Leadership Qualities of Occupational Therapy Department Program Directors and the Organizational Health of Their Departments

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Key Words: faculty, occupational therapy • leadership • schools, occupational therapy

Objective. This study investigated the leadership of occupational therapy program directors, the organizational health of their departments, and the relationships between them.

Method. The Organizational Health Assessment was used to determine how 65 directors of accredited occupational therapy programs and 185 members of occupational therapy faculties perceived their departments’ organizational health. Additionally, faculty members were surveyed for their perceptions of their program directors’ leadership via the Leader Behavior Questionnaire.

Results. Both director and faculty respondents rated their departments high in organizational health. Faculty respondents rated the overall leadership of directors as average. The overall relationship between leadership and organizational health was strong (r = .97).

Conclusion. Both leadership and organizational health are evident in academic occupational therapy programs. Their relationship suggests that the programs have the components that are needed for the achievement of organizational goals, which, in turn, should positively affect occupational therapy education.

A academic program directors of various disciplines constitute the largest single group of administrators in higher education, yet they are not usually required to have advanced training nor a degree in administration (Tucker, 1984). For program directors, this is usually the first academic administrative post attained, and more often than not, the first prerequisite to attaining it is simply a willingness to accept the position. An administrative background is generally not necessary or required (Fife, 1987).

The majority of studies about occupational therapy program directors have focused primarily on their roles, taking a job analysis approach rather than describing the directors’ unique characteristics or perceived leadership—management styles. Bennett (1988) stated that “the degree to which a department succeeds or fails to meet its fundamental objectives can depend on the ability of the chair to encourage teaching effectiveness, to support faculty professional growth, and to help shape a vital curriculum” (p. 57). This suggests that the leadership qualities of directors of occupational therapy programs cannot be underestimated for their influence on the academic department and the education and scholarship within it.

Leadership behavior, however, is influenced by a variety of factors, including organizational and situational demands (Yuki, 1989). When examining leadership, it is
necessary to look at the organization within which it occurs. Organizational theory suggests that healthy organizations mobilize their resources to achieve their goals and that they are able to infuse common values into the work group (Hoy, Tärner, & Kottcamp, 1991). Although occupational therapy departments are required through the accreditation process to evaluate whether they have achieved the goals outlined by the profession's essentials, it is not common for departments to examine the various organizational elements that hold them together. It is also not a general practice to evaluate an occupational therapy department's overall effectiveness and health. These elements of a department's functioning are important because the academic department organizes, defines, articulates, disseminates, and develops the body of knowledge on which a profession is based (Sieg, 1986). The task of identifying, developing, and maintaining occupational therapy department program directors within healthy organizations that are able to achieve their objectives has remained a challenge. The profession must continuously address this task if it wants to ensure that the mission of occupational therapy higher education is successfully achieved.

Information on both the leadership and organizational aspects of occupational therapy program directors and their departments is limited. Therefore, the specific objectives of this study were to (a) establish a basic demographic profile of occupational therapy program directors, (b) determine the leadership qualities of program directors as perceived by a sample of their full-time faculty members, (c) determine how program directors and faculty members perceive the overall health of their departments, (d) ascertain whether there were differences in how program directors and their faculty members perceived their departments' organizational health, and (e) determine what the relationships were between the leadership qualities of program directors and the organizational health of their departments.

Background

Visionary Leadership Theory

Visionary leadership theory was selected as one of the conceptual frameworks for this study because it provides a comprehensive approach to studying leaders within the context of their environments. Sashkin and Burke (1990) referred to visionary leadership theory as an organizational leadership theory because it is concerned with how the leader can help the organization adapt more effectively and get members to work together while maintaining a set of shared values and beliefs. Additionally, a primary concern of the visionary leader is to work toward the attainment of organizational goals.

