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Leadership: Self-Awareness of Leadership Styles in Occupational Therapy

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Abstract

Successful organizations and professions depend on quality leadership. However, the literature on leadership in the field of occupational therapy, particularly understanding the effects of self-awareness, is limited. The qualitative, hermeneutic, phenomenological methodology combined with grounded theory analysis utilized in this study, examines the perceived effects of self-awareness of leadership styles on occupational therapy leaders' decision making. Data was collected through semi-structured interviews, four weeks after the completion of two self-awareness assessments. There were a total of four participants. All participants were occupational therapists and currently held a formal leadership title in the Midwest United States. The data was transcribed verbatim and coded for themes by multiple researchers. Several methods were utilized to ensure trustworthiness. Results identify several perceptions into the effect that self-awareness of leadership styles has on decision making. Participants discussed increased confidence, validation, and visions for growth as outcomes of the research experience. Additionally, this research offers insight into the development of occupational therapy leaders. Reflection on strengths, weakness, and leadership journeys was identified as a positive experience by the participants.

Keywords: Formal leader, self-awareness, transactional leadership, transformational leadership

Introduction

Cultural responsiveness, person centered, evidenced based, and influential leadership in changing policies and environments are part of the occupational therapy vision (American Occupational Therapy Association, 2017). Without knowledge of the qualities and development of occupational therapy leaders, the profession will not reach its full leadership potential. While leadership in occupational therapy is evident on a day-to-day basis, there is little research on the qualities and development of leadership.

Literature Review

Leaders can be categorized based on leadership styles. Lussier and Achua (2004) defined leadership style as a leader's traits, skills, and behaviors used when interacting with followers (as cited in Ejimabo, 2015, p. 9). The trait style was used prior to the 1940s, which based successful leadership upon the innate qualities of a leader. This phase of leadership is in relation to the “person” component of the Person-Environment-Occupation (PEO) model of occupational therapy theory (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996). The behavioral style emerged in the 1950s and 1960s and focused on the concept that the qualities of a successful leader could be learned. This phase of leadership is in relation to the “occupation” component in the PEO model used in occupational therapy theory (Law et al., 1996). Specific leadership styles emerged in this shift such as the transactional and transformational styles. The style used today is situational; this phase of leadership aligns with the “environment” component in the PEO model used in occupational therapy theory (Law et al., 1996).

Gradually, leadership styles have transformed beginning in the 20th century from a transactional focus to a transformational focus. A transactional form of leadership is managerial; including supervision, rewards, and punishments. A transformational form of leadership is collaborative to create change. Therefore, leadership style has moved from a managerial style of leadership to a collaborative leadership style. Snodgrass and Shachar (2008) identified positive associations related to transformational leadership. Ejimabo (2015) discussed how leadership styles are beneficial for decision making in different contexts. A leader's style and decision making determine the perceived atmosphere of an organization by its employees.

Public health leaders need to be trained for the challenges they may face due to the changing work environment such as greater diversity, new technologies, and balancing business operations (Czabanowska, Rethmeier, Lueddeke, Smith, Malho, Otok, & Stankunas, 2014). The leadership style, then, must be cohesive with the dynamic environment of healthcare settings. Healthcare organizations demand leaders to advocate for the importance of public health and wellbeing, as well as adapt leadership approaches to the dynamic course of healthcare (Czabanowska et al., 2014). Development of leadership needs to be continued and not rely on past leadership research to keep up with these trends.

Despite a long history of research of leaders in other professions, there has been a limited focus on leadership research in occupational therapy (Snodgrass & Shachar, 2008). Both leaders and followers in other disciplines have been found to benefit from leadership research (Bass, 1985). Brollier (1985) provided some of the first dedicated research on leadership in occupational therapy. The study looked at occupational therapy director's effectiveness by collecting data on their employees' job satisfaction. Brollier (1985) found that occupational

therapy leaders had a greater effect on their followers' job satisfaction compared to similar research methods used in other fields, both positive and negative depending on the leader. These findings suggest a usefulness of leadership research for occupational therapy leaders, the profession of occupational therapy, and clients. Leadership that positively influences an occupational therapist's job satisfaction may lead to improved outcomes with clients, and increased recognition and growth of the profession.

