

2017

Leadership Styles and Leadership Effectiveness of Outpatient Physical Therapy Clinic Managers

Adedolapo Ibiyemi Oyefeso
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Health and Medical Administration Commons](#), and the [Physical Therapy Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences

This is to certify that the doctoral dissertation by

Adedolapo Oyefeso

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Cheryl Cullen, Committee Chairperson, Health Services Faculty
Dr. John Oswald, Committee Member, Health Services Faculty
Dr. Robin Carlson, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2017

Abstract

Leadership Styles and Leadership Effectiveness of Outpatient Physical Therapy Clinic
Managers

by

Adedolapo I. Oyefeso

MSHA, Strayer University, 2009

BS, York College, 1995

BS, SUNY Brockport, 1988

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Management

Walden University

June 2017

Abstract

Outpatient physical therapy clinics (OPTC), like many other healthcare organizations, face an array of challenges in meeting the needs of the growing elderly population. The leadership behavior of OPTC managers is a key component to secure employee loyalty, accommodate increased patient demand, and implement positive organizational change. The purpose of this nonexperimental quantitative survey designed study was to investigate the relationship between the leadership styles perceived by OPTC healthcare managers and nonmanagerial employees, as measured by the Multifactor Leadership Questionnaire Short. The primary research question examined the difference between the OPTC managers' self-perceived leadership style and the nonmanagerial subordinates' perceptions of the manager's leadership style. The theoretical framework was the transformational and transactional leadership theory by Bass. Sampling was random and comprised of a minimal sample of 89 respondents. Data analysis included both descriptive and inferential statistics. Multiple regression analysis and correlations statistical models were used to predict the relationship of the dependent and independent variables. The results of the present study indicated a statistically significant relationship between the leadership style of OPTC managers and job effectiveness. All leadership styles of the OPTC managers were moderately correlated with job effectiveness, whereas passive/avoidant was negatively related to job effectiveness. This study is significant for OPTC leaders in their quest to create a leadership environment that fosters a positive influence on overall job performance and satisfaction among nonmanagerial staff, a formula for growth, and positive social change.

Leadership Styles and Leadership Effectiveness of Outpatient Physical Therapy Clinic
Managers

by

Adedolapo I. Oyefeso

MSHA, Strayer University, 2009

BS, York College, 1995

BS, SUNY Brockport, 1988

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Management

Walden University

June 2017

Dedication

This dissertation is dedicated to the five most important and special people whom I have been blessed with in my life: Adebisola, my loving wife; Adeyinka, Adedotun, Adedolapo, Jr., my sons; my mother, Olori Matilda Ibidun Oyefeso; and my dad, Omoba James Ajibade Oyefeso.

I dedicate this dissertation to my wife, Adebisola, who so tirelessly provided me with the unconditional love, courage, and support necessary for my dissertation and degree to become a reality. It is true that for every successful man there is a loving partner. Thank you so much for your patience over the years. I am ready for those road trips now. Just call me. I will be there in a hurry.

Adeyinka, Adedotun, and Adedolapo, Jr., my wonderful sons of various talents. They have demonstrated patience with me over the years. Those guys are a blessing; their understanding and support provided me with the strength and determination to achieve my doctorate. I am now available to watch them achieve greater heights and play hockey and tennis from now on.

Finally, I dedicate this work to my mom, Olori, and late father, Omoba James Ajibade Oyefeso, who said to me on my way to the United States, to “reach for the top”; because with God, nothing is impossible. I give thanks to God the Father (Colossians 3:17) for every good and perfect gift comes from above (James 1:17). It is true that all things are possible to him that believeth (Mark 9:23).

Acknowledgements

I wish to express my sincere gratitude to my dissertation committee chair Dr. Cheryl Cullen, my committee member Dr. John Oswald, and my URR member Dr. Robin Carlson for the time and effort invested in this research. I am deeply grateful to them all for their expertise and amazing commitment to see me through this endeavor. I am deeply indebted to Dr. Cheryl Cullen for her constant guidance, support, encouragement, motivation, and patience throughout this process. I am forever grateful. I will always keep in touch with her. She is my mentor and I feel blessed to be her student. It is very humbling to now be considered her colleague.