At the core of visionary leadership theory is the belief that visionary leaders create cultures that strengthen and support critical organizational functions as well as critical human work needs; they are able to empower others to construct their organizational visions. Visionary leadership theory also incorporates the personal characteristics, the organizational contexts, and the specific actions that a leader takes both organizationally and interpersonally to influence the organization's functioning (Sashkin & Burke, 1990).

The Organizational Health Model

The Organizational Health Model was also used as a conceptual framework for this study. This model was put forth by Miles (1969) and modified and operationalized by Conway (1986). The model originated from mental health by way of Jahoda's (1958) definition of a healthy personality. Jahoda defined the elements of a healthy personality as an ability to (a) actively master the environment, (b) demonstrate a unique personality or identity, and (c) perceive the world and oneself correctly. Bennis (1962) applied these elements to organizations by suggesting that an individual's ability to actively master the environment was similar to an organization's ability to adapt. Having a unique personality coincided with an organization's identity, which could be examined, in part, by its goals, and being able to perceive the world and oneself correctly was identified as being similar to an organization's ability to test the realities of the environment.

It was Miles (1969), however, who developed the concept of organizational health into a more comprehensive framework for the analysis of organizations. Building on Bennis's (1962) belief that a reasonably clear conceptualization of organizational health is an important prerequisite to a wide range of activities involving organizations, Miles characterized organizations as having task, maintenance, and growth needs. For an organization to achieve its task needs, he proposed that it was necessary to have a goal focus, adequate communication, and an equalization of power and influence in decision making. Maintenance needs reflective of the organization's internal health involved being able to use resources effectively, having a sense of cohesiveness and identity, and possessing a sense of well-being and satisfaction. A healthy organization also needs to be able to grow and change. In identifying the growth and change elements of a healthy organization, Miles indicated that an organization needs to be innovative, autonomous, adaptable, and able to solve its problems.

Conway (1985) used Miles's (1969) ideas to formulate his perspective on organizational health as applied to educational environments. Instead of defining an organization's health according to its success in addressing its
task, maintenance, and growth needs, Conway defined health in relationship to an organization's ability to meet its intellectual, emotional, and physical needs. His Organizational Health Model provides a structure for determining how an organization deals with its problems (intellectual domain), how it portrays its self-concept (emotional domain), and how it uses its resources (physical domain). He pointed out that it is essential to an organization's health to have a balance of all three areas. Because all these components are integrally tied, they are all necessary in order for an organization to achieve a goal focus that is acceptable and clear to its members (Conway, as cited in Brodinsky, 1985).

In occupational therapy, it is understood that health has an important influence on a person's productivity and quality of life. In the Organizational Health Model, this same principal applies to an organization's ability to function productively. Hoy and Forsyth (1986) suggested that it is likely that the state of health of an organization can tell us a great deal about the probable success of its programs. Knowing about the perceived health of academic occupational therapy departments as organizations may help in understanding the general atmosphere in which occupational therapy departments are attempting to achieve their goals and objectives.

Occupational Therapy Program Directors and Their Roles

Sieg (1986) said that "an institution is only as good as its departments, and the stature of the department depends on the leadership provided by the chair" (p. 90). Despite this implied importance of the position of the occupational therapy department program director, information that gives insight into the directors' leadership qualities has been minimal. The literature revealed only a 14-year-old demographic study that examined the role expectations of 48 program directors (Miller, 1982) and a job analysis study of occupational therapy chairpersons (Sieg, 1986).

Miller's (1982) study profiled the director as a female therapist who held a graduate degree, who may or may not have a doctorate degree, who probably acquired rather than aspired to the position, and who may or may not have had an experiential or educational background in administration or leadership. The tasks she identified as being expected of program directors included planning, leadership, fiscal responsibilities, evaluation, curriculum, instruction, climate setting, faculty development, extradepartmental communication, and addressing student needs. Miller also found that deans and faculty members had different expectations for occupational therapy program directors than the program directors had for themselves.

Sieg's (1986) review of the roles of program directors led her to identify three basic functions. These included data functions, people functions, and thing functions.