Snodgrass & Shachar (2008) researched occupational therapist's perceptions of their therapy program leaders approach and outcomes. The researchers used the Multifactor Leadership Questionnaire (MLQ) to measure the leaders approach as independent variables (transformational and transactional factors) and outcomes as dependent variables (extra effort, effectiveness, and satisfaction), and then linking the leaders approach to their followers' perceptions. Snodgrass & Schar (2008) found a strong correlation between positive follower's perceptions and transformational leadership. MLQ transformational leadership factors of idealized attributes, intellectual stimulation, and individual consideration were statistically significant positive predictors of MLQ outcomes. In addition, transactional leadership factors of contingent reward and management-by-exception (active and passive, laissez-faire) were statistically significant negative predictors of MLQ outcomes.

Occupational therapy has transformed over the years evidenced by the most recent paradigm shift from the medical model to a holistic model, as well as the shift in the vision of occupational therapy by its leaders. Hunter (2013), discussed transforming occupational therapy into a more well-known profession at a public and political level. The field of occupational therapy may enhance its recognition through leadership research and the growth of leaders in

occupational therapy. In the 21st century, there is still a call to action for strengthening leadership in occupational therapy, as evidenced by the current leaders in occupational therapy, the centennial vision, and AOTA vision 2025. For example, current AOTA president Amy Lamb (2016) discussed in her acceptance speech that leadership continues to be a focus for the future of occupational therapy. Her vision included occupational therapy as a leader for other healthcare professions as they shift into a more holistic approach in treating clients, beginning with her call to action for occupational therapists to seek leadership positions to advance the field of occupational therapy (Lamb, 2016).

In addition, Dunbar (2015) discussed the common occurrence of occupational therapists in leadership positions without formal training in leadership theories. Occupational therapists and occupational therapy leaders will be more likely to acquire and develop leadership roles with a foundation of leadership theory and principles. Finally, Griffiths and Schmelzer (2015) suggested occupational therapists and occupational therapy assistants must act as change agents to guide healthcare into the new paradigm shift away from the medical model and towards holistic healthcare. Occupational therapy has already made the transformation to holistic healthcare, which puts occupational therapists in a prime position to lead modern healthcare in its current transformation (Griffiths & Schmelzer, 2015). Occupational therapists indicate that motivation for individuals to become leaders stems from a desire to influence the profession, a need for personal development, and a need for change (Heard, 2014). Some individuals from this study felt “pushed” into such roles and the authors identified a need for supporting leadership at the curriculum and professional levels (Heard, 2014). This research emphasized a need for the development of leaders to occur at a fundamental level.

Self-awareness involves the conscious knowledge of individual character, emotions, feelings, motives, and desires. According to Wales (2002), self-awareness consists of four elements including, a) the ability to understand the past and to learn from it, (b) the acceptance of individual feelings as well as the feelings of others, (c) the ability to engage in reflection prior to action, and (d) the capacity to make appropriate choices (Kress, 2008). Schon (1983) utilized the concept of reflection as one method for professionals to gain self-awareness. The ability to understand the past and to learn from it is critical for science based-professions. In these leadership situations, practitioners reflect in action while converting thoughts and feelings into sources of discovery and inquiry (Schon, 1983).

Self-awareness contributes to the development of an individual because it allows a person to respond to their feelings and adjust their actions accordingly. Hultman (2006), describes that true self-awareness involves honesty and non-defensive facing personal issues, and that doing so requires identifying and resolving barriers for effectiveness through deep personal work. Robak, Ward, and Ostolaza (2005) further described self-awareness based on the self-perception theory, which states that people come to know themselves by observing their own behaviors.