I would like to express my gratitude and deepest appreciation to my wife Adebisola and my boys Adeyinka, Adedotun, Adedolapo, Jr. Without their understanding, support, and motivation, this accomplishment would not have been possible.

Many thanks to my senior brother Adedayo Oyefeso and my sisters Caroline Adebisola, Adekemi, and Folashade; their encouragement and support in my academic pursuits have meant more to me than I could ever express to them. I love them all!

Special thanks to Dr. Alma Yow, for her editorial comments which helped to keep me focused on what is important. I thank her for editing my papers and telling me how proud she is of me. My sincere gratitude goes to my family and friends, especially Dr. Panezai, Dr. Fofah, church family friends, my Lawn Tennis friends at Jersey 34 Tennis Club, and the entire Crown Rehab Staff for their encouragement and support throughout this process. To have them all in my life is a great blessing!

Table of Contents

List of Tables	iv
Chapter 1: Introduction to the Study.....	1
Background of the Study	2
Problem Statement	3
Purpose of the Study	5
Research Questions and Hypotheses	5
Theoretical Framework.....	6
Nature of the Study	7
Definitions.....	9
Assumptions.....	10
Limitations	10
Scope.....	11
Significance of the Study	11
Significance to Theory	12
Summary and Transition.....	13
Chapter 2: Literature Review.....	14
Literature Search Strategy.....	14
Definition of Leadership.....	16
Models of Leadership	17
Authentic Leadership and Visionary Leadership.....	19
Leadership Theories.....	20

Theoretical Framework.....	21
Literature Review and Related Methodologies.....	23
Leadership in the Profession of Physical Therapy.....	24
Transformative Leadership Through Effective Feedback	26
Gaps in the Literature.....	27
Summary and Conclusions	28
Chapter 3: Research Method.....	30
Research Design and Rationale	30
Methodology.....	32
Population	33
Sampling and Sampling Procedures	33
Procedures for Recruitment, Participation, and Data Collection.....	35
Instrumentation and Operationalization of Constructs	36
Transformational Leadership Styles	36
Transactional Leadership Styles	37
Passive/Avoidant Leadership Styles	37
Data Analysis Plan.....	37
Threats to Validity	38
Ethical Procedures	39
Summary.....	39
Chapter 4: Results.....	41
Introduction.....	41

Data Collection	42
Results.....	46
Summary	53
Chapter 5: Discussion, Conclusions, and Recommendations	55
Introduction.....	55
Interpretation of Findings	55
Limitations of the Study.....	59
Recommendations.....	59
Implications.....	60
Conclusion	62
References	64
Appendix: Correlations.....	74

.List of Tables

Table 1. Summary of Literature Search Terms and Databases.....	15
Table 2. Demographics-Managerial and Nonmanagerial	45
Table 3. Group Statistics.....	46
Table 4. Reliability Statistics	47
Table 5. Correlations of Leadership Style and Job Effectiveness	48
Table 6. Correlations of Managers and Nonmanagers (Raters).....	50
Table 7. ANOVA for Job Satisfaction.....	51
Table 8. Correlations for Leadership Styles and Job Satisfaction	52

Chapter 1: Introduction to the Study

Leadership is considered one of the most important components in the success of an organization (Landis, Hill, & Harvey, 2014). Leadership effectiveness is essentially defined as how effective leaders and managers are at carrying out their responsibilities and roles in the organization (Ebadifard & Sarabi, 2015). Ebadifard and Sarabi (2015) posited that being effective is not a skill that can be taught but is learned by identifying and analyzing the situation, understanding the followers, and using a proper leadership style that is aligned with the situation, the environment, and the follower. In order to understand the leader, the behavior of the leader must first be understood, along with the thought process in regards to the situation he or she is experiencing at the time (Landis et al., 2014).

This study was an investigation of the leadership styles and leadership effectiveness of outpatient physical therapy clinic (OPTC) managers. Bass (1985) defined leadership as an exchange between two or more members of a common group that often involves a structuring or reformation of the perceptions and expectations of the members. Although many researchers have offered various definitions of leadership as indicated in the literature, it can be concluded that leadership is interactions through relationships with followers and is widely distributed throughout the organization (Landis et al., 2014).

Chapter 1 is a presentation of the background of the study, the problem and purpose statement, and the research questions that embody this study. In addition, the nature of the study, significance, key terms, and limitations of the study are explained.

Background of the Study

Outpatient physical therapy clinics (OPTC), like many other healthcare organizations across the country, face an array of challenges in meeting the needs of the growing elderly population (Desveaux, Chan, & Brooks, 2016). The leadership behavior of leaders in OPTC is a key component to secure employee loyalty, to accommodate increased patient demand, and to implement organizational change with limited resources (Chew & Kurfuerst, 2011; Giltinane, 2013). In the past, organizations tended to secure employee loyalty by providing them guaranteed job security (Bass & Avolio, 2004; McGowan & Stokes, 2015). In recent times, healthcare reform, downsizing, restructuring, and transformation in these organizations have led to a less secure organizational climate (Desveaux et al., 2016). Subsequently, these changes have resulted in broken organizational promises to the employees, which in turn affect productivity and organizational growth (McGowan & Stokes, 2015).

The leadership behaviors within the organization determine the organization's ability to compel subordinates to perform beyond expectations, especially when dealing with patients, family members, and caregivers. Different leadership styles may affect the manager's effectiveness or performance. Bass (1990) noted that in transactional leadership, there is an exchange between the leader and followers in which the leader rewards or disciplines followers in exchange for positive responses or actions. That is, transactional leaders define clear performance expectations from their followers and expect achievement of specific goals in exchange for rewards. To face these challenges of providing rehab care in an outpatient clinic, an effective leader must be able to motivate

employees to align their goals with those of the organization (Bass, 1985) as well as allow themselves to be evaluated by their subordinates for them to know how effective they are in leading the organization in this challenging time.

Bass and Avolio (2004) defined transformational leadership as a continuous influential process in which leaders change their associates' awareness and help them view opportunities and challenges in a positive way. Bass and Avolio believed that transformational leadership by design helps followers to achieve the highest level of performance and job satisfaction. From a theoretical point of view, Bass and Avolio examined the leadership style as a process in which the leader behavior is described as transformational, transactional, and passive/avoidant. Dimitrov and Darova (2016) described the classic idea of *transformational leadership* with emphasis on the moral values of the followers, provoking their sensitivity to ethic problems. The *transactional style* motivates the followers through their private interest. The *passive-avoidant style* occurs as a lack of sensitivity; in regards to the needs of others in the area of leadership impact.

Problem Statement

It is currently unknown what type of leadership style is used by OPTC managers in leadership positions. It is unknown if there is a correlation between the leadership styles perceived by OPTC managers and nonmanagerial employees. The phenomenon of leadership styles and leadership behaviors of physical therapist managers is under researched and not well understood (McGowan & Stokes, 2015). There is a wealth of research and literature about leadership and leadership styles in the nursing profession,

but there is a gap in research translating these findings into the physical therapy sector (Cullen & Gordon, 2014).

The specific problem of this study is that managers of an OPTC healthcare facility continuously experience downsizing, low employee morale, and employee turnover. Healthcare centers cannot be led by the managers alone. The continual need for change and improvement requires everyone in the healthcare system to engage in leadership behaviors, even those who do not naturally identify as leaders (Chew & Kurfuerst, 2011; Green & Miller, 2013). Good managers should aim to become good leaders and good leaders need effective management skills to effectively communicate the vision and achieve the goals of the organization (Boldy, Della., Michael, Jones, & Gower, 2013; Chew & Kurfuerst, 2011; McGowan & Stokes, 2015).

Although several studies to date have addressed relevant healthcare leadership behaviors in healthcare settings, none were found that specifically addressed the leadership style of OPTC managers and the impact on employee job satisfaction (Azar & Asiabar, 2015; Ding, Sun, Chang, Zhang, & Xu, 2013; Ebadifard & Sarabi, 2015; Roberts-Turner, 2014). Physical therapists need to be effective leaders if they are to run a successful clinic and be a part of the decision-making team. This research may provide evidence to fill the gap by examining the relationship between the self-perceived leadership styles and leadership effectiveness of OPTC managers as perceived by the OPTC employees from the northeastern region of the United States.

Purpose of the Study

The purpose of this nonexperimental quantitative correlational designed study was to investigate the relationship between the leadership styles perceived by OPTC healthcare managers and nonmanagerial employees as measured by the Multifactor Leadership Questionnaire Short (MLQ-5X). The aim was to gain a better understanding of the leadership styles of OPTC managers and the impact it has on the job performance and job satisfaction of nonmanagerial employees. The results could inform OPTC leaders regarding the effect manager behaviors and leadership styles have on employee job satisfaction as measured by the MLQ-5X.

The relationship between the leadership constructs of transformational and transactional and the dependent variables of satisfaction with the managers and leadership effectiveness were examined. The statistical models used were both correlation analysis and multiple regressions. Significance was tested at the $\alpha = .05$ level. The research instrument was the MLQ-5X. The leader and rater forms were used in this study (Bass & Avolio, 2004; Dimitrov & Darova, 2016).

Research Questions and Hypotheses

The data were analyzed to produce results for the following research questions:

Research Question (RQ)1: What is the relationship between OPTC managers' leadership styles and their effectiveness?

H_0 1: There is no relationship between OPTC managers' leadership styles and their effectiveness as measured by the MLQ-5X.

H_{a1}: There is a positive relationship between OPTC managers' leadership styles and their effectiveness as measured by the MLQ-5X.

RQ2: What is the difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X?

H₀₂: There is no difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership styles as measured by the MLQ-5X.

H_{a2}: There is a significant difference between the OPTC managers' perceptions of their own leadership style with how the nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X.

RQ3: What effect, if any, does the leadership style of the OPTC managers have on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X?

H₀₃: The leadership style of the OPTC manager has no effect on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X.

H_{a3}: The leadership style of the OPTC managers positively affects the job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X.

Theoretical Framework

The theoretical framework selected for this study is based on Bass's (1985) leadership models. Creswell (2009) described the theoretical framework as an interrelated set of constructs or directions, which specifies the relationship among variables. In the present study, the relationship between the leadership styles of outpatient physical

therapy managers and job satisfaction of the employees was examined. Effective leadership styles play a role in increasing employee satisfaction at the work place and in creating a healthy work place environment (Coates & Howe, 2015).

The theoretical framework guiding this study was the transformational and transactional leadership theory first developed by Burns (1978) and later expanded by Bass (1985) to provide a useful model for effective leadership in a modern healthcare setting. Bass's leadership model was selected for two reasons. First, Bass's theory of leadership identified two styles of leadership: transformational and transactional. Both leadership models are widely used in leadership research. Second, the MLQ is strongly supported and widely tested for its reliability on theoretical constructs supported by Bass's theoretical model (Dimitrov & Darova, 2016).

In summary, the theoretical framework helped in connecting this study to existing knowledge. It also helped to limit the scope of the relevant data by focusing on specific variables and defining the specific framework that could be used in analyzing and interpreting the data to be generated (Swanson, 2013). A detailed explanation is presented in the literature review in Chapter 2.

Nature of the Study

This descriptive and cross-sectional survey study was an investigation of the relationships between leader behavior and employee job satisfaction. Quantitative data are a numerical measurement expressed in numerical terms. Leadership research has historically employed a quantitative approach, which remains the most commonly used approach among leadership researchers (Stentz, Clark, & Matkins, 2012). The

quantitative design was appropriate for the study because I used the MLQ instrument to collect numerical and measurable data to address the research questions (Bass & Avolio, 2000; Dimitrov & Darova, 2016; Frankfort-Nachimias & Nachimias, 2015).

The development of leaders in physical therapy is a major priority of the profession. I examined the effects of transformational and transactional leadership styles on the OPTC employees. This view aligned well with my study's research question, which examined quantifiable measurements and associations between variables. I used Survey Monkey, an online web-based commercial database. The research questions were measured by the MLQ; using the 5-point Likert scale, this instrument measured the level of the characteristics of both transformational and transactional leadership styles (Bass & Avolio, 2000; Dimitrov & Darova, 2016).

Participants were drawn from a population of more than 1,250 OPTCs situated in the northeastern region of the United States and a sampling frame of 500 managers. Probability sampling and random sampling were the methods of choice for obtaining a representative sample. The leadership style of the managers was the independent variable while the leadership outcome as measured by the MLQ-5X was the dependent variable for the study.

Data analysis included both descriptive and inferential statistics. Aggregate scores were calculated from the questionnaire, along with descriptive statistics (mean, standard deviation, min/max values) using SPSS. For ordinal data, I used crosstabs and bivariate correlation, such as Pearson's Correlation. Pearson's Correlation coefficients were calculated to determine the magnitude and direction of the relationship between

healthcare managers' declared leadership styles and percentage of job satisfaction (Field, 2012). A detailed discussion is presented in Chapter 3.

Definitions

Job effectiveness: The ability to achieve goals. The employee's actual real participation is relevant according to predetermined criteria (Spector, 1997).

Job satisfaction: An employee's motivation to work is continually related to the job satisfaction of a subordinate (Spector, 1997).

Leadership: A process by which one individual influences others toward the attainment of group or organizational goals (Coates & Howe, 2015).

Multifactor Leadership Questionnaire (MLQ-5X): The MLQ instrument was developed and validated to measure a broad range of leadership types from passive leaders to leaders who transform their followers into becoming leaders themselves. The instrument consists of 45 questions (Bass & Avolio, 2004; Dimitrov & Darova, 2016).

Outpatient physical therapy clinic (OPTC): According to 42 USCS § 1395x (p), the term "outpatient physical therapy " means physical therapy services furnished by a provider of services, a clinic, rehabilitation agency, or a public health agency, under the supervision of such provider, clinic, rehabilitation agency, or public health agency to an individual as an outpatient who is under the care of a physician.

Passive-avoidant style: Specified by passivity to emerging problems. It can occur as a lack of sensitivity regarding the needs of others in leadership (Dimitrov & Darova, 2016).

Physical therapy: A process of treatment to improve functional ability and independence in activities of daily living of patients with musculoskeletal, orthopedic impairment of the lower extremities (McGowan & Stokes, 2015).

Transactional leadership: Focuses on role and task requirements and uses rewards contingent on performance (Bass & Avolio, 2004; Burns, 1978; Dimitrov & Darova, 2016).

Transformational leadership: Focuses on developing mutual trust, fostering the leadership abilities of others, and setting goals that go beyond the short-term needs of the work group (Bass & Avolio, 2004; Burns, 1978; Dimitrov & Darova, 2016).

Assumptions

Assumptions are statements that are accepted by the researcher as true, or at least plausible. In other words, any scholar reading this paper can assume that certain aspects of this study are true. In the present study, the following statements were assumed:

1. The participants' responses to the MLQ survey questions reflected honesty and thoughtfulness.
2. The sample was representative of the population of within the OPTCs, which included managers, administrators, and nonmanagerial employees.
3. Anonymity and confidentiality were preserved during data collection methods and data analysis.

Limitations

Geographically, the survey was conducted within the physical therapy healthcare systems within the northeastern region of the United States. As a result, findings may not

generalize to other healthcare organizations in regions throughout the United States. The survey was self-reported data, which might be subject to recall biases inherent to questions being asked. There is a possibility that participants completing the Internet-based survey might have skipped questions or not finished the survey, resulting in self-reporting errors. Self-reported data are a potential source of bias that are noted as limitations. These may include selective memory or attributing positive events and outcomes to one's own characteristics but attributing negative outcomes to external forces.

Scope

The scope of this study is limited to investigating the leadership styles from the perspectives of OPTC managers responsible for overseeing day-to-day operations. The findings in this survey might not reflect the thoughts of all OPTC managers.

Significance of the Study

This study may add depth to the understanding of leadership in physical therapy by describing the characteristics exhibited by physical therapists according to defined leadership roles. By objectively measuring characteristics, the findings may assist future leadership development initiatives and continuing education opportunities. Additionally, this study may contribute to the knowledge base pertaining to best practices in the OPTC workplace environment. In this way, this study provided valuable insight in understanding the relationship between declared leadership styles of the managers and how nonmanagerial staff rates the leadership qualities of the leaders in OPTC settings.

Significance to Theory

At the beginning, Bass (1985) reported only two leadership styles – *transformational* and *transactional*. Bass and Avolio (2004) collaboratively designed and developed the Multifactor Leadership Questionnaire, whose latest version is MLQ-5X. The MLQ-5X used in the present study was strongly supported and widely tested for its reliability on theoretical constructs supported by Bass's theoretical model. Bass examined the leadership style as a process in which the leader's behavior is described as *transformational*, *transactional*, and *passive/avoidance* (Dimitrov & Darova, 2016). All three were examined in the present study as measured by the MLQ-5X.

The three leadership constructs of transformational, transactional, and passive-avoidant were formed by nine leadership components identified as idealized influence (attributes), idealized influence (behaviors), inspirational motivation, intellectual stimulation and individual consideration, the transactional style of contingent reward and management by exception (active), the passive/avoidant style of management by exception (passive), and laissez-faire (Dimitrov & Darova, 2016).

The implication for social change brought by this study is the possibility for individual change resulting from how the OPTC managers assess themselves using the MLQ as well as how OPTC managers are evaluated by their subordinates. Valuable information was gained in terms of how their leadership styles affect them as employees, job satisfaction, work performance, and impact on organizational growth in general (Bass & Avolio, 2000; Dimitrov & Darova, 2016).

Additionally, this study drew attention to the leadership styles practiced by managers in OPTC in New Jersey and the effect leadership style has on employee job satisfaction in healthcare sectors. The study results reflected the dominant leadership style practiced by the OPTC manager and the effect it has on staff satisfaction.

Researchers and rehab practitioners will be able to determine which leadership style or behavior positively influences growth and job satisfaction of its workers. Hence, the effect of this study on social change in the area of leadership and employee relationship in OPTC cannot be overestimated

Summary and Transition

In Chapter 1, I presented an overview of the study. The purpose of this quantitative nonexperimental correlational study was to examine the relationship between OPTC managers' self-perceived leadership styles and employees job satisfaction as measured by the MLQ-5X short form. The background information, problem statement, purpose statement, research questions, and hypotheses were introduced. The focus of Chapter 2 is a review of peer-reviewed journals on the selected topic of this study.

Chapter 2: Literature Review

The problem I sought to address is the leadership styles of OPTC healthcare managers in one northeastern state. The purpose of this quantitative correlational study was to investigate the relationship between the leadership styles perceived by OPTC healthcare managers and nonmanagerial employees as measured by the MLQ-5X. The aim of the review was to identify specific leadership styles, attitudes, behaviors, and practices that represent effective leadership in the healthcare organization, namely the OPTC. Today's healthcare organizations need effective leaders who understand the importance of developing and maintaining a good relationship with employees in the rapidly changing workplace environment (Cullen & Gordon, 2014).

The literature review is a collection of peer reviewed journal articles, books, and dissertations. Multiple electronic databases were used, including ProQuest, EBSCOhost, Google Scholar, and Medline. Key search terms and combinations of search included but not limited to the following: *job satisfaction, physical therapy, outpatient physical therapy clinic, leadership, leadership styles, transformational leadership, transactional leadership, and MLQ-5X short form*. The major sections of the chapter include the literature search strategy, definition of leadership, theoretical foundation, literature review, and summary and conclusion.

Literature Search Strategy