In recognition of the importance of the director's role, Marshall (1991) emphasized the need for preparing persons for this position. She stated that "directors of occupational therapy programs are more qualified to design and manage curricula if they have knowledge of academia and higher education requirements" (p. 952).

Method

Population

The target population for this study included occupational therapy department program directors and faculty members within accredited occupational therapy programs that offer entry-level bachelor's degrees, graduate degrees, or both in the United States and Puerto Rico. To obtain program director respondents, the entire population of occupational therapy department program directors of accredited programs (American Occupational Therapy Association, 1992) was contacted (N = 79). To obtain the faculty respondents, these departments were asked to identify three full-time faculty members as potential respondents. For departments with only two full-time faculty members, these two were identified. A total of 233 potential faculty respondents were identified.

Instruments

This study used three measurement tools. The Survey of Occupational Therapy Department Program Directors, a 14-item survey designed for this study, provided information on the personal and departmental backgrounds of the program directors. The 1991 National Survey of Department Chairs (Center for the Study of the Department Chair, 1991) served as the primary model for this survey. It includes 10 questions that focus on age, gender, ethnicity, academic rank, length of service, tenure status, method of selection, and reason for accepting the position and 4 questions on the size of the department, including the number of tenured faculty, untenured faculty, part-time faculty, and clerical staff members.

The third edition of the Leader Behavior Questionnaire (Other) (Sashkin, 1990a) was used to describe occupational therapy faculty members perceptions of the visionary leadership qualities of their program directors. The questionnaire consists of 10 subscales containing 5 items each. Table 1 describes each subscale, defines the subscale scores, and describes on the basis of their total scores where the leaders are on the trail toward becoming visionary leaders (Sashkin, 1990b). For this study, the reliability of the Leader Behavior Questionnaire was computed with Cronbach's alpha and found to be .96. Sashkin's (1990c) research on the validity of 600 Leader Behavior Questionnaires concluded that there was a moderate degree of sup-
Table 1
Faculty Respondent Group Means for Each Subtest of the Leader Behavior Questionnaire

<table>
<thead>
<tr>
<th>Subtest Description</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focused Leadership</td>
<td>19.79</td>
<td>2.60</td>
</tr>
<tr>
<td>Communication Leadership</td>
<td>18.55</td>
<td>3.14</td>
</tr>
<tr>
<td>Trust Leadership</td>
<td>19.52</td>
<td>2.92</td>
</tr>
<tr>
<td>Respectful Leadership</td>
<td>21.03</td>
<td>2.95</td>
</tr>
<tr>
<td>Risk Leadership</td>
<td>19.47</td>
<td>3.13</td>
</tr>
<tr>
<td>Bottom-Line Leadership</td>
<td>19.51</td>
<td>3.07</td>
</tr>
<tr>
<td>Empowered Leadership</td>
<td>19.98</td>
<td>2.96</td>
</tr>
<tr>
<td>Long-Term Leadership</td>
<td>19.01</td>
<td>3.12</td>
</tr>
<tr>
<td>Organizational Leadership</td>
<td>20.25</td>
<td>3.32</td>
</tr>
<tr>
<td>Cultural Leadership</td>
<td>19.82</td>
<td>2.51</td>
</tr>
<tr>
<td>Total</td>
<td>196.31</td>
<td>26.20</td>
</tr>
</tbody>
</table>

Note. Definitions of subtest scores: 5-15 = very low; 16-17 = low; 18-20 = average; 21-22 = high; 23-25 = very high.
Definitions of total scores: 226-250 = at the summit; 201-225 = on the final ascent; 176-200 = at the snowline; 146-175 = on the trail up; 50-145 = at the piedmont; n = 53.

port for the construct validity of the instrument.