Increased self-awareness allows leaders to clearly understand their personality and management style as well as how these factors affect others. Hutton and Angus (2003) encourage identifying blind spots in executive leader's strengths and weaknesses by expanding self-awareness within the field of healthcare. The authors further described how healthcare executives require a balance of clinical and interpersonal skills, self-awareness, and an ability to set and meet performance goals to balance the demands of a rapidly changing healthcare environment (Hutton & Angus, 2003). Concepts of Theory U Leadership were proposed by Otto

Scharmer (2016) which further describe the blind spots of leadership. Based on this theory, leaders look inward to understand their inner self, which is accomplished through listening with an open mind, heart, and will (Sohmen, 2016). Sohmen (2016) concludes that there is a positive connection between this theory of leadership and change management. While self-awareness is related to performance in healthcare settings, there is a gap in the literature in regard to the development of self-awareness and the qualities of individuals in leadership positions.

In a study conducted by Sosik and Megerrian (1999), authors examine how self-awareness of a manager's abilities in a work setting affects leadership performance (as cited in Butler et al., 2014, p. 88). Evidence suggests that self-awareness of leaders coincides to greater perceived control, self-confidence, self-efficacy, positive relationships between subordinates, and understand own emotional implications. In a phenomenological study done by Kress (2008), coaching experiences changed perceived levels of self-awareness contributing to leadership behavior change. Executive coaching programs have been adopted by various organizations to help leaders gain insight and awareness related to organizational change and the result is ability to improve relationships, manage change more effectively, and enhance perceptions of self-awareness. Kress found that changes in perceived levels of self-awareness led to proactive approaches to leadership initiatives, support, reflection, and work/life balance.

Various researchers suggest that self-awareness of personal attributes correlates with effective leadership. Diggins (2004) suggests that increasing self-awareness of skills and abilities is beneficial because it allows leaders to recognize and control their emotions and consequently develop stronger personal relationships with the people they lead (as cited in Butler, Kwantes & Boglarsky, 2014, p. 88). Additionally, Sosik and Megerian (1999) and Barling, Slater and

Kelloway (2000) found that leaders with higher levels of self-awareness were more representative of transformational leadership and that their followers were more likely to be satisfied with the leadership (as cited in Butler et al., 2014, p. 88-89). Therefore, highly self-aware leaders are better prepared to have effective transformational leadership approaches due to their ability to understand their emotions, personalities, and the impact they have on others.

Researchers have also looked at the relationship between self-awareness of leadership style and staff satisfaction of organizational atmosphere and leadership effectiveness. Tiuraniemi (2008) found a correlation between a leader's self-awareness of their leadership effectiveness and the staffs' assessment of the leaders' effectiveness. Researchers found that “transformational leadership and self-awareness of transformational leadership were both related to both subordinates' ratings of leader effectiveness and satisfaction with their supervision” (Tekleab et al., 2008, p. 196). In summary, research suggests that self-awareness is a positive aspect of overall leadership and that self-awareness enhances leadership ability and therefore contributes to this development (Czabanowska et al., 2014; Heard, 2014; Diggins, 2004; Butler, 2014).

Decision making is one of the major responsibilities of being an occupational therapy manager and leader in any setting. The occupational therapy profession values evidence-based decision making in collaboration with the client and context in practice (Lee & Miller, 2003). People make decisions everyday, including persons in a management position. A decision made by a leader can either have a positive effect or negative effect on production, employees, and those who they service. Good leaders must understand the complexity of the decision and continuously make the correct choice (West, 2015). It can be difficult to judge whether a correct

decision was made based on when the outcomes will present itself. With that, there may be multiple correct decisions that lead to the same outcome. Collecting information and weighing factors in an organized way in congruence with a person's beliefs and values can help with the decision making process (Saaty, 2008). The greater the information a leader has can influence their decision making process and allow a more informed and correct decision to be made. Leadership styles (transformational/transactional) impact leader or manager decision-making approaches (Eberlin & Tatum, 2008). It is evident that leaders and managers must have an evidence-based and strategic aim to make a positive decision.

Purpose

The purpose of this phenomenological study is to glean the perceptions and experiences of the ways that self-awareness of leadership style affects the decision making of occupational therapy leaders. Qualitative data was utilized to gain an understanding of why it is important for occupational therapy leaders to be self-aware of their leadership style so they can make effective leadership decisions. This study offers insights into the need and development of improved leadership in occupational therapists by examining practitioners' self-awareness of their personal attributes and the ways their leadership styles affect their success as a leader. Self-awareness on leadership styles contributes to the field of occupational therapy by improving the work environment, which ultimately benefits the populations served.

