles among DPT program directors cannot be captured by the MLQ 5X Short, which poses another limitation. Additionally, this study could not capture trends of leadership styles that may evolve over time, as knowledge about effective leadership styles expands. Future research incorporating questionnaires that include leadership styles such as social justice leadership and diversity leadership should be explored. Generalizability of the study results is also a limitation because there is an inability to

generalize the findings of this study to program directors outside of physical therapy programs. Including other health care professionals in a similar study could overcome this limitation.

Significance

This study will add more depth to understanding of the leadership styles of DPT program directors by defining their dominant leadership styles and their relationship to race and ethnicity. By quantifying these leadership styles, the results of this study have the potential to assist with the establishment of future leadership development programs targeted toward DPT program directors. DPT program administrators will be able to use the results of this study to develop DPT program directors using the leadership style that will optimize faculty and student success. The study may generate discussions about the leadership styles of DPT program directors, which may impact the leadership development needed to sustain DPT programs toward facilitating faculty and student belongingness, engagement, success, and satisfaction. This research is also significant in that it may inform several implications for leadership practice, research, and policy.

Implications for Practice

CAPTE holds DPT program directors accountable for the quality of leadership within DPT programs; therefore, it may be beneficial to explore how DPT programs assess the leadership development needs of the DPT program directors. Leadership development and training programs abound, but relatively few DPT program directors and administrators have been exposed to or take part in them (Desveaux et al., 2016; Luedtke-Hoffmann et al., 2010). Many rely on previous academic work experience to prepare them for their role as a DPT program director (Hinman et al., 2014; Luedtke-Hoffmann et al., 2010; Perry, 2002). There is a

profound need for DPT program directors to participate in leadership development courses and workshops to understand and apply the foundational concepts of being a leader in an academic program. Other allied health professional programs such as occupational therapy, speech-language pathology, and audiology may benefit from a deeper dive into these leadership implications.

Implications for Research

Several studies have used the MLQ 5X Short to examine transformational leadership in allied health professions, which lends validity and credibility to its use (Hitch et al., 2020; Horwitz et al., 2008; Kellish, 2014; Morsiani et al., 2017). Although transformational leadership tends to be the dominant leadership style exhibited by higher education leaders, consideration of newer leadership theories and styles needs to be explored as the sociocultural climate changes in the U.S. In recent years, diversity and transformative and social justice leadership theories have been studied as society, organizations, and institutions become more socioculturally diverse and traditional leadership models have neglected the influence of racial and ethnic diversity (Arday, 2018; Chin, et al., 2016; Mertens, 2007). Although DPT program directors are not racially and ethnically diverse (U.S. Bureau of Labor Statistics, 2020), they may have different perceptions of their leadership styles due to lived experiences.

Future qualitative studies could examine the perceptions of faculty members on the effectiveness of their DPT program directors or examine faculty members' perceptions of their readiness to assume a DPT program director role. As leadership development programs develop within DPT programs and the physical therapy profession, future quantitative experimental studies can explore the leadership outcomes of DPT program directors pre- and post-leadership

development program. Additionally, future qualitative studies can explore how DPT program directors developed their dominant leadership styles. There is a need to understand leadership styles among DPT program directors to organize leadership development programs targeted at physical therapists.

Implications for Policy

There is expected variability in the leadership styles of DPT program directors; however, many are not cognizant of their leadership style, let alone the meaning of effective and efficient leadership. This study may lend itself to the establishment of standards, guidelines, best practices, or ultimately policies that could govern leadership in DPT programs to ensure all faculty and students can achieve a sense of belonging and job satisfaction. DPT programs need directors who have a true understanding of their leadership roles, responsibilities, and styles and their impact on the faculty and students they lead. Without best practices and policies for leadership and leadership development to guide DPT program directors, there may be unwanted variability in leadership practices, leading to potential DPT program failure.

CHAPTER 2

LEADERSHIP STYLES OF DOCTOR OF PHYSICAL THERAPY PROGRAM DIRECTORS

Academic leadership is leadership that creates a vision of academic success for faculty, students, and staff (Black, 2015; Hendrickson et al., 2013). Academic leaders must lean into their leadership styles by demonstrating leadership commitment, capacity, and impact to create campus environments that inspire students and faculty while facilitating excellence (Bolman & Gallos, 2011; Hendrickson et al., 2013). However, there are assumptions that academic leaders, which include Doctor of Physical Therapy (DPT) program directors, can assume leadership positions without formal leadership development (Alonderiene & Majauskaite, 2016; Bisbee, 2007; Leudtke-Hoffmann et al., 2010; Niewiesk & Garrity-Rokous, 2020). The skills and competencies needed to be a good professor or to earn tenure are potentially different than the leadership skills and expertise needed to lead a DPT program. Leadership development for DPT program directors is often inconsistent and inadequate in preparing them for their role and responsibilities (Bennie & Rodriguez, 2019; Leudtke-Hoffmann et al., 2010; Perry, 2002).

Some DPT program directors are unaware of their leadership style, abilities, and capabilities to lead their faculty and students toward achieving program goals (Leudtke-Hoffmann et al., 2010; Perry, 2002). Strong academic leadership skills are necessary for leadership development of DPT program directors. However, there is a lack of literature that examines DPT program directors' self-perceptions of their leadership style and how that could impact job effort, effectiveness, and satisfaction (Desveaux et al., 2016; Luedtke-Hoffmann et

al., 2010). Furthermore, leadership style may be shaped by racial and ethnic background and associated experiences, suggesting that minorities may adopt a more transformational leadership style (Chin, 2013; Chin et al., 2016; Okozi et al., 2009), which needs to be investigated.

The purpose of this quantitative descriptive correlational research study was to examine the leadership styles of current DPT program directors in the United States (U.S.). Using the Multifactor Leadership Questionnaire (MLQ) 5X Short (Avolio & Bass, 2004), this study also analyzed the relationship between DPT program directors' perceptions of their leadership styles and effectiveness. Additionally, this study sought to understand whether there is a relationship between leadership styles and race and ethnicity (American Indian/Native American, Alaskan Native, Asian/Asian American, Black/African American, Native Hawaiian/Pacific Islander, White, Hispanic origin). This study was guided by the following research questions:

1. What are the leadership styles utilized by DPT program directors?
2. Is there a relationship between the DPT program directors' leadership styles and each of the three outcome scores (extra effort, effectiveness, and satisfaction) as measured by the MLQ 5X Short?
3. Is there a relationship between DPT program directors' leadership styles as measured by the MLQ 5X Short and race and ethnicity?

The results of this study can serve as a catalyst for further research to fill the gaps in literature associated with DPT program director leadership. The results of this study also further refine the integration of leadership theory and practice in physical therapy leadership toward DPT program success.

Leadership in Higher Education

Academic leadership is important due to its focus on educational missions, governance structures, and people it serves to facilitate the ability of faculty, students, and staff to become agents of positive social change (Astin & Astin, 2000; Bollman & Gallos, 2011). Effective and empowering leadership in higher education is indispensable and determines the difference between sustainable academic institutions and programs and those that are in a continual crisis (Hendrickson et al., 2013). Unlike business leadership, academic leadership requires an attentiveness to leading to facilitate the creation of new knowledge and service to the community (Astin & Astin, 2000). Often mid-level administrative leaders, including deans, are hired primarily for their ability to lead and thus require extensive search processes, whereas academic leaders, including program directors and chairs, emerge by ascending the faculty ranks after initially being hired for their content knowledge rather than their leadership knowledge (Bystydzienski et al., 2017).

Traditionally, the concept of leadership in higher education is organized around two approaches: 1) a hierarchical model in which power is proportionate to administrative position and the president is at the helm, followed by vice presidents and deans, and 2) an individualistic model in which academic faculty, including program directors, are leaders based on professional rank (Astin & Astin, 2000). Administrative leaders serve as a bridge between the faculty, staff, and other chief academic officers, whereas academic leaders ensure content knowledge of faculty and staff. At the center of both categories of leadership is a leader's responsibility to create an environment in which the individuals being led find success in teaching, research, and service.

The concept of shared leadership exists in higher education with the intent to build coalitions across institutions, departments, and programs (Hendrickson et al., 2013).

Shared leadership moves away from the leader-follower binary toward cultivating leaders regardless of position. Therefore, in many educational contexts, the culture of academic leadership is one as Greenleaf (1970) states, the idea of “first among equals” prevails as a bridge between traditional leadership approaches and a human-centered approach (as cited in Austell, 2009). It essentially follows a concept of shared leadership in which leaders and their followers share responsibility and power to achieve a common goal. Despite the notion of shared academic leadership, leadership success is contingent on leaders’ awareness of their leadership styles, associated behaviors, and values that underpin their actions. Whether the leadership styles include transformational, transactional, laissez-faire, or other forms of leadership may depend on context and people.

Leadership in Doctor of Physical Therapy Programs

DPT program directors are the face of physical therapy programs whose leadership should inspire innovation and excellence among their faculty and students to contribute meaningfully to the delivery of health care (ACAPT, 2021). The physical therapy program leaders are essential to the oversight of various program components leading to student and faculty success. Despite the importance of DPT program directors, physical therapy scholars have only recently begun to pay attention to the topic of leadership (Bennie & Rodriguez, 2019; Bowens et al., 2021; Desveaux et al., 2016). The physical therapy profession has a need for exploration of leadership styles for the development and retention of qualified DPT program

leaders beyond on-the-job training (Bennie & Rodriguez, 2019; Luedtke-Hoffmann et al., 2010; Hinman et al., 2014; Wolverton et al., 2005).

DPT program directors traditionally emerge due to ascension from assistant professor to associate professor or full professor and then pursuit as a director may ensue (Bennie & Rodriguez, 2019; Desveaux et al., 2016). They may meet DPT program requirements for leadership promotion by demonstrating high-level success in teaching, research, and service. DPT program directors generally possess the knowledge and skills to meet general CAPTE leadership standards and criteria, but they may lack an awareness of leadership styles to engage within and beyond their program. This awareness is needed for them to be more effective and accountable as a leader to their academic program, the physical therapy profession, and the community.