Conway’s (1986) Organizational Health Assessment was also used. The assessment is a questionnaire consisting of 10 subscales of 2 items each. Each item is scored on the basis of four alternative responses, each of which is rated from 1 to 4, depending on the level of agreement to a statement about the health of an organization. Because there are 2 items in each subscale, the maximum subscale score that can be obtained is 8, and the minimum is 2. Table 2 describes what each subscale measures, defines their scores, and shows the total scores. In this study, the reliability of the Organizational Health Assessment was calculated with Cronbach’s alpha and found to be .88 for the program directors and .94 for the faculty members. As Conway indicated, “Since the questionnaire was directly constructed from the theory, it has some degree of face validity” (p. 32).

Procedure

All program directors and individual faculty members were sent cover letters and numerically coded surveys. The cover letters explained the purpose of the research and assured the confidentiality of the respondents. The program directors were sent the Survey of Occupational Therapy Department Program Directors and the Organizational Health Assessment. The faculty members were sent the Organizational Health Assessment and the Leader Behavior Questionnaire. One week after the initial mailing, reminder postcards were sent to all nonrespondents. After approximately 1 month, a certified letter and replacement surveys were sent to nonrespondents.

Results

Of the 79 program directors surveyed, 65 (82%) responded. Of the 233 faculty members surveyed, 186 (80%) returned their questionnaires. However, only the data from 146 (62%) faculty respondents could be matched with their program directors’ data. This occurred because in some cases, the faculty respondents’ program director did not respond, and in other cases, there was an insufficiency of data.

Table 2
Program Director and Faculty Respondents’ Organizational Health Assessment Mean Subtest Scores

<table>
<thead>
<tr>
<th>Subtest Description</th>
<th>Director Respondents</th>
<th>Faculty Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal Focus**</td>
<td>7.64 0.81</td>
<td>7.15 0.85</td>
</tr>
<tr>
<td>Communication</td>
<td>6.94 1.47</td>
<td>6.75 1.37</td>
</tr>
<tr>
<td>Power Equalization/Decision Making Resource Utilization</td>
<td>7.51 1.11</td>
<td>7.14 1.11</td>
</tr>
<tr>
<td>Cohesiveness**</td>
<td>7.50 0.95</td>
<td>7.01 1.22</td>
</tr>
<tr>
<td>Innovativeness*</td>
<td>7.26 0.87</td>
<td>6.86 1.19</td>
</tr>
<tr>
<td>Autonomy**</td>
<td>7.55 0.59</td>
<td>7.00 1.02</td>
</tr>
<tr>
<td>Learning</td>
<td>7.23 1.11</td>
<td>6.83 1.13</td>
</tr>
<tr>
<td>Problem Solving**</td>
<td>6.39 1.30</td>
<td>5.69 1.39</td>
</tr>
<tr>
<td>Memory</td>
<td>6.62 1.38</td>
<td>6.32 1.24</td>
</tr>
<tr>
<td>Total</td>
<td>71.43 7.20</td>
<td>67.58 9.44</td>
</tr>
</tbody>
</table>

Note. Definitions of subtest scores: 2-3.99 = low; 4-5.99 = average; 6-8 = high. Total scores can range from 20-80. Scores ranging from 20-40 = low; 41-59 = average, 61-80 = high.
*p < .05. **p < .01.
According to the criteria established for the Organizational Health Assessment subtests, the faculty respondents viewed their departments' organizational health to be high in most of the areas assessed (see Table 2). The highest score was in the Goal Focus area (7.15), and the lowest was in Problem Solving (5.69). The faculty respondents' total Organizational Health Assessment scores ranged from 34.00 to 78.50, with a mean of 67.58 (SD = 9.48). According to the interpretation of scores established for the total Organizational Health Assessment, this mean represented a score descriptive of a high degree of organizational health (61–80). Forty (75.4%) of the 53 departments were rated by their faculty respondents as being within this high range. Twelve (22.6%) were perceived as average (41–60), and one (1.9%) was rated as low (20–40).