Problem Statement

Currently, there is a lack of literature on occupational therapy leadership, specifically on the effect self-awareness of leadership style has on the practice of leadership. The American Occupational Therapy Association stated in *The Centennial Vision: A Call to Action* (n.d.) that

occupational therapy practitioners can increase the power of the occupational therapy profession by holding leadership positions in healthcare organizations. Leadership and effectiveness of decision making after becoming self-aware of leadership style is needed to guide leadership in the occupational therapy profession. Most leadership research has been in business settings and generalized to healthcare professionals. Leadership literature within the field of occupational therapy has been limited to single case reports or calls to action. Little has been done to empirically study leadership in healthcare to determine if business setting leadership theories apply to occupational therapy leaders (Al-Sawai, 2013). A clear understanding of how therapists develop and practice as leaders is necessary to facilitate and identify leadership.

Research Question

What are the perceived effects of self-awareness of leadership style on occupational therapist's leadership decision making?

Significance

Progress and advancement for organizations is often dependent on successful leadership. However, little has been researched regarding the self-awareness of leadership qualities within the field of occupational therapy. The findings of this study provide significant contributions to the field of occupational therapy by understanding the perceptions of self-awareness on leadership decision-making in the occupational therapy practice setting. Therefore, leaders, aspiring occupational therapists, current practitioners, and educators benefit from a clear understanding of leadership abilities and self-awareness.

Materials and Methods

Study Design

This study expands the body of knowledge related to leadership within the field of occupational therapy. Phenomenological methods were used due to the humanistic characteristics of the research goal. These methods are useful in recognizing the value of the human experience related to leadership qualities in the field, focusing on the wholeness of the experience, rather than on specific parts. Furthermore, this approach allowed the researcher to identify meaning and essences of experience rather than measurements and explanations through interviews (Kafel, 2013).

The specific type of research the researchers used in this study was hermeneutic phenomenology. This type of method provided insight on the subjective experience of leaders in occupational therapy. Through this process, researchers found new meanings in the experiences of others. The main qualities of this research include orientation, strength, richness and depth or interpretation to understand the core intention of those being interviewed (Kafel, 2013).

The analysis was completed using a grounded theory coding process. The researchers used the coding process from the grounded theory approach to identify categories within the interviews. The coding process provided an understanding of leaders in occupational therapy and allows generalization of the data to all occupational therapy formal leaders.

Study Site and Population

Participants were gathered from a convenience-sample of licensed occupational therapy practitioners who held formal leadership positions in their licensed state. The participants were contacted based on previous engagement with the department as well as leaders known to professors in the department. We had a total of four participants. Interviews were completed utilizing GoToMeeting, a secure virtual meeting room, and lasted between 15 and 25 minutes.

Participation inclusion criteria included registered occupational therapist (OTR/L), licensed to practice in their home state as an OTR/L, fluent in English, access to internet connection, access to a computer with adequate capability (GoToMeeting desktop app JavaScript enabled, Windows 7 – Windows 10 Mac OS X 10.9 [Mavericks] – 10.12 [Sierra], 2GB or more of RAM Microphone and speakers, and Webcam), and a formal leadership position/title. The exclusion criteria included informal leaders (i.e. someone who does not hold a formal title of leadership e.g. “mentor”), fieldwork educators who do not have a formal leadership position, or someone with a lapsed license to practice in their home state as an OTR/L.

Measures

A network protected student account email address was utilized to communicate with the participants throughout the entire study. The researchers purchased access codes for the StrengthsFinder and the Multifactor Leadership Inventory and each participant received a code for both assessments. The researcher and interviewee used their own computer and internet access. Interviews were recorded through both gotomeeting.com and a digital audio recorder.

StrengthsFinder. The test-retest reliability of this assessment is .52-.84, which is a moderate score. The validity of the assessment is indicated as strong by The Clifton StrengthsFinder 2.0 Technical Report: Development and Validation. Evidence by Clifton and Harter 2003 shows that the StrengthsFinder assessment results in a successful behavior change and increased productivity. The validity and reliability of the StrengthsFinder indicate that this measure contributed to participants’ awareness of their leadership style.