For physical therapy faculty ascending to leadership as a DPT program director, the Commission for the Accreditation of Physical Therapy Education (CAPTE, 2020) provides standards or guidelines related to the skills needed to lead a program. These essential leadership skills include communication, program assessment and planning, fiscal management, and faculty evaluation (CAPTE, 2020). Subsequently, DPT program directors are required to have the appropriate skills for their position. However, they might be unaware of how their leadership styles and skills influence their effectiveness, meeting the needs and demands of their program faculty, students, and staff (Bennie & Rodriguez, 2019; Perry, 2002).

Historically, DPT program directors have been homogeneous with regards to race and ethnicity, with the vast majority identifying as White. DPT program directors from historically marginalized racial and ethnic groups represented approximately 8.5% of directors, which includes 0.4% American Indian/Native American/Alaskan Native, 3% Asian or Asian American,

4% Black or African American, 0% Native Hawaiian/Pacific Islander, 90% White, and 1.5% Hispanic/Latino of any race (CAPTE, 2021). It is important to note that these data include DPT program directors at developing programs that are not fully accredited and at which DPT program directors have just commenced their leadership role. These demographic statistics are significant because leadership styles of historically marginalized racial and ethnic DPT program directors may be grounded in their lived experiences and perspectives, which may influence program mission attainment differently. Additionally, when historically marginalized racial and ethnic groups gain access to leadership positions, their leadership style and skills are often perceived as illegitimate due to perceived power inequities that privilege Whiteness (Gotsis & Grimani, 2016; Wolfe & Dilworth, 2015).

Leadership Theories and Styles

Leadership theory focuses on what makes a leader successful, while leadership style focuses on the behaviors, traits, and approaches of leaders (Khan et al., 2016). Numerous leadership theories, explanations, and concepts exist in contemporary literature, contributing to the broad classification of leadership styles (Foldy & Ospina 2016; Khan et al., 2016; Okozi et al., 2009). Leadership styles tend to emerge from different leadership theories (Bateh & Heyliger, 2014; Chin et al., 2016; Khan et al., 2016) and focus on the beliefs, values, preferences, and actions of leaders – the underpinnings of successful leaders (Bateh & Heyliger, 2014; Chin et al., 2016; Khan et al., 2016). The dominant leadership theories that emerged in the 20th-century literature include transformational and transactional leadership (Bateh & Heyliger, 2014; Chin et al., 2016; Khan et al., 2016). Over the years, traditional theories of leadership have shifted from focusing exclusively on the characteristics of the leader to emphasizing the quality

of the relationship between leaders and their followers (Bateh & Heyliger, 2014; Brown, 2018). Laissez-faire leadership theory was considered an absence of leadership and emerged in the full-range leadership model (FRLM) conceptualized by Bass and Avolio (Amanchukwu et al., 2015; Foldy & Ospina, 2016). The existence and emergence of various leadership theories and associated styles lend credibility to the notion that leadership development is an ongoing process.

Leadership theories allow academic leaders to gain knowledge and skill to effectively lead their colleges and universities. The most dominant leadership theory reported in recent literature is transformational, followed by the transactional leadership theory (Bateh & Heyliger, 2014; Chin et al, 2016; Gotsis & Grimani, 2016; Khan et al., 2016; Wolfe & Dilworth, 2015). An emphasis on transformational leadership gained traction because of its alignment with the greater good and its focus on leaders engaging, empowering, and inspiring those they lead toward a common goal. Per Bass and Avolio (1994), the transformational leader encourages development and change and prioritizes the selflessness of the leader.

Leadership style focuses specifically on the traits and behaviors of leaders or how they enact or perform their leadership (Chin et al., 2016; Foldy & Ospina, 2016; Khan et al., 2016). There are diverse leadership styles based on different leadership theories. Leadership styles typically mirror the leadership theories from which they arise (Chin et al., 2016; Khan et al., 2016). Academic leaders can emerge with specific leadership styles that provide direction for and motivate faculty, staff, and students. The literature suggests that alternative leadership styles are replacing the traditionally held definitions of leadership and provide innovative ways to understand the concept of leadership. The following are details of the three major theories of leadership and their associated leadership styles, as well as a description of a theory of lack of leadership.

Transformational leadership theory entails involvement of the followers in processes related to personal factors associated with others that will yield participation in shared goals (Bateh & Heyliger, 2014; Gotsis & Grimani, 2016; Khan et al., 2016). Introduced by Burns in 1978, transformational leadership theory is about leadership that creates positive change in the followers whereby they take care of each other's interests and act in the interests of the group (Chin et al., 2016; Hendrickson et al., 2013; Khan et al., 2016; McCleskey, 2014; Odumeru & Ogbonna, 2013). Transactional leadership theory is described as that in which leader-follower associations are grounded in a series of exchanges between leaders and followers (Chin et al., 2016; Hendrickson et al., 2013; Khan et al., 2016; McCleskey, 2014). The leadership focus in this theory is on the exchange of value between the leader and follower, with no focus on the follower's needs, thereby leading to short-term and one-size-fits-all exchange relationships (Khan et al., 2016; McCleskey, 2014). A last leadership theory that is not discussed in depth in the literature is laissez-faire leadership, which is characterized per the French term as "let it be" leadership (Amanchukwu et al., 2015; Khan et al., 2016). This theory postulates that leaders avoid making decisions and give their followers unrestricted freedom to do their work and set their own deadlines (Amanchukwu et al., 2015).

Leadership with Race and Ethnicity

Few leadership theories explicitly include components related to diversity leadership or more specifically to leadership of historically marginalized racial and ethnic groups (Chin, 2013; Chin et al., 2016). Chin's (2013) exploration of diversity leadership revealed that race and ethnicity and the associated lived experiences have a consistent influence on leadership style. A relationship may exist between leadership style and race and ethnicity due to differences in

socialization, perceptions, and lived experiences (Chin et al., 2016; Parker, 1976). Throughout their careers, historically marginalized racial and ethnic groups may have been experienced marginalization by leaders from the dominant White culture, which may impact the way they choose to lead others.

Some literature suggests that historically marginalized racial and ethnic group leaders, due to the impact of past and present racism, tend to adopt a more transformational leadership style that advocates for inclusion and change (Ardichvilli et al., 2009; Chin et al., 2016). This may be in stark contrast to the transactional leadership style of White leaders that is task oriented and based on rewards and punishment (Ardichvilli et al., 2009; Haney-Brown, 2017). The leadership of historically marginalized racial and ethnic groups may also be distinguished from their White counterparts due to the perceptions of power and privilege that permeate their leadership styles (Arday, 2018; Okozi et al., 2009; Wolfe & Dilworth, 2015). White leaders may be blind to their privilege, making them less aware of how their leadership style affects the historically marginalized racial and ethnic groups they lead (Okozi et al., 2009). The history of racialized trauma and lack of access and inclusion in various spaces may heavily influence the leadership style utilized, consciously and unconsciously, by historically marginalized racial and ethnic groups.

There is little academic research regarding the leadership styles of historically marginalized racial and ethnic leaders primarily because most academic leaders in administrative positions are White (Arday, 2018; Chin et al., 2016), which can be generalized to physical therapy education. Statistics from DPT programs in 2020 showed that White program directors accounted for 247 of the 272 program directors at accredited and developing programs, while program directors of historically marginalized racial and ethnic groups account for only 27

directors (CAPTE, 2021). These statistics indicate a continuing influence of dominant-culture leadership styles due to the lack of DPT program directors from historically marginalized racial and ethnic groups.

Theoretical Framework

This study was guided by the Avolio and Bass's (1991) Full Range Leadership Model (FRLM) that encompasses the three leadership theories of transformational, transactional, and laissez-faire. The FRLM is organized around the dimensions of degree of activity (level of engagement) and effectiveness of leaders ranging in order from most passive and least effective (laissez-faire) to most effective (transformational; see Figure 2.1).

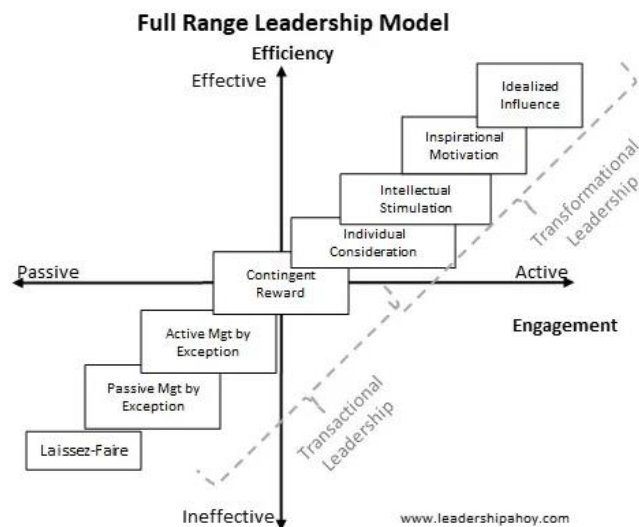


Figure 2.1. Full-range leadership model. Note. Reprinted with permission from Lindberg (2021).

Laissez-faire leadership has a factor of the same name, laissez-faire. Transactional leadership has three factors: contingent reward, passive management-by-exception, and active

management-by-exception. Transformational leadership is defined by five factors: idealized influence active, idealized influence behavior, inspirational motivation, intellectual stimulation, and individual consideration. Each of leadership style factors is defined in Table 2.1.

Additionally, the MLQ, which is associated with the FRLM, incorporates three leadership outcomes (extra effort, effectiveness, and satisfaction). These leadership outcomes are not leadership styles but are the result of leadership behavior (Avolio & Bass, 2004). These leadership outcomes are defined in Table 2.1.