The program director respondents perceived the organizational health of their departments as being high on each of the Organizational Health Assessment subtests (see Table 2). The highest score was in the Goal Focus area (7.64), and the lowest was in Problem Solving (6.39), although this too scored within the high range. Their total scores ranged from 45 to 80, with a mean of 71.45 (SD = 7.20). None of the program director respondents rated their departments' organizational health in the low range (20–40), and 47 (88.7%) rated it in the high range (61–80).

**Differences in Director and Faculty Respondents’ Perceptions of Their Departments’ Organizational Health**

Paired two-tailed t tests were done to determine differences in the program director and faculty respondents' Organizational Health Assessment subtest scores (see Table 2). Differences were perceived in the Goal Focus, Cohesiveness, Autonomy, and Problem Solving areas (p < .01), although the differences were minimal. A difference was also perceived in the Innovativeness area (p < .05). On all the subscales where there were differences, the program director respondents' mean scores were higher than those of the faculty respondents.

**Relationship Between Department Organizational Health and Program Directors’ Leadership Qualities**

To determine the relationships between leadership and organizational health, correlations and levels of significance were calculated for each faculty respondent's Organizational Health Assessment subscale mean in reference to each subscale mean of the Leader Behavior Questionnaire. In addition, the correlation between the total Leader Behavior Questionnaire mean score and the total faculty Organizational Health Assessment mean score was calculated to determine their overall relationship (see Table 3).
Table 3  
**Correlations of Leadership Behavior Questionnaire Scales With Faculty Respondents’ Organizational Health Assessment Subtest Scores**

<table>
<thead>
<tr>
<th>Subtests</th>
<th>Leadership Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Focused</td>
</tr>
<tr>
<td>Goal Focus</td>
<td>.505***</td>
</tr>
<tr>
<td>Communication</td>
<td>.611***</td>
</tr>
<tr>
<td>Power Equilibration/</td>
<td>.534***</td>
</tr>
<tr>
<td>Decision Making</td>
<td>.272**</td>
</tr>
<tr>
<td>Resource Utilization</td>
<td>.504***</td>
</tr>
<tr>
<td>Cohesiveness</td>
<td>.509***</td>
</tr>
<tr>
<td>Innovativeness</td>
<td>.694***</td>
</tr>
<tr>
<td>Autonomy</td>
<td>.529***</td>
</tr>
<tr>
<td>Learning</td>
<td>.590***</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>.468**</td>
</tr>
<tr>
<td>Memory</td>
<td>.585***</td>
</tr>
</tbody>
</table>

Note: Total correlation = .970.

*p < .05. **p < .01. ***p < .001.

All of these correlations, with the exception of three, were significant at either the .001, .01, or .05 levels.

Significant relationships existed between the various aspects of leadership and organizational health within the occupational therapy departments. Respectful Leadership was the area that correlated most highly and frequently with the different areas of organizational health. Trust leadership consistently showed low correlations with the various areas of organizational health. There was also little correlation between any of the leadership qualities and the departments’ use of resources (i.e., Resource Utilization). A high correlation (r = .97) was found between the total mean score of the Leader Behavior Questionnaire (M = 196.31, SD = 26.20) and the total mean score of the faculty respondents’ Organizational Health Assessment (M = 67.58, SD = 9.48).

**Discussion**

Although it came as no surprise to learn that in a profession with a high percentage of women, the directors of these areas, there continues to be a need for additional emphasis on disseminating knowledge regarding clinical practice (Masagatani & Grant, 1986). Although this philosophy has most likely been advantageous for the students, it has not necessarily been so for occupational therapists engaged in an academic career. It also does not appear to have been advantageous to the profession in its efforts toward recognition as an academic discipline. Masagatani and Grant (1986) suggested that the belief that allied health faculty members should be evaluated differently from other academicians with regard to their research and scholarship has tended to remove them from the mainstream of the university. If it wants recognition as an academic discipline, “occupational therapy faculty members cannot disregard the critical importance of research, publishing and service” (p. 85). Although there has been a recent effort by the profession to encourage its educators to be productive in each of these areas, there continues to be a need for additional emphasis in order for occupational therapy to be fully accepted into the professional guild of academia.