Multifactor Leadership Questionnaire. The internal reliability of the assessment is strong with a Cronbach’s Alpha at .86 (Muenjohn & Armstrong, 2008). The construct validity, measured by

the adjusted goodness to fit was .78, which is a reasonable fit for the data (Muenjohn & Armstrong, 2008). The validity and reliability of the Multifactor Leadership Inventory indicate that this measure allowed the participants to become more aware of their leadership style.

Procedures

data collection. An email was sent out to participants, which included an information sheet about the study and contact information for the research team. Interested individuals were then sent consent forms. Once participants returned a completed consent form, StrengthsFinder 2.0 and the Multifactor Leadership Questionnaire (MLQ) were sent via email with a link to each assessment. The participants completed the online assessments and could view the results immediately. Reflection prompts were sent out via email by the research team at two weeks and three weeks. The researchers then conducted one on one interviews using predetermined questions four weeks after the assessments were completed. Interview questions addressed opinions of the assessments, how the results impacted their leadership qualities, and how self-awareness of the results impacted their leadership decision-making. The responses were the focus of the research project and were analyzed by the research team.

data handling. A variety of data were collected and stored, including demographic sheets, consent forms, audio recording of each interview, and transcripts of each interview. All digital data and personal contact information were stored on a password protected personal network drive. All contact information, audio files, and non-coded files related to this study were destroyed after completion of this study.

data analysis. Data collection was conducted through interviews and transcribed by the research team and undergraduate pre-occupational therapy students. The research team transcribed two of

the interviews as a group and undergraduate pre-occupational therapy students transcribed two interviews. Undergraduate students signed confidentiality agreements and were assigned to an 8-15 minute segment of an interview. Data were coded into major themes that captured the unbiased voices of each participant. The coding process used in grounded theory methodology was used to code the data. Open coding was used to examine, label, compare, and categorize data (Straus & Corbin, 1990). Axial coding was used make connections between categories of data. (Straus & Corbin, 1990). Selective coding was used to select a core category (Straus & Corbin, 1990). The researchers' mentor coded alongside the research team for the first interview. The grounded theory coding approach allowed the researchers to build an understanding of the occupational therapy leadership phenomena.

Trustworthiness

To ensure trustworthiness, we incorporated strategies including credibility, dependability, transferability, and confirmability into our phenomenological study. Prolonged engagement via follow up emails and interview were utilized. Investigator triangulation was also utilized in the analysis process to enhance credibility. To address transferability, the researchers asked the participants the same interview questions. The researchers also received participants' perceptions during the interview, allowing for generalizability (Falk & Guenther, 2006). To address dependability, research design and implementation were described in operational detail. To enhance the confirmability of the research findings, an audit trail was established (Appendix G).

Results

The coding process identified major themes from the interviews with the occupational therapy leaders. In this section, the themes are discussed and the participants' words illustrate the connections and allow the audience to understand the participant's phenomenological experience.

Leadership Journey

Leadership journey was a main theme found in the transcripts. The leadership journey tells a story of where the leaders began and their intentions for the future. The leaders consistently discussed who they were, how they got to their leadership position, and how they plan to continue their leadership path.

personal context. The leaders described their journey to leadership by noting their titles, place of work, and their previous practice role. One participant reported they oversee a mental health community practice while another participant reported starting with a therapy company in 2008 and continuing as the director of rehab at their current place of work. Many participants also stated their previous roles as occupational therapists: "I have been an occupational therapist for about seven years" (Participant 2), and "I was a clinician in occupational therapy at the state psychiatric hospital" (Participant 1). The personal context of the leaders describes who they are as an occupational therapist and occupational therapy leader.

leadership development. The leaders indicated that their journey of leadership developed over time. One participant stated, "I did always anticipate at some point having a management role" (Participant 2). Another participant reported sitting in on administrative committee meetings for program development at the university. There were times when the participants did not expect a leadership position. A participant stated, "My boss went on vacation and he asked if I would

cover for him while he was gone... for three weeks” (Participant 4). Another participant reported their boss called and asked them to take over a management position after a co-worker stepped down. There were times when participants sought out opportunities for leadership growth. One participant reported asking their boss to partake in a leadership development program to take over some roles as an operations manager. Another participant reported they realized not only do you have to know the content when presenting, you always should present it in a way that people are engaged. In leadership development, the leaders described the steps they took to get where they are now.

leadership aims. The leadership journey consists of who you are, how you got there, and where to go next. The sub theme, leadership aims, continues the leadership journey into the reflection of the leadership assessments and overall approach on leadership. After completing the leadership assessments, the leaders focused on reflecting upon their top strength results. The leaders discussed examples of how their strengths are used in their leadership position. One participant reported they act with integrity and encourage followers by having an open-door policy where people can ask about something that may compromise their integrity. Another participant reported they use their strength as a relator to maintain a balance between co-worker and manager. Another participant gave an example of their strengths, which were generating satisfaction, by stating “sustaining the function of our residents, and in turn makes our company happy, and it makes the residents happy, and it makes the facility happy, who is essentially our customer” (Participant 3).

The leaders also spoke of their overall leadership approach. Multiple participants spoke to having a trusting relationship with their followers and as well teaching or sharing their

knowledge. One participant reported they enjoy the challenges and problem solving aspect of being a leader. Another participant reported they prepare themselves before a situation arises. Multiple participants made a connection between previous approaches and their assessment strengths. One participant reported their strengths on communication and harmony relate to how they build cohesive relationships with other staff. Two participants reported they use their strength to build upon their follower's strengths. Lastly, the leaders spoke of their weaknesses of being a leader. One participant stated, "I am reminded that one of my weaker areas is encouraging others" (Participant 2). Overall the leaders reflected on their assessment results and their overall style of leadership.

Awareness

Awareness was the second main theme found in the transcripts. Consistently, the researchers identified that the assessments validated their personal identity, their vision, and the professional choices. Within this theme of awareness, participants also spoke to informed practice, including the perceptions the assessments had on the feelings of the followers, utilizing the process of the assessments, and reflecting prior to action. Participants also identified moments of reflection, including reflecting on strengths and personality. Overall, participants spoke to the increased self-awareness they felt due to the experience of the research study.

reflection. The participants expressed moments of reflection throughout the interviews. When reflecting on the experience, participants discussed personal reflections such as, "I don't ever really think of myself as a leader, but I guess I am" (Participant 1). Participants described the development of their strengths, indicating that some have been more natural, and "been kind of in my nature" (Participant 4). One participant stated, "I would call myself an over-achiever, so

that probably has always been there too” (Participant 3). And another participant stated that their strengths “definitely, definitely has developed over time” (Participant 4). Participants discussed ways in which their strengths limit them in other areas, such as “spending too much time on things trying to get the very best of it all” (Participant 1). One participant added her perception of self-reflection stating, “I think that will add confidence and we’ll be able to self-reflect on that prior to the interaction” (Participant 2).

validation. Many participants discussed how the assessments validated what they previously thought about their strengths: “Most of the skill or strength areas that they identified, I think I intuitively knew that I had” (Participant 2), “I think I scored pretty much what I thought I would” (Participant 1), and “I kinda feel like I had some of these traits anyhow but it was nice to see it on paper” (Participant 4). The participants discussed reaffirmation of their practice as well. “It just kind of reaffirms how I’m doing things and what strengths I’m using during my leadership role” (Participant 3) and “for me and my skillset, I think it is very important and it was nice to that validated in a test like this” (Participant 1). Participants also identified areas where the assessment results were consistent with their practice and validated their vision of leadership. “You know, that kinda fell in line with this stuff about positive environments, so it all kinda worked together basically” (Participant 4) and “being warm and nurturing and all that kind of stuff, that that is an important part of doing what I do and leading, although I hate to call myself a leader” (Participant 1).

informed practice. The leaders discussed how the results of the assessments have been used to alter their approach to leadership. One participant reported showing the results to their followers and discussed making changes. Multiple leaders spoke about the feelings of their followers after

taking the leadership assessments. One participant stated, “I think that has been noticeable to them and so I think that probably makes them feel more that I care about what’s going on with them” (Participant 2). Multiple leaders also discussed reflection upon their assessment results prior to making a decision. One participant reported using their individualization strength to make a decision about a follower. Another participant reported using their relator strength to take the time and understand another person’s viewpoint.