Table 2.1

Leadership Styles, and Associated Factors, and Leadership Outcomes

| Transformational Leadership Style | |
|--|--|
| Factors | Description and Example of Behaviors |
| Idealized Influence (attributed) | Leaders perceived confidence and power; a focus on higher order ideals and ethics |
| Idealized Influence (behavior) | Leaders' actions centered on values, beliefs, and a sense of mission |
| Inspirational Motivation | Leaders clearly and confidently communicate a vision, inspire followers to transcend their own self-interest to achieve the vision |
| Intellectual Stimulation | Leaders foster an environment in which beliefs and ideals can be safely challenged and empower others to challenge the status quo and take risks |
| Individual Consideration | Leaders relate to followers on an individual basis, elevate their confidence; work to get them to develop to their full potential |
| Transactional Leadership Style | |
| Factors | Description and Example of Behaviors |
| Contingent Reward | Leaders provide rewards for task completion and punishment for incompleteness |
| Management-by-Exception (active) | Leaders take corrective action for the mistakes of followers |
| Management-by-Exception (passive) | Leaders intervene only if problems arise, or standards are not met |

(Table continued on next page)

(Table 2.1 continued from previous page)

Laissez-Faire Leadership Style

| Factor | Description and Example of Behaviors |
|----------------------------|--|
| Laissez-Faire | Leaders do not assume responsibility and put forth minimal effort to meet followers' needs |
| Leadership Outcomes | |
| Extra Effort | Leaders' perception of doing more than expected, influences more action of followers |
| Effectiveness | Individuals are part of an effective group as evidenced by job-related goals being met, the leader being effective when interacting at different levels with followers |
| Satisfaction | Individuals are satisfied with the leaders' methods of working with others |

Note. Adapted from Firestone (2010).

According to Avolio (1999), the FRLM does not fully cover all dimensions of leadership but illustrates a range of leadership from the most passive factor, laissez-faire leadership, to the more active transactional factors leadership factor of contingent reward and the most effective transformational leadership factor of idealized influence (see Figure 2.1). Substantial research has been conducted using the FRLM and it has proven to be an essential model for discussions on leadership styles (Antonakis et al., 2003; Avolio & Bass, 2004; Linberg, 2021). The FRLM is relevant for understanding DPT program directors' leadership styles, as these directors may benefit from an early identification of or even balance of their leadership styles given the many requirements of their leadership role.

One problem with the FRLM is that in most situations leaders will utilize multiple leadership theories, not limited to those used in the FRLM, to be effective and motivate their teams toward success (Antonakis et al., 2003). One leadership theory or style is not necessarily better or worse than another due to variations in contexts, and leadership theories and definitions evolve every day. However, a large portion of contemporary leadership research has focused on

the effects of transformational leadership on followers' motivation and performance (Bass, 1985; Bass & Avolio, 1994, 1997). The full-range leadership model suggests that transformational leadership is highly correlated with leadership success (Bass & Avolio, 1997). Avolio and Bass's contribution to leadership theory is foundational; thus, its use in this study, even though the area of leadership has grown exponentially since the development of the FRLM.

Research Design and Methods

This study used a quantitative descriptive correlational design (Creswell & Creswell, 2018) to examine DPT program directors' leadership styles. The MLQ 5X Short and a demographic profile questionnaire were used to collect data from the DPT program directors ($n = 247$). The use of survey methods was appropriate due to the population size and the ability to effectively quantify the self-perceptions of DPT program directors' leadership styles. This study was guided by the following research questions:

1. What are the leadership styles utilized by DPT program directors?
2. Is there a relationship between the DPT program directors' leadership styles and each of the three outcome scores (extra effort, effectiveness, and satisfaction) as measured by the MLQ 5X Short?
3. Is there a relationship between DPT program directors' leadership styles as measured by the MLQ 5X Short and race and ethnicity?

Sample

At the time of data collection, there were 247 DPT program directors of CAPTE-accredited DPT programs in the U.S. Survey research generally requires a large sample size to generate meaningful statistical analysis (Cohen et al., 2018); therefore, all DPT program directors listed in the Accredited PT Programs Directory (CAPTE, 2021) were invited to complete the survey for a total population sample. DPT program directors of developing unaccredited programs were not included because of the short duration they may have been in their leadership positions. The electronic recruitment letter (Appendix A) was emailed directly to DPT program directors in the spring of 2022. A recruitment letter was also sent through the American Academy of Academic Physical Therapy (ACAPT) listserv to maximize the response rate. One hundred and three individuals opened the survey. However, 20 surveys were omitted because they were incomplete. Therefore, the total number of completed survey responses from DPT program directors received for this study was 83, for a response rate of 33.60%. Benchmark response rates for survey research hover between 35-40% (Baruch, 1999). Participants were surveyed during the entire month of April 2022.

Instrument

The MLQ 5X Short (Bass & Avolio, 2004) purchased from Mind Garden, Inc. (Menlo Park, CA) was used as the survey instrument. The MLQ 5X Short measures a range of leadership styles from passive leaders (*laissez-faire*) to leaders who give contingent rewards (transactional) to leaders who transform their followers into becoming leaders themselves (transformational) (Avolio & Bass, 2004). It includes a Leader Form designed to assess how leaders perceive their

own leadership behaviors or styles and a Rater Form designed to assess how leaders' subordinates perceive the leader's leadership behaviors or styles. For this study, the MLQ 5X Short – Leader Form was used to examine the relationship between DPT program directors' self-perceptions of leadership style and leadership effectiveness based on three leadership outcomes. The leadership styles were transformational, transactional, and laissez-faire leadership. The leadership outcomes included extra effort, effectiveness, and satisfaction in achieving DPT program goals. The three sample questions from the MLQ 5X Short – Leader Form permitted for dissemination by Mind Garden are appended (see Appendix B).

Several studies have used the MLQ 5X Short to examine transformational leadership in allied health professions, which lends validity and credibility to its use (Hitch et al., 2020; Horwitz et al., 2008; Kellish, 2014; Morsiani et al., 2017). The MLQ 5X Short – Leader Form is a validated 45-item questionnaire that uses a 5-point Likert scale to quantify leadership into transformational, transactional, and laissez-faire leadership styles (Bass & Avolio, 1997). The factors of the MLQ 5X Short have been successfully validated by a sample of over 7,000 respondents in the U.S. and the instrument has been adapted in more than 22 countries (Antonakis et al., 2003; Avolio & Bass, 2004). The MLQ 5X Short has been extensively tested in research for educational leadership and proven to be a valid and reliable instrument that can adequately measure the components of the FRLM (Antonakis et al., 2003; Avolio & Bass, 2004). The MLQ manual provides detailed information on the theoretical development, validity, and reliability of the MLQ 5X Short (Avolio & Bass, 2004). Alpha reliability coefficients for the MLQ 5X Short – Leader Form range from 0.60 to 0.92 (Avolio & Bass, 2004).

The MLQ 5X Short (Avolio & Bass, 2004) is frequently utilized and adapted by researchers exploring leadership styles; therefore, it was used in this study to measure the

leadership styles transformational, transactional, and laissez-faire and the leadership outcomes (extra effort, effectiveness, and satisfaction) of DPT program directors. The survey required the DPT program directors to “judge how frequently each statement fits you” using the 5-point Likert scale (0 = not at all, 1 = once in a while, 2 = sometimes, 3 = fairly often, and 4 = frequently, if not always). Of the 45 questions on the MLQ 5X Short, 36 are associated with the factors of each leadership style and nine are associated with the leadership outcomes of extra effort, effectiveness, and satisfaction (see Table 2.2).

Table 2.2

Leadership Style Factors and Leadership Outcome Linked to MLQ 5X Short Question

| | Linked MLQ 5X Short Questions |
|--|--------------------------------------|
| Transformational Leadership Style | |
| Idealized Influence (attributed) | 10, 18, 21, 25 |
| Idealized Influence (behavior) | 6, 14, 23, 34 |
| Inspirational Motivation | 9, 13, 26, 36 |
| Intellectual Stimulation | 2, 8, 30, 32 |
| Individualized Consideration | 15, 19, 29, 31 |
| Transactional Leadership Style | |
| Contingent Reward | 1, 11, 16, 35 |
| Management-by-Exception Active | 4, 22, 24, 27 |
| Management-by-Exception Passive | 3, 12, 17, 20 |
| Laissez-Faire Leadership Style | |
| Laissez-Faire | 5, 7, 28, 33 |
| Leadership Outcomes | |
| Extra Effort | 39, 42, 44 |
| Effectiveness | 37, 40, 43, 45 |
| Satisfaction | 38, 41 |

The reliability of the MLQ 5X Short used in this study was assessed with Cronbach’s alpha. Cronbach’s alpha measures the internal consistency of items within a group, or how closely related the items are in a group (Cohen et al., 2018). A scale, such as the Likert scale

used in this study, is quantified by Cronbach's alpha (α) values ranging between 0 and 1, with optimal values ranging between 0.7 and 0.9 (Creswell & Creswell, 2018). The reliabilities for the MLQ leadership factors typically range from 0.63 to 0.92 (Avolio & Bass, 2004). Cronbach's alpha for internal consistency was calculated for each leadership style (nine factors) and each leadership outcome (three factors) for the MLQ 5X Short. In this study, the minimal desired effect size for Cronbach's α was consistent with the following: transformational leadership factors inspirational motivation and intellectual stimulation, transactional leadership factors management-by-exception active and management-by-exception passive, and the leadership outcomes extra effort and effectiveness. The reliability statistics for each leadership style factor and leadership outcome are presented in Table 2.3.

Table 2.3

Reliability Estimates for Each Factor

| | Factor | Question Numbers | Cronbach's Alpha |
|-----------------------------|-----------------------------------|------------------|------------------|
| Transformational Leadership | Idealized Influence (attributed) | 10, 18, 21, 25 | 0.449 |
| | Idealized Influence (behavior) | 6, 14, 23, 34 | 0.519 |
| | Inspirational Motivation | 9, 13, 26, 36 | 0.746* |
| | Intellectual Stimulation | 2, 8, 30, 32 | 0.698* |
| | Individualized Consideration | 15, 19, 29, 31 | 0.485 |
| Transactional Leadership | Contingent Reward | 1, 11, 16, 35 | 0.363 |
| | Management-by-Exception (active) | 4, 22, 24, 27 | 0.734* |
| | Management-by-Exception (passive) | 3, 12, 17, 20 | 0.629* |
| Laissez-Faire Leadership | Laissez-Faire | 5, 7, 28, 33 | 0.361 |
| Leadership Outcomes | Extra Effort | 39, 42, 44 | 0.719* |
| | Effectiveness | 37, 40, 43, 45 | 0.644* |
| | Satisfaction | 38, 41 | 0.524 |

Note. *Internal consistency within the typical MLQ leadership factor range of 0.63 to 0.92.