The discovery that the directors were perceived by their faculties as being “average” visionary leaders in most areas is important. In that the directors of occupational therapy programs received little, if any, specific training for their positions, being rated as average in most areas of visionary leadership should not be considered a major detriment to them or to their departments: “The process of becoming a leader is much the same as the process of developing as an integrated human being” (Grady, 1992, p. 1065). Because the domain of leaders is the future (Grady, 1992), further development of the leadership skills of program directors should be considered a goal of the profession, with opportunities provided for the achievement of this goal.

The fact that faculty respondents rated their program because of the profession’s commitment to educating clinicians, which has resulted in an emphasis on disseminating knowledge regarding clinical practice (Masagatani & Grant, 1986). Although this philosophy has most likely been advantageous for the students, it has not necessarily been so for occupational therapists engaged in an academic career. It also does not appear to have been advantageous to the profession in its efforts toward recognition as an academic discipline. Masagatani and Grant (1986) suggested that the belief that allied health faculty members should be evaluated differently from other academicians with regard to their research and scholarship has tended to remove them from the mainstream of the university. If it wants recognition as an academic discipline, “occupational therapy faculty members cannot disregard the critical importance of research, publishing and service” (p. 85). Although there has been a recent effort by the profession to encourage its educators to be productive in each of these areas, there continues to be a need for additional emphasis in order for occupational therapy to be fully accepted into the professional guild of academia.

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directors as high in Respectful Leadership (21.03) indicates that they perceived their directors’ strongest attribute to be a concern for others. This finding seemed sensible in a profession that is geared toward expressing concern for and assisting others. Faculty respondents rated their program directors second highest in Organizational Leadership (20.23), suggesting that they felt comfortable with their directors’ ability to foster a shared sense of values and beliefs, which in turn is important for the attainment of department goals. Faculty respondents rated program directors lowest in Communication Leadership (18.55), which may be related to the fact that department members often go their own way and are difficult to assemble for communication purposes. As a result, the directors’ communication leadership may not be perceived to be as strong as their other skills, but may be adequate for them to do their jobs. Another explanation, however, could be that the directors of occupational therapy programs are not as strong in their communication skills. This is of some concern because communication is seen as one of the most important skills necessary for being an outstanding chairperson (Eble, 1990).

The finding that both faculty and program director respondents held a positive perception of their departments’ overall organizational health is important. This not only contributes to survival in their environments and their continued growth and prosperity over the long term (Miles, 1969), but also suggests that the departments have been doing what is necessary to be successful. For example, both respondent groups saw their departments as having clear and acceptable goals. According to Conway (1985), a clearly stated goal focus is critical for attaining the organization’s objectives. Both groups believed their organizations’ weakest area to be the ability to problem solve. Because it has been acknowledged that within higher education there is an assemblage of persons who often pride themselves in their individualism (Brann & Emmett, 1972), this finding does not seem surprising. This does not mean, however, that occupational therapy departments should not attempt to further develop their methods and procedures for solving problems because it can be frustrating for both program directors and faculty members to feel that the problems plaguing their departments have remained unresolved.

It did not seem unusual to find that both respondent groups saw some differences in the status of their departments’ organizational health because in all areas where there were differences, the director respondents rated their departments higher than did the faculty respondents. This finding seems reasonable because the director respondents’ perceptions that things were going well in their departments would, for them, be a direct reflection on their ability to run their departments successfully.