Participants discussed how the leadership assessment results have informed their leadership practice. One participant reported recognizing a previous strategy was not working, and applying her strengths for a new approach. Another participant stated, “I am trying to create more of that harmony...if all of those things are my strengths, I really need to focus on that to create a positive environment” (Participant 3). The leaders discussed how they utilized the process, spoke about their followers, shared examples of reflecting prior to action, and discussed on the assessments informed their leadership practice.

Discussion

The results of this qualitative study discuss occupational therapy leadership as well as how the leadership assessments brought awareness to the leaders. Results show that leaders are willing to talk about their strengths and weakness related to this process. The participants found this research process motivating and some even explicitly thanked the researchers for the opportunity. In the following section, we will discuss the most relevant results and their implications for clinical practice.

Reflection

Leaders reflected upon past, present, and future decision making. Reflecting on the leadership assessments allowed the leaders to reflect on their strengths, weaknesses, and possible improvements as a leader. This reflection may have contributed to self-awareness of leadership characteristics and behaviors among the leaders. The participants' answers not only spoke to their current leadership position, but to their practice as well. As an occupational therapy leader, it may be difficult to tease out practice and a leadership role because of the nature of the profession. Therefore, when considering effective leadership theories for occupational therapy, the relation to the occupational therapy process must be considered.

Informed Practice

The leadership assessment results informed the leaders in their current leadership role. The leadership assessments and reflection on those assessments allowed the leaders to become aware of their strengths and use those strengths in leadership situations. This self-awareness attributed to reflection before decision making. Participants utilized the assessments by informing their peers of the strengths and roles in leadership roles, reflected on their strengths prior to confrontation, and discussed the extent which validation led to improved confidence within their role.

Perceived Effects of Self-awareness on Decision Making

Participants reflected on the results of assessments and felt the results reinforced their perceived leadership strengths prior to the study. This reinforcement may have changed their decision-making by giving the participants more confidence in utilizing their strengths in certain leadership situations. Self-awareness of strengths and weakness also provided opportunity for participants to become open to change and growth. Participants became aware of their potential

and utilized validation of strengths to describe their vision for future leadership growth. The reminder that individuals have natural strengths encourages them to utilize these strengths without hesitation. The participants recognized discrepancies between their actions and their strengths and expressed motivation to utilize strengths more often. Participants also reflected upon their weakness as area to improve their leadership abilities.

Comparison of Assessments

At a practical level, participants identified benefits and weaknesses of each assessment. The StrengthsFinder assessment only informed participants of their top five strengths. The MLQ reported scores in all areas, including factor areas where the participant scored lower in. Participant responses to these assessments reflect the give and take between validation and confidence building for leadership and allowing leaders to identify weakness to build upon their leadership. The participants expressed benefits to both approaches for leadership building. One aspect validates strengths and builds confidence by only focusing on strengths. The other allows them to reflect on areas they do not portray in practice and to consider situations when these may or may not be beneficial.

Implications for Practice

Occupational Therapy is a large and diverse work field. There are many occupational therapists in leadership positions in a variety of settings, including hospital, community, and rehabilitation clinics. The results of this study identify several implications for the practice of occupational therapy.

Increased self-awareness of leaders' strengths and weaknesses, giving thought to approach and decision making during leadership role. The participants in this study reported a

level of self-awareness of leadership strengths prior to taking the assessments, but stated the assessments confirmed their previously identified strengths. This affirmation of their strengths may give confidence to leaders to use their identified strengths in their leadership role.

In addition, leaders reflecting on their strengths and weaknesses could possibly improve leadership their overall leadership ability. Participants in this study reported that they looked at their weakest areas of leadership from the MLQ assessment results, and it provided information and ideas to form a more well-rounded leadership approach. Increased self-awareness of occupational therapy leaders could lead to greater satisfaction of followers, clients and the overall workplace.

Developing successful occupational therapy leaders can be supported through increased mentorship, education curriculum, and training programs focused on increasing self-awareness of leadership styles. Accessible leadership resources and mentorships should be available in practice to encourage leadership growth and potential for occupational therapists.

Occupational Leadership Theory

The topic of leadership relates to the Person-Environment-Occupation (PEO) model of occupational therapy through the different stages of leadership throughout the years as described in the introduction. The PEO model identifies the relationship between person, their environment, and their occupation and how it contributes to their performance. It can also be applied to the discussion of the study based on the performance of the leaders and managers. The person of the PEO is the leader themselves; their strengths, weaknesses, self-awareness, years of experience, and leadership style all contribute to the person. The environment of the PEO is their setting; how many employees they manage, what their responsibilities are, and resources they

can access can all influence their performance. The occupation of the PEO is decision making; how often do they make decisions, how informed and evidenced-based are their decisions, and collaboration from others contribute to the occupation of decision making. Throughout the interviews, the leaders describe the relationship between these aspects and how they relate to their ability as a leader.

Conclusions

Despite the wide range of occupational therapy leaders in practice today, there has been limited focus on leadership research within the field. Self-awareness has been shown to correlate with effective leadership (as cited in Butler et al., 2014, p. 88-89). The results of this study identify several perceptions that self-awareness has on informed leadership practice. The participants identified confidence, validation, and visions for leadership growth as outcomes of self-awareness assessment.

Limitations

Due to the qualitative nature of this study, there were both strengths and weaknesses related to the sample. The small sample size used, enabled a detailed analysis, but a large sample size would have given a better representation of the population of leaders within the field of occupational therapy. Additionally, qualitative data was collected via retrospective narrative interviews and therefore could have been affected by participants' ability to remember and put the experience into words. Interviews were also conducted with different interviewers and communication styles could have impacted the depth of information shared. Additionally, some participants may have been more familiar with the assessments and leadership styles through experience with these specific assessments or other leadership training. Lastly, this research was

not able to assess the perceptions of the followers as outcomes of the leader's self-awareness of leadership styles. Interviews were limited to the perceptions of the leaders themselves.

Further Research

More research needs to be done focusing on leadership within the field of occupational therapy. It would be interesting to complete this research at a larger scale and to include occupational therapy leaders outside of the Midwest region. It would be beneficial to compare the perceptions of the leaders and the perceptions of the followers following these leadership assessments. This would contribute to further understanding of the implications for practice and to identify discrepancies between the leaders and the followers' perceptions of leadership. This would also contribute to the overall satisfaction of followers and clients in the workplace. Lastly, an area of further research would be to examine the difference in leader's self-awareness and leadership decision making based on educational background. There are occupational therapists in practice with a bachelor, with a master, and others with a doctorate. There are also certified occupational therapy assistants in leadership roles. To study the difference in leadership approaches and styles would offer insight into the benefits of differing education levels. This would be particularly interesting as the field makes a shift towards doctoral entry-level education.

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Appendix G Audit Trail

Open Codes (34)

- Reflection on process
- Recognition of connection
- Personal context
- Personal Reflection
- Current Practice Area
- Previous Practice Role
- Path to Leadership
- Approach to Leadership
- Exemplified of Strengths
- Limitation of Strength
- Definition of Strength
- Reflection on Strength
- Confidence in Strength
- Current Leadership Role
- Validation
- Leadership Success/Affirmation
- Reflection (General)
- Growth in Role
- Leadership Growth
- Obstacles to Leadership Growth
- Vision
- Validation of Vision
- Desired Growth
- Reflection on Differences
- Authenticity/consistency
- Informed Practice
- Reflection of Weakness
- Feelings of Followers
- Utilizing Process
- Reflection on Process
- Reflecting Prior to Action
- Reflection of Leadership Roles
- Perception of Self-Reflection
- Insight

Axial Codes (6)

- Personal Context
- Leadership Development
- Reflection
- Validation
- Informed Practice
- Leadership Aims

Themes

- Leadership Journey
- Awareness