In addition to the MLQ 5X Short, each participant completed a demographic profile questionnaire, designed by the researcher, to obtain background information (Appendix C). All participants were asked to provide the following information: age, gender, sexual orientation, race, ethnicity, total years as a physical therapist, total years as a DPT program director, type of DPT program, total years at the current DPT program, total years as a DPT program director at current DPT program, APTA and ACAPT membership, educational background, and courses and training/development programs taken on leadership. The demographic information provided was primarily analyzed to determine whether there was a relationship between race and ethnicity and leadership styles. Additional demographic data were used to add more context to respondents' leadership styles.

The completed MLQ 5X Short and Demographic Profile Questionnaire results were coded without the name of the respondent. Additionally, all questionnaires were reviewed by the researcher to identify any errors, including unanswered questions and questions with multiple responses. A number was assigned to each respondent to track the completed questionnaires as the data were transferred to Statistical Package for Social Sciences (SPSS). All questionnaire information and data analyses were secured using encrypted technologies with protected passwords for computer-stored data and managed by the researcher.

Variables

The independent variable was a continuous variable with three categories: transformational leadership, transactional leadership, and laissez-faire leadership (see Table 2.4).

Table 2.4
Variable Table

| Variable | Subcategory | Description |
|---------------------------------------|--|--|
| Dependent Variables | Effectiveness | |
| | Satisfaction | All Continuous |
| | Extra Effort | |
| Independent Variables | Transactional Leadership | |
| | Transformational Leadership | All Continuous |
| | Laissez-Faire Leadership | |
| Demographic Variables | Age | Continuous |
| | Gender | 1=Woman; 2=Man, 3=Nonbinary; 4=Transgender; 5=Agender; 6=Genderqueer; 7=Not listed/prefer to self-describe; 8=Prefer not to say |
| | Sexual Orientation | 1=Straight/heterosexual; 2=Lesbian; 3= Gay; 4=Bisexual; 5=Queer; 6=Asexual; 7=Not listed/prefer to self-describe; 8=Prefer not to say |
| | Race | 1=American Indian or Native American; 2=Alaskan Native; 3=Asian or Asian American; 4=Black or African American; 5=Native Hawaiian or Pacific Islander; 6=White; 7=Some other race or origin; 8=Not listed/prefer to self-describe; 9=Prefer not to say |
| | Ethnicity: of Hispanic, Latino/a/x, or of Spanish origin | 1=No, not of Hispanic origin; 2=Yes, of Hispanic origin |
| | Total Years as a PT | Continuous |
| Total Years as a DPT Program Director | Continuous | |

(Table continued on next page)

(Table 2.4 cont. from previous page)

| | |
|--|---|
| Total Years as a DPT Program Director at Current DPT Program | 0=No; 1=Yes |
| APTA Membership | 0=No; 1=Yes |
| ACAPT Membership | 1=AA; 2=AAS; 3=BA/BS; 4=Professional Entry Level Master's degree; 5=Post-Professional Master's degree; 6=Professional Entry Level DPT degree; 7=Post-professional DPT degree; 8=Academic Doctorate (PhD, EdD, etc.) |
| Highest Degree Earned | 0=No; 1=Yes |
| Degree Program with Course on Leadership | 0=No; 1=Yes |
| Completion of a Leadership Development/Training Course | |

The MLQ 5X Short Form has subscales or factors for measuring transformational and transactional leadership (Avolio & Bass, 2000, 2004). Transformational leadership was measured by combining several factors (Avolio & Bass, 2004; Bass & Avolio, 1997). Idealized influence attributed refers to the leader's charisma. Idealized influence behavior emphasizes a leader's sense of mission and values and the associated actions. Inspirational motivation is the articulation and/or representation of a leader's vision. Intellectual stimulation includes the assumptions about the followers' beliefs and generated solutions. Individualized consideration considers the individual needs of the followers and development of their strengths. Transactional leadership was measured by the factors contingent reward, focusing on clearly defined tasks; management-by-exception (active), focusing on searching for active deviations from rules and standards to avoid and correct them; and management-by-exception (passive), in which leaders intervene only after errors have been detected. Laissez-faire leadership was

measured by the factor laissez-faire, in which leaders generally avoid intervention and delay making decisions.

The dependent variables in this study are the leadership outcomes of extra effort, effectiveness, satisfaction (Avolio & Bass, 2000; Bass & Avolio, 1997; see Table 2.4). Extra effort was measured via a three-item scale that measures the frequency with which leaders are perceived to be able to influence their followers to do more than they are expected to do. Effectiveness was measured via a four-item scale that measures the frequency with which leaders are perceived as being effective when interacting at different levels of the organization. Satisfaction was measured via a two-item scale that measures the frequency at which raters are satisfied with their leader's methods of working with others. All independent variables (leadership styles) and dependent variables (leadership outcomes) are presented in Table 2.4.

Data Analysis

The Statistical Package for the Sciences®, Version 26, was used. All statistical tests were done at the 5% significance level. Data from the MLQ 5X Short were calculated per the MLQ manual instructions, wherein the average for each factor was compared to norm tables in Appendix B of the MLQ manual (Avolio & Bass, 2004). The Demographic Profile Questionnaire results were also analyzed. The data analysis for this study consisted of detecting a significant association between DPT program director leadership style and each of the three leadership outcome scores as well as with race and ethnicity.

The completed MLQ 5X Short and the Demographic Profile Questionnaire were reviewed by the researcher and the data were entered into SPSS for analysis. The means and standard deviations were determined, and the level of significance was set at 0.01 and 0.001,

which are acceptable values in quantitative research (Cohen et al., 2018). The accuracy of all entered data was reviewed several times to ensure a high reliability of the results. Pearson's correlations were used to measure the association between each mean score of the leadership styles (transformational, transactional, and laissez-faire) and each leadership outcome (extra effort, effectiveness, and satisfaction). An association between leadership styles with race and ethnicity was not determined due to low number of respondents who identified with a historically marginalized racial or ethnic group.

Positionality Statement

As a Black female physical therapy professor, leader in academic spaces, and future DPT program director, I have both a passion and pressure to remain attentive to topics related to academic leadership in DPT programs. Given my numerous years in higher education, I recognize that leadership styles are reflective of one's lived experiences, sociocultural identities, and leadership development. As the data collection and analysis of this study unfolded, I recognized the lack of representation of historically marginalized racial and ethnic DPT program directors. Their absence motivates me to continue to research physical therapy leadership and the ways in which variations in leadership style by race and ethnicity influence effort, effectiveness, and satisfaction.

Limitations

Several limitations exist within this study design that may have impacted the interpretation of the results. One limitation is the effect of nonresponse bias affecting the reliability and validity of the survey findings (Cohen et al., 2018; Creswell & Creswell, 2018)

because only 33.60% of eligible DPT program directors completed the survey and the results are not large enough to generalize to future DPT program directors. However, since the non-responses were from a very homogeneous sample, this is not a detriment for this study (Cohen et al., 2018). Another limitation is that self-reported surveys may only capture the behaviors of respondents who are more proactive than other DPT program directors, hence their decision to participate in the study. Additionally, at best, the MLQ 5X Short can determine what a DPT program director's leadership style or behavior may be or how they may lead, but it cannot explain why.

Also, the respondents were overwhelmingly White, which limited the ability to explore a correlation between leadership style and race and ethnicity. However, the number of respondents who identified as members of historically marginalized racial and ethnic groups was reflective of the population per the 2020-2021 CAPTE data on DPT program directors (CAPTE, 2021). Nonetheless, there was an assumption regarding the number of historically marginalized racial and ethnic DPT program directors who would complete the survey and the low response rate affected the ability to address the third research question for this study. The eight DPT program directors who identified as members of historically racial and ethnic groups could have been grouped together to find a correlation between leadership style and race and ethnicity. However, best practices for research on diverse groups recommends exercising caution when grouping historically marginalized racial and ethnic groups as one homogeneous group (Burlew et al., 2019). Each race and ethnicity have unique cultural characteristics that are lost when grouped together as one racial and ethnic group due to low numbers in research studies.

An additional limitation of this study involved choice of a quantitative research design. Some areas of this research may have benefited from a qualitative or mixed-methods design and

thereby may have yielded more explanatory information. It may have been useful to interview DPT program directors to determine why they perceived themselves as having a certain leadership style. It may also have been informative to explore the impact of leadership development on self-perceptions of leadership styles. A final limitation was the sole use of the MLQ 5X Short – Leader Form to capture data about DPT program directors’ self-perceptions of their leadership style. The MLQ only includes three leadership styles as opposed to numerous other leadership styles, and the Leader Form has the potential for self-rater bias. A future study using the MLQ 5X Short – Rater Form to gather information from the faculty who report directly to the DPT program director, or the use of another leadership questionnaire altogether, may yield more objective perspectives of DPT program directors’ leadership styles.

Results

Demographics and Characteristics

Demographics and characteristics of the DPT program directors were analyzed using descriptive statistics. The majority (68.9%) of DPT program directors reported their race and ethnicity as White. The remaining percentages of DPT program directors who identified as members of historically marginalized racial and ethnic groups are presented in Table 2.5. The respondents’ racial and ethnic demographics align with what is reported on the CAPTE aggregate data report, which indicated that White DPT program directors represent 90% of all program directors.

Table 2.5

Demographic Characteristics

| Demographic Characteristic | <i>N</i> | % |
|--|----------|------|
| Race and Ethnicity | | |
| American Indian/Native America | 1 | 1.0 |
| Alaskan Native | 0 | 0.0 |
| Asian/Asian American | 0 | 0.0 |
| Black/African American | 5 | 4.9 |
| White | 71 | 68.9 |
| Of Hispanic Origin | 3 | 2.9 |
| Gender | | |
| Woman | 55 | 53.4 |
| Man | 27 | 26.2 |
| Age | | |
| 37 - 40 | 3 | 3.0 |
| 41 - 50 | 13 | 12.5 |
| 51 - 60 | 34 | 32.8 |
| 61- 70 | 20 | 18.5 |
| Total Years as DPT Program Director (all programs) | | |
| 5 or less | 40 | 38.8 |
| 6 - 10 | 16 | 15.6 |
| 11 - 15 | 10 | 9.7 |
| 16 - 20 | 7 | 6.7 |
| 21 - 39 | 6 | 5.9 |
| Total Years as DPT Program Director (current program) | | |
| 5 or less | 53 | 51.3 |
| 6 - 10 | 15 | 14.6 |
| 11 - 15 | 5 | 4.8 |
| 16 - 20 | 6 | 5.9 |
| 21 - 28 | 4 | 4.0 |
| Type of Academic Institution DPT Program Affiliated | | |
| Predominately White Institution (PWI) | 52 | 50.5 |
| Minority-Serving Institution (MSI) | 12 | 11.7 |
| Leadership Course | | |
| Degree Program Leadership Course | 33 | 32.0 |
| | | 46.6 |

Note. $n = 83$. The sum of the responses may exceed the total number as respondents were given the opportunity to select more than one response. Not all respondents completed the demographic questionnaire.

Additionally, of the DPT program directors, 53.4% were women and 26.2% were men; 32.8% were between the ages of 51 and 60, which is also consistent with overall CAPTE (2021) demographic data for program directors. Fifty-three percent of the DPT program directors had been at their current program for five years or less, followed by 15.6% being at their institution between 6 and 10 years. Most respondents (50.5%) worked at predominately White institutions. Table 2.5 lists additional selected demographics of the respondents. Nearly one third (32%) of the surveyed DPT program directors reported their degree program included a course on leadership. However, 46.6% of respondents completed a leadership course not associated with their degree program. Overall, the demographic characteristics of the respondents in this study align with the larger population of DPT program directors, as indicated by the CAPTE data (CAPTE, 2021).

Leadership Styles

A descriptive statistical analysis was conducted to evaluate the leadership styles of the respondents. The mean scores for transformational leadership, transactional leadership, and laissez-faire leadership for the DPT program directors are listed in Table 2.6.

All the mean values reported by the DPT program directors on the MLQ 5X Short – Leader Form were greater than 3 for the transformational leadership factors, indicating a frequency of being at least “fairly often,” according to the Likert scale used for the MLQ 5X Short – Leader Form. The highest rated transactional leadership factor was for idealized influence attributed ($M = 3.49$). This suggests that DPT program director respondents perceived themselves as having a strong ability to arouse and inspire others. The lowest rated

transformational leadership score was intellectual stimulation, which indicates that DPT program director respondents may be challenged when it comes to bringing out innovation in others.

Table 2.6
Descriptive Statistic Results for Leadership Styles

| | | Mean | SD | Minimum | Maximum |
|-----------------------------|-----------------------------------|------|------|---------|---------|
| Transformational Leadership | Idealized Influence (attributed) | 3.49 | 0.50 | 1.25 | 4.00 |
| | Idealized Influence (behavior) | 3.43 | 0.44 | 2.25 | 4.00 |
| | Inspirational Motivation | 3.41 | 0.47 | 2.00 | 4.00 |
| | Intellectual Stimulation | 3.32 | 0.44 | 2.50 | 4.00 |
| Transactional Leadership | Individualized Consideration | 3.47 | 0.40 | 2.50 | 4.00 |
| | Contingent Reward | 2.95 | 0.58 | 1.50 | 4.00 |
| | Management-by-Exception (active) | 1.26 | 0.73 | 0.00 | 3.50 |
| Laissez-Faire Leadership | Management-by-Exception (passive) | 0.84 | 0.52 | 0.00 | 2.25 |
| | Laissez-Faire | 0.45 | 0.47 | 0.00 | 2.00 |
| Leadership Outcomes | Extra Effort | 2.97 | 0.57 | 1.67 | 4.00 |
| | Effectiveness | 3.38 | 0.39 | 2.25 | 4.00 |
| | Satisfaction | 3.17 | 0.48 | 2.00 | 4.00 |

Note. $n = 83$; SD = standard deviation.

The DPT program director respondents indicated transactional leadership factors less often than transformational leadership factors. For instance, for transactional leadership, the

mean values for management-by-exception active ($M = 1.26$) and management-by-exception passive ($M = 0.84$) were low, between 0 and 2, indicating that the DPT program directors' self-perceptions of the frequency at which they exhibit these styles were "not at all," "once in a while," or "sometimes." An exception was for the transformational leadership factor: contingent reward. This factor was rated near the scale score of 3 ($M = 2.95$), which pairs with "fairly often." This score suggests that DPT program directors may be better able to clarify the expectations of their followers and benefits when expectations are met. The laissez-faire leadership factor ($M = 0.45$) was between 0 and 1, indicating a frequency of "not at all" or "once in a while," according to the Likert scale used for the MLQ 5X Short – Leader Form. These results indicate that DPT program directors were less inclined to be passive-avoidant in their leadership.

Overall, the mean scores reported for the leadership styles of DPT program directors corresponded positively with transformational leadership. DPT program directors reported less frequent factors that aligned with transactional and laissez-faire leadership styles. The low standard deviations for each factor associated with the leadership styles and each leadership outcome indicate that the data are more concentrated and thus clustered around each mean.

Leadership Styles and Leadership Outcomes

A bivariate Pearson's correlation was conducted to understand the relationship between each leadership style and leadership outcomes. The leadership outcome of extra effort was positively correlated with the transformational leadership style factors of idealized influence attributed, idealized influence behavior, inspirational motivation, intellectual stimulation, and individual consideration and the transactional leadership style factor of contingent reward (Table

2.7). There was a statistically significant relationship between the leadership outcome of extra effort and these leadership factors. However, they were weak positive correlations. These findings indicated that DPT program directors' perceived ability to increase their followers desire to put forth additional effort was more closely associated with all the transformational leadership style factors that embodied ethics, values, inspiration, empowerment, and confidence.

Table 2.7

Correlations Between Leadership Styles and Leadership Outcomes

| | | Correlations | | | |
|------------------------------|----------------------------------|-----------------------|--------------|---------------|--------------|
| | | | Extra Effort | Effectiveness | Satisfaction |
| Transformational Leadership | Idealized influence (attributed) | Pearson's Correlation | 0.497** | 0.185 | 0.352** |
| | | Sig. (2-tailed) | 0.000 | 0.094 | 0.001 |
| | | <i>N</i> | 83 | 83 | 83 |
| | Idealized influence (behavior) | Pearson's Correlation | 0.505** | 0.174 | 0.159 |
| | | Sig. (2-tailed) | 0.000 | 0.116 | 0.152 |
| | | <i>N</i> | 83 | 83 | 83 |
| | Inspirational motivation | Pearson's Correlation | 0.497** | 0.318** | 0.333** |
| | | Sig. (2-tailed) | 0.000 | 0.003 | 0.002 |
| | | <i>N</i> | 83 | 83 | 83 |
| | Intellectual stimulation | Pearson's Correlation | 0.308** | 0.048 | 0.212 |
| | | Sig. (2-tailed) | 0.005 | 0.664 | 0.055 |
| | | <i>N</i> | 83 | 83 | 83 |
| Individualized consideration | Pearson's Correlation | 0.408** | 0.212 | 0.368* | |
| | Sig. (2-tailed) | 0.000 | 0.054 | 0.001 | |
| | <i>N</i> | 83 | 83 | 83 | |

Table continued on next page

Table 2.7 cont. from previous page

| | | | | | |
|--------------------------|-----------------------------------|-----------------------|---------|----------|---------|
| Transactional Leadership | Contingent reward | Pearson's Correlation | 0.227* | 0.180 | 0.303** |
| | | Sig. (2-tailed) | 0.039 | 0.104 | 0.005 |
| | | <i>N</i> | 83 | 83 | 83 |
| | Management-by-exception (active) | Pearson's Correlation | 0.092 | -0.005 | -0.076 |
| | | Sig. (2-tailed) | 0.410 | 0.961 | 0.496 |
| | | <i>N</i> | 83 | 83 | 83 |
| | Management-by-exception (passive) | Pearson's Correlation | -0.231* | -0.300** | -0.198 |
| | | Sig. (2-tailed) | 0.582 | 0.000 | 0.073 |
| | | <i>N</i> | 83 | 83 | 83 |
| Laissez-Faire Leadership | Laissez-faire | Pearson's Correlation | -0.061 | -0.390** | -0.156 |
| | | Sig. (2-tailed) | 0.582 | 0.000 | 0.160 |
| | | <i>N</i> | 83 | 83 | 83 |

Note. ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed). $n = 83$.

The leadership outcome of effectiveness was positively correlated with the transformational leadership style factor of inspirational motivation. The relationship was significant ($p < 0.05$), but it was a weak correlation. Concerning the transformational leadership style factor inspirational motivation and the leadership outcome effectiveness, this study yielded weak correlation ($r = 0.318$; $n = 83$). There was a weak negative correlation between the leadership outcome of effectiveness and the transactional leadership style factor of management-by-exception ($r = -0.300$; $n = 83$) and the laissez-faire leadership style factor of laissez-faire ($r =$

-0.390; $n = 83$). These relationships were significant ($p < 0.01$). These findings revealed that the ability to lead followers effectively was more closely associated with DPT program directors who demonstrated a transformational leadership style factor that inspired their followers to achieve a vision. This superseded DPT program directors who demonstrated transactional or laissez-faire leadership style factors that corrected followers' mistakes or put forth minimal effort to meet followers needs, respectively.

The leadership outcome of satisfaction was positively correlated with the transformational leadership style factors idealized influence attributed, inspirational motivation, and individual consideration and the transactional leadership factor contingent reward ($p < 0.01$, $p < 0.05$), but the relationships were weak (see Table 2.7). These findings indicated that DPT program directors perceived their outcome of satisfaction was associated with transformation leadership style factors that focus on ethics, inspiration, and confidence and with a transformational leadership style factor centered on rewards and punishments.

Leadership Styles with Race and Ethnicity

Another goal of this study was to determine whether there was a relationship between leadership styles and race and ethnicity. A threshold of 30 (which equates to all historically marginalized racial and ethnic respondents for this survey) was needed to conduct a meaningful analysis (Cohen et al., 2018) of leadership style with race and ethnicity. Since the threshold was not reached, meaningful comparisons could not be made. The low number of respondents who identified as members of historically marginalized racial and ethnic groups was indicative of a larger issue in the lack of racial and ethnic diversity among DPT program directors.

This analysis could not be performed due to the low response rate of eight historically marginalized racial and ethnic DPT program directors as compared to the current 23 identified by the CAPTE aggregate DPT program data (CAPTE, 2021). This low number of historically marginalized racial and ethnic respondents did not allow for meaningful data analysis to determine whether their leadership styles were similar to or different from the White DPT program directors who responded to the survey. More responses from DPT program directors from historically marginalized racial and ethnic groups would have facilitated the ability to analyze the data addressing the research goal.

Discussion and Implications

The purpose of this study was to examine the leadership styles of current DPT program directors within the U.S. using the MLQ 5X Short – Leader Form. The results of this study were congruent with existing literature citing that the most dominant leadership style is transformational, followed the transactional leadership (Bateh & Heyliger, 2014; Chin et al., 2016; Gotsis & Grimani, 2016; Khan et al., 2016; Wolfe & Dilworth, 2015). Current DPT program directors perceived themselves as “fairly often” implementing a transformational leadership style and “sometimes” exhibiting characteristics of transactional leadership style. These results have positive implications for DPT programs, as the literature suggests that the most effective and successful leaders use transformational leadership styles frequently, followed by some transactional leadership style, with minimal use of laissez-faire leadership (Amanchukwu et al., 2015; Foldy & Ospina, 2016; Khan et al., 2016).

Consistent with studies on leadership styles in other educational settings (Bateh & Heyliger, 2014; Wolfe & Dilworth, 2015), the findings in this study indicate DPT program

directors' preference for transformational leadership style factors. This preference may facilitate leadership outcomes toward DPT program success, as DPT program directors inspire their followers, ensure productivity, and fulfill expectations. Transformational leadership has been positively associated with important leadership outcomes, including extra effort, effectiveness, and satisfaction (Bass, 1995; Bass & Avolio, 1997), which were measured in this study. Through the use of the MLQ 5X Short, Bass and Avolio (2004) have found that: 1) transformational leadership factors are highly positively correlated with extra effort, effectiveness, and satisfaction; 2) transactional leadership factor contingent reward is positively correlated with extra effort, effectiveness, and satisfaction but less so than transformational leadership; and 3) transactional leadership factor management-by-exception and laissez-faire leadership are strongly negatively correlated with extra effort, effectiveness, and satisfaction.

Some literature suggests that women are more likely to utilize a transformational leadership style than men (Eagly & Carli, 2003; Fletcher, 2004). Given that most of the DPT program directors in this study were women (53.4%), this might explain why transformational leadership factors were more prevalent in this study than factors of the other leadership styles. Although this concept appears to be supported by this study, it was outside the scope of this study to explore leadership style and gender. The transformational leadership factors of idealized influence attributed, idealized influence behavior, and inspirational motivation had higher correlations with extra effort than the other leadership style factors with each leadership outcome. Per Bass (1985), transformational leadership produces high levels of subordinate effort and performance. Therefore, it is possible that successful DPT program directors may improve the extra effort of their faculty and students by adopting a transformational leadership style.

The findings of this study provide additional insight on the concept of shared leadership in higher education (Hendrickson et al., 2013). While shared leadership may contribute to overall organization and planning effectiveness of programs, transformational leadership may contribute more to outcome effectiveness (Choi et al., 2017), which includes extra effort, effectiveness, and satisfaction. DPT programs have CAPTE accreditation standards (CAPTE, 2021) which include the ascension of DPT program directors to leadership positions that involves making unilateral decisions. However, CAPTE (2021) that provides no guidelines regarding DPT program directors' choice and use of leadership styles to make program decisions toward meeting program needs. Nevertheless, this study revealed that DPT program directors often adopt a transformational leadership style – often labeled as a vertical leadership style – that embraces seniority (Choi et al., 2017). However, many DPT program directors may also embrace elements of shared leadership – also known as horizontal leadership (Choi et al., 2017) – to distribute responsibility and power to achieve common program goals. The use of shared and/or transformational leadership styles in academic programs, such as DPT programs, may depend on context and people.

The survey instrument used for this study (the MLQ 5X Short) and the associated FRLM do not measure leadership styles beyond transformational, transactional, and laissez-faire (Bass & Avolio, 2004). Therefore, a study incorporating broader leadership styles would be beneficial to explore the scope of leadership among DPT program directors. Although transformational leadership tends to be the dominant leadership style exhibited by higher education leaders (Bateh & Heyliger, 2014; Wolfe & Dilworth, 2015), consideration to newer leadership theories and styles should be explored due to changes in the U.S. racial and ethnic demographics. In recent years, diversity, transformative, and social justice leadership theories have been studied as

society, organizations, and institutions become more socioculturally diverse (Arday, 2018; Chin, et al., 2016; Mertens, 2007). A narrow focus on transformational, transactional, and laissez-faire leadership styles perpetuates their dominance and lack of inclusivity (Chin, 2013; Chin et al., 2016). Surveys like the MLQ 5X Short do not explicitly include questions related to diversity that may be important to modern leaders (Arday, 2018; Chin et al., 2016). Therefore, an exploration of DPT program directors' leadership styles beyond transformational, transactional, and laissez-faire may be inclusive of the intersectionality of their various sociocultural identities and optimize their leadership capacity.

Lastly, this study was unable to explore a relationship between leadership style and race and ethnicity for DPT program directors due to nonresponse bias. The low number of respondents from historically marginalized racial and ethnic DPT groups (8.8%) created a challenge in comparing leadership styles between different racial and ethnic groups. The low response rate of respondents from historically marginalized racial and ethnic groups may be reflective of the larger issue regarding the lack of racial and ethnic diversity among DPT program directors. The respondents in this study were overwhelmingly White (68.9%), which is reflective of the current demographics of DPT program directors. Generally, when White respondents outnumber historically marginalized racial and ethnic respondents, studies tend to combine the historically marginalized racial and ethnic groups to increase statistical significance (Burlew et al., 2019). Using this strategy runs the risk of conflating similarities or differences in individual racial and ethnic groups regarding their leadership styles. This is problematic because a disregard of the experiences of individual historically marginalized group experiences places White group experiences as the standard, which perpetuates traditional leadership styles.

Recommendations

This study has shown that DPT program directors tend to self-report using a transformational leadership style to lead their programs. However, several recommendations can be made to facilitate an understanding and utilization of transformational and other leadership styles by DPT program directors. These recommendations include creating explicit leadership standards and development, increasing the number of historically marginalized racial and ethnic faculty, and revamping the MLQ to be inclusive of racial and ethnic diversity leadership styles.

Recommendation One: Create Explicit Leadership Standards and Development

CAPTE leadership standards for the DPT program directors are vague, indicating that directors must “demonstrate the academic and professional qualifications and relevant experience in higher education” to lead a program (CAPTE, 2021). CAPTE holds DPT program directors accountable for the quality of leadership within DPT programs. Therefore, it may be beneficial for CAPTE to assess the leadership development needs of DPT program directors regarding transformational leadership to improve leadership outcomes and associated faculty and student success. CAPTE should provide a more robust framework for transformational leadership styles and behaviors by creating standards for leadership development of all DPT program directors. This leadership framework could include concepts of self-leadership/self-awareness, leading people, and leading programs.

Recommendation Two: Increase Number of Historically Marginalized Racial and Ethnic Faculty

There is a need to recruit more DPT program directors from historically marginalized racial and ethnic groups because their lived experiences, perspectives, and leadership styles may add value to leading faculty and students toward DPT program success. Pathway programs should be created to provide support and resources for aspiring historically marginalized racial and ethnic DPT program directors and increase the diversity of DPT program directors. As more faculty of historically marginalized racial and ethnic groups assume DPT program director roles, associated studies should be conducted to account for potential variations in leadership styles and the association with leadership outcomes. An increase in historically marginalized racial and ethnic leaders will facilitate the study of their leadership styles and the associated leadership outcomes of extra effort, effectiveness, and satisfaction. This would de-emphasize traditional leadership style approaches toward those that include diversity.

Recommendation Three: Revamp the MLQ 5X Short

The MLQ was originally developed in 1995, at a time when past leadership scholars were not as attentive to leadership regarding race and ethnicity (Okoyi et al., 2009). The MLQ 5X Short was designed to measure only three leadership styles: transformational, transactional, and laissez-faire. However, factors that contribute to the prevalence of other leadership styles, such as diversity leadership, among DPT program directors cannot be captured by the MLQ 5X Short. The MLQ manual refers to contingent issues such as diversity and suggests that transformational leadership is imperative for leaders to value and adapt to the diversity of their followers. However, the MLQ 5X Short does not sufficiently separate race and ethnicity from the wide

construct of diversity. Therefore, consideration of the content and context of the questions in the MLQ 5X Short may enhance its use to capture leadership styles related to race and ethnicity.

Conclusion

Leadership style influences DPT program directors' leadership outcomes in effort, effectiveness, and satisfaction; therefore, it is an important construct to understand. This study is known to be among the first to explore the leadership styles of DPT program directors. The results of this study are noteworthy because they indicate that DPT program directors tend to adopt a transformational leadership style more than transactional or laissez-faire leadership. The results also indicate a statistically significant relationship exists between most transformational leadership style factors and the leadership outcomes of extra effort, effectiveness, and satisfaction. However, Bass (1985) reported that the strongest leaders use a combination of transformational and transactional leadership behaviors and characteristics.

This study is significant for DPT program directors, their programs, and institutional leadership development programs in which DPT program directors may participate. As revealed in this study, an effective DPT program director should adopt and use transformational leadership styles to have a positive impact on their faculty, students, and DPT program. If DPT program directors are more sensitive to the topic of leadership styles and consciously adopt a more transformational leadership style, their leadership outcomes will be optimized. This study provides a foundation from which institutions with existing DPT programs can tailor their leadership development courses to generate transformational leaders. Overall, this study will add more depth to the understanding of the leadership styles of DPT program directors and may inform several implications for leadership practice, research, and policy.

CHAPTER 3

SCHOLARLY REFLECTION

My dissertation process was indeed a journey and not simply a destination. In this chapter, I reflect on my experiences throughout this process from the selection of the research topic to its impact on my growth as a researcher. I conclude with implications for my professional practice as a DPT program professor as well as implications for disseminating this research.

Reflection on the Dissertation Process

The development of my dissertation topic was a personal process as I was frustrated with the inadequate leadership I had encountered during my years in physical therapy education. As an aspiring DPT program director, I knew that being a leader was more than knowing your administrative roles and responsibilities. It was about the ability to lead people. Several DPT program directors I encountered were appointed to their leadership positions without formal leadership development to determine their leadership style, which to me was a problem. The appointment of program directors primarily based on faculty rank and academic knowledge is just as common in physical therapy education as it is in other academic programs and departments. However, traditional leadership appointments in physical therapy education should not be accepted as commonplace, given renewed interest in effective academic leadership; therefore, DPT programs have a duty to respond appropriately to ensure the success of their

programs.

As I reviewed the literature on leadership and leadership development in physical therapy education, I was struck by the lack of research. I wanted to gauge the interest in this topic of my physical therapy colleagues, so I presented several educational sessions on leadership in physical therapy education at numerous local and national physical therapy conferences. I was awestruck by the positive reception to this topic by physical therapy educators who included DPT program directors and faculty. I realized that my chosen topic was more than simply personal; it was much needed to advance leadership in physical therapy education. Thus, my passion to learn more about leadership styles of DPT program directors became a quest to contribute meaningful research to improve leadership in physical therapy education as well as my own leadership.

Subsequently, my dissertation aimed to determine the leadership styles of DPT program directors as referenced in the MLQ 5X Short, the relationship between DPT program directors' leadership styles and leadership outcomes (extra effort, effectiveness, and satisfaction), and the relationship between leadership style and race and ethnicity. Despite a focus on only three leadership styles, this study has the potential to be expanded to include other existing and emerging leadership styles. I started the research process with a strong literature base that allowed me to familiarize myself with studies on academic leadership within physical therapy and higher education. This base was an accumulation of articles throughout my Doctor of Education (Ed.D.) courses because I knew early in this degree program that I wanted my dissertation to focus on leadership in physical therapy education. Thus, I tailored most of the assignments throughout my Ed.D. courses around leadership to facilitate a smoother transition to the dissertation process.

Survey Process

I did not have the experience nor time to create a leadership survey to address the aspects of leadership that interested me, namely transformative, diversity, and social justice leadership, so I selected a well-established leadership survey, the MLQ 5X Short. I did not realize that using a pre-existing survey would be so costly, but I guess that is the price I must be willing to pay to create meaningful research. After obtaining permission from Mind Garden to use the MLQ 5X Short and developing a demographic profile questionnaire, I transferred the information into a Qualtrics survey. I had never created a Qualtrics survey, but despite some initial errors, I enjoyed the process and now consider myself a pseudo-Qualtrics master.

The deployment of the Qualtrics survey to participants was successful, and participants began to complete the survey as expected. Distributing the survey in April was good timing because most DPT program directors are tenured and off contract for the summer semester starting in May, which would have made attempts to secure participants more challenging. It was interesting that the most survey responses were recorded on each of the four Fridays I sent a survey reminder. It seems as if weekly reminders were remarkably effective, more so on the day of the reminder. If I had extended the survey an additional two weeks or so, I may have generated more responses, but there must be a cut-off point, otherwise this study would have no concrete end date and response rates may not have increased significantly due to the ending of the semester.

The low number of total respondents ($n = 83$) was not expected, as I am fairly well known in academic leadership circles and have presented on physical therapy leadership at local and national conference. I am also a DPT program faculty member and serve on numerous

educational committees. Consequently, I assumed that more DPT program directors would have a keen interest in topics related to their leadership and subsequently want to participate in this leadership study. Regardless, the low response rate of 33.60% for this study is comparable to similar studies on leadership in physical therapy education. However, since I am a Black woman in physical therapy education who is well known in physical therapy education nationwide, I expected to have a higher response rate from DPT program directors from historically marginalized racial and ethnic groups. The lower than anticipated response rate was frustrating, but I can understand why some historically marginalized racial and ethnic DPT program directors may not have wanted to respond to the survey because if they are one of the only in a race or ethnic group, they might fear being easily identified.

Coursework

Although the courses leading up to my final dissertation served as a strong foundation, the dissertation research process was nonetheless filled with movements of doubt and anxiety. On numerous occasions, I questioned my choice of a quantitative study versus a qualitative one, given my apprehension about understanding variables and interpreting statistics and my experience conducting qualitative research. Outside of my dissertation committee, I felt like a lone wolf trying to relearn and navigate the pearls of quantitative research. If it were not for a quantitative researcher in another health discipline at NIU taking the time and exercising patience with me to review SPSS, I would have significantly struggled to understand SPSS data entry. I spent many nights reviewing my doctoral courses in quantitative research and statistics, so I was prepared to interpret and make sense of my research data once it was entered and cleaned in SPSS.

In hindsight, if I were to conduct this research study again, I would consider sending out a save-the-date email announcing the survey in advance of its dissemination to secure a higher response rate. If time were not a factor, I may have explored the possibility of conducting a qualitative or mixed methods study using a leadership questionnaire I developed myself that would be more inclusive of other leadership styles not captured by the MLQ 5X Short. A focus on diversity leadership or social justice leadership may have yielded more responses from historically marginalized racial and ethnic DPT program directors. Additionally, a better method of marketing my study as well as reconsideration of my research design may have yielded more responses and richer data.

Even though the dissertation phase of my doctoral process was time consuming, my selection of a topic that I was keenly passionate about kept me both intrinsically and extrinsically motivated. I did hit several roadblocks, including SPSS data input, data analysis, and interpretation, that were discouraging and tested my resolve to continue, but I was determined to understand the problems and overcome them. My dissertation committee was an invaluable resource as each member provided me with their own unique expertise to elevate my research to a higher scholarly level. For their teaching, mentorship, and leadership, I am extremely grateful.

SWOT Analysis

Reflecting more deeply on my dissertation process, I conducted my own personal SWOT analysis to analyze my research strengths, weaknesses, opportunities, and threats (see Table 3.1).

Table 3.1

Personal SWOT

| Strengths | Weaknesses |
|--|--|
| Time management Writing skills | Research experience Data analysis |
| Opportunities | Threats |
| Decision-making ability Connections in physical therapy education | Work schedule Limited support from colleagues |

I have always had strong time management skills, but this dissertation process afforded me an opportunity to greatly improve my time management skills through extensive planning and preparation for each stage of the process due to looming deadlines. I had to carefully execute each stage of the dissertation in a more timely and organized manner, from the proposal to survey development to data analysis to writing the final dissertation. My academic writing skills, while strong due to my activities as a professor, have evolved through feedback received during my doctoral courses and the NIU Writing Center. These writing skills have also become more refined through positive and constructive feedback from my dissertation committee on my written dissertation proposal.

I was a bit hesitant to use a quantitative design for my dissertation because statistics and numbers intimidate me. I have very limited quantitative research experience, which was inherently a significant weakness as I attempted to initially analyze the data for my study. I had to spend a tremendous amount of time and effort to prepare for analysis of my research data, including how to export the Qualtrics survey to SPSS, clean the data, update variables and analyze and interpret the data. I overcame several aspects of my weakness with quantitative data analysis by revisiting quantitative research content from my doctoral courses, consulting with

NIU researchers, and watching YouTube videos pertaining to SPSS and quantitative data analysis. I have not yet mastered a precise ability to use SPSS in a manner that will allow me to maximize the entered data and generate richer analysis, but I am a work in progress.

As a physical therapist, I am accustomed to using evidence-based practice to inform my decision-making for patient care. This background served as a foundation and opportunity to use my decision making skills for interpretation of the study results and determination of significant versus insignificant content to include in the written dissertation. An additional opportunity for this study was my significant involvement on various committees and in leadership positions within the American Physical Therapy Association, an association with which most DPT program directors are affiliated. Many DPT program directors may have recognized my name as the principal investigator of this study and were motivated to participate.

I perceived threats during my dissertation process as uncontrollable factors. I am employed as a full-time faculty member in a DPT program, a program in which we have a significant shortage of faculty. My work schedule did not permit time for me to miss work to focus on my dissertation because my students depended on my courses to fulfill their graduation requirements and no other faculty were appropriate to teach my courses. Due to the shortage of tenured faculty in my program, no faculty had the time or expertise to mentor me during my dissertation process. As unfortunate as this may be, I remained resourceful and sought guidance from several faculty in other NIU programs.

Over time, my strengths and opportunities will help me overcome the threats and weaknesses in my future research. I will continue to prepare systematic plans to address my current weaknesses and threats so I can execute my future research with fewer obstacles.

Conducting a SWOT analysis after completing this study provided insight into my research growth.

Application to Professional Practice

As a current and former DPT program faculty member in several DPT programs in the U.S., I have been exposed to DPT program directors who demonstrate leadership styles that span the spectrum of transformational to laissez-faire. I am not quite convinced that these program directors were acutely aware of their leadership style or its the impact on the faculty they led. Conducting this research on the leadership styles of DPT program directors confirms that DPT program directors should have a vested interest in developing their leadership style for the good of their faculty and DPT program.

I intend to use the results of this study to create awareness about leadership styles with my own DPT program director by having a candid conversation about the results and how they inform leadership. Additionally, I plan to present the findings at national physical therapy conferences to disseminate the information to an audience of current and future DPT program directors. My research will also be published in the leading physical therapy education journals to contribute to literature on leadership in the profession. My ultimate goal is that the results of this research will generate awareness of the importance of leadership for DPT program directors, change attitudes about the criteria to be effective leaders, facilitate DPT program directors engaging in ongoing leadership development regarding their leadership styles, and foster accountability in physical therapy academic leadership.

Personally, this research has provided insight about my own leadership style and will serve as a foundation for my leadership when I become a DPT program director in the future. I

recognize that transformational leadership is the gold standard regarding the leadership styles explored in this study, and in most contexts, this leadership style has a positive impact on faculty, students, and DPT programs. However, attentiveness to other leadership theories and associated styles not explored but cited in this study (including diversity leadership and leadership for social justice and equity) may contribute to me becoming a well-rounded leader, especially since I am a Black physical therapy educator.

Application to Research

The process of preparing my research for inclusion in a peer-reviewed journal was exciting as I wanted to submit research that would benefit current and future DPT program directors as they lead their DPT programs. After having successfully writing my dissertation proposal, I was confident I had the knowledge and skills to reorganize my final dissertation to meet the research article submission requirements for the *Journal of Physical Therapy Education*. I recognize that I should have at least two other journals to consider for publication from my dissertation, but I will focus on *JOPTE* first since it is an excellent journal in which most physical therapy educators publish.

I familiarized myself with the author guidelines in the *JOPTE* so that I can increase the likelihood of having my articles accepted and published. Unfortunately, a good portion of the information I wrote in my dissertation was not required by *JOPTE*, which requires significant deletion of information I thought was relevant. It is challenging to cut information or combine information to make it more precise and concise to meet word limits; however, when it is time to transform this dissertation into publishable articles, I will omit the third research question due to insufficient data.

Now that I have completed this study and am preparing it for submission to a journal, I have improved my understanding and application of the steps necessary to conduct meaningful research. From the initial stage of formulating a research question(s), to defending my research proposal, to analyzing the data, to writing the final dissertation, I have grown in my ability to conduct research as the principal investigator. I am no longer as intimidated by research, specifically quantitative research, since I have increased my intrinsic motivation to value and appreciate how the research benefits me and the physical therapy profession of which I am a member.

Going forward, I will transition from scholarship in which I simply keep up to date with current research in physical therapy to research in which I contribute knowledge by tackling a problem of practice, such as leadership, which impedes educational outcomes for faculty and students. This research has equipped me with the knowledge and skills to address existing leadership problems in physical therapy education. The research skills gained during this dissertation process will contribute immensely to my future research on leadership in physical therapy education.

Conclusion

It is without question that I benefited tremendously from this dissertation process as it related to my confidence as an individual, as a physical therapy educator, and as a researcher. Being engaged in this study has contributed to the depth and breadth of my ability to conduct research, which has significant implications for my physical therapy practice and research. Overall, I am a better researcher after completing this dissertation. I now have the foundational

tools to conduct meaningful quantitative research on leadership in physical therapy education in a variety of contexts that will make a significant impact on the profession.

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APPENDIX A
RECRUITMENT LETTERS

Dear DPT Program Director,

My name is Dawn Brown, and I am a doctoral candidate in the Doctor of Education (EdD) Program in Higher Education Administration at Northern Illinois University. I am conducting my dissertation research titled ***Leadership Styles of Doctor of Physical Therapy Program Directors***. The results of this study may serve as a catalyst for further research physical therapy leadership and further refine the integration of leadership theory and practice in physical therapy leadership toward Doctor of Physical Therapy (DPT) program success

Today, I am asking for your participation in this exploratory research study by completing the Qualtrics survey (see link below).

Qualifications to participate in the study: Be a current DPT program director at an accredited DPT program in the U.S.

Estimated number of minutes to complete the Qualtrics survey: 15-20 minutes

Click [\[redacted\]](#) to take the Qualtrics survey now or copy and paste the link below:

This study has been reviewed and approved by the Northern Illinois University Institutional Review Board for Human Subjects Research [#HS22-0357](#). The dissertation is being supervised by Dr. Jaqueline Mac, Ph.D. at [\[redacted\]](#), assistant professor in Higher Education at Northern Illinois University.

If you would like to know more information about this study, please contact me, the principal investigator, at [\[redacted\]](#) or [\[redacted\]](#).

Your time and participation are greatly appreciated - thank you!

Sincerely,



Dawn S. Brown, PT, DPT
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
Doctoral Candidate
Department of Counseling and Higher Education
College of Education
Northern Illinois University

ACAPT Letter

Leadership Styles of Doctor of Physical Therapy Program Directors

The purpose of this doctoral dissertation research study is to examine the leadership styles of current DPT program directors within the United States. Participation includes the completion of a single online Qualtrics survey. This study will analyze the relationship between DPT program directors' perceptions of their leadership style and effectiveness, and seek to understand a relationship between leadership styles with race and ethnicity. The results of this study may serve as a catalyst for further research to fill the gaps in literature associated with DPT program director leadership, and further refine the integration of leadership theory and practice in physical therapy leadership toward DPT program success.

Qualifications to participate in the study:

- Be a current Doctor of Physical Therapy (DPT) program director at an accredited DPT program in the United States

Estimated number of minutes to complete the Qualtrics survey: 15-20 minutes

If you are qualified and interested in participating in this dissertation research study, please click [\[REDACTED\]](#) to take the Qualtrics survey now or copy and paste the link below:

This study has been reviewed and approved by the Northern Illinois University Institutional Review Board for Human Subjects Research #HS22-0357 and was determined to meet the criteria for exemption. The dissertation is being supervised by Dr. Jaqueline Mac, Ph.D. at [\[REDACTED\]](#) assistant professor in Higher Education at Northern Illinois University.

If you would like to know more information about this study, please feel free to contact Dawn S. Brown, PT, DPT, EdD(c) at [\[REDACTED\]](#) or [\[REDACTED\]](#), the principal investigator and doctoral candidate.

APPENDIX B

COPYRIGHT PERMISSION MLQ 5X SHORT

For use by Dawn Brown only. Received from Mind Garden, Inc. on March 31, 2022



www.mindgarden.com

To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

Multifactor Leadership Questionnaire

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument may not be included or reproduced at any time in any other published material. Please understand that disclosing more than we have authorized will compromise the integrity and value of the test.

Citation of the instrument must include the applicable copyright statement listed below.

Sample Items:

As a leader

- I talk optimistically about the future.
- I spend time teaching and coaching.
- I avoid making decisions.

The person I am rating....

- Talks optimistically about the future.
- Spends time teaching and coaching.
- Avoids making decisions

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Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com

APPENDIX C

SAMPLE QUESTIONS FROM THE MLQ 5X SHORT

Multifactor Leadership Questionnaire 5X Short

Multifactor Leadership Questionnaire Leader Form

This questionnaire is to describe your leadership style as you perceive it. Please answer all items on this answer sheet. **If an item is irrelevant, or if you are unsure or do not know the answer, leave the answer blank.**

Forty-five descriptive statements are listed on the following pages. Judge how frequently each statement fits you. The word "others" may mean your peers, clients, direct reports, supervisors, and/or all of these individuals. Use the following rating scale:

Not at all, Once in a while, Sometimes, Fairly often, Frequently if not always

0 1 2 3 4

1. I talk optimistically about the future.....0 1 2 3 4
2. I spend more time teaching and coaching.....0 1 2 3 4
3. I avoid making decisions.....0 1 2 3 4

APPENDIX D

DEMOGRAPHIC PROFILE QUESTIONNAIRE

Please mark an X in the box to the left of the response and/or fill in the blanks with the appropriate information.

1. Age _____ (select from list)
2. Please identify your gender (one or more may be selected)
 - Woman Man Non-binary Transgender Agender
 - Genderqueer
 - Not listed or prefer to self-describe: _____
 - Prefer not to say
3. Please identify your sexual orientation (one or more may be selected).
 - Straight/Heterosexual Lesbian Gay Bisexual Queer Asexual
 - Not listed or prefer to self-describe: _____
 - Prefer not to say
4. Please identify your race (one or more may be selected)
 - American Indian or Native American Alaskan Native Asian or Asian American
 - Black or African American Native Hawaiian or Pacific Islander White
 - No; not of Hispanic origin
 - Yes; of Hispanic origin
 - Not listed or prefer to self-describe: _____
 - Prefer not to say
5. Total number of years as a physical therapist _____ (select from list)
6. What is the type of academic institution with which your DPT program is affiliated?
 - Predominately White Institution
 - Minority Serving Institution
 - Not listed or prefer to describe: _____
7. Total number of years at your current DPT program _____ (select from list)
8. Total number of years at your current DPT program as the DPT program director _____ (select from list)
9. Total number of years as a DPT program director _____ (select from list)
10. Are you an APTA member? ___ Yes ___ No
11. Are you a ACAPT member? ___ Yes ___ No
12. Educational background. Please select your highest degree earned:
 - _____ Associate of Arts/Associate of Science
 - _____ Bachelor of Arts/Bachelor of Science
 - _____ Professional Entry Level Master's degree
 - _____ Post-Professional Master's degree
 - _____ Professional Entry Level DPT degree
 - _____ Post-professional DPT degree
 - _____ Academic Doctorate (PhD, EdD, etc.)

13. Have any of your degree programs listed above include a course on leadership?

Yes No

14. Have you completed a leadership development/training program not associated with your degree program? Yes No