The high correlations between Respectful Leadership and several of the organizational health subtests suggests that having a respectful leader is very important to an occupational therapy department’s well-being. Therefore, it is implied that directors need to continue to interact with their faculty members in a positive and supportive manner in order to maintain a productive environment. The finding that the area of Trust Leadership consistently showed low correlations with the various aspects of organizational health suggests that the directors’ ability to elicit the trust of others by taking clear positions is not as important to the health of their departments as some of the other areas. An explanation for this finding may be that the directors’ ability to express concern and respect for their faculty members overshadows their need to take clear positions. Another explanation could be that because Trust Leadership was not the lowest Leader Behavior Questionnaire score, the trustworthiness that the directors are exhibiting is sufficient for their departments’ needs.

Because various subtests of leadership also showed low correlations with the Resource Utilization aspect of organizational health, it seems that faculty respondents do not see their directors’ use of resources as being related to their ability to lead. Although this may be reflective of occupational therapy’s orientation to people rather than business, it is the role of occupational therapy program directors to see that their departments have the proper resources to operate (Sieg, 1986). Without the director’s advocacy for and acquisition of resources, it is not likely that all of the department’s objectives could be achieved, and it is less likely that the status and recognition of the profession would be enhanced through grants and outside funding resources.

One of the most important findings of this research was that the overall relationship between leadership and organizational health had almost a one-to-one correspondence. Leadership and organizational health together contribute to the goal focus of an organization (Conway, 1985; Miles, 1969; Sashkin & Burke, 1990). Because both program director and faculty respondents rated their departments highest in the Goal Focus area, the implication is that the relationship between leadership and organizational health within the context of occupational therapy departments has been an effective one.

Limitations

Understanding the limitations of this study is necessary for accurately interpreting and using its results and conclusions. One limitation was the use of a convenience sample. There were members of faculties who were not contacted for this study in addition to faculty members and program directors who did not return their ques-
tionnaires. Therefore, it is acknowledged that the nonrespondents may have had different perceptions than the respondents with regard to the leadership and organizational health of their departments.

Another limitation was in the study questionnaires. The demographic survey did not ask the program director respondents what their terminal academic degrees were. With the results of the study indicating that the majority of program directors were untenured, information about their terminal degrees would have provided some clarification about whether they held doctorates. The survey also did not ask the program directors who answered "other" about their academic rank what that rank was.

Because of the number of questions in each Organizational Health Assessment subtest is limited to two, the information obtained about how the respondents felt about their organizations’ health in each area was restricted to how they responded to those two statements. It is likely that a more thorough understanding of the organizational health of occupational therapy departments would be obtained through the use of a different instrument. There were also some respondents who reported confusion about what they perceived as a vagueness of terms on the Organizational Health Assessment. In some cases, this confusion was rectified by personal contact with the researcher. Other respondents reported that although they experienced confusion, they answered the questions to the best of their ability.

The possibility also exists that the respondents may have had feelings of identification or allegiance to the persons or organizations that they were asked to evaluate. Although this could be viewed as a positive sign for the program directors and departments, it could also have increased the chances that respondents provided answers that were socially desirable. However, because a mail survey has the least likelihood for producing socially desirable answers (Dillman, 1978), this method was believed to be the most conducive toward obtaining candid responses.

Conclusion

The results of this research show that leadership and organizational health within occupational therapy departments are related. The results also show that occupational therapy departments are healthy and have program directors whose faculty members perceive them to be average leaders but who have the qualities necessary to positively influence their departments in pursuing organizational goals. This information is important because it suggests that the occupational therapy profession has been successful at combining the leadership and organizational health elements necessary to support its educational objectives.

Grady (1991), however, said that the profession is in a period of environmental and professional transition. The mission of occupational therapy education is changing from a primary emphasis on teaching clinical skills to an expanded focus that includes more research and scholarship. This research represents an initial effort into studying the leadership and organizational health of occupational therapy departments. Because change can present an organization and its leaders with new challenges and opportunities, continued research is needed to determine whether program directors’ leadership and departments’ organizational health have survived the changes and whether they have been able to grow and prosper in their efforts to achieve the educational goals necessary for the further enhancement of the occupational therapy profession. ▲

References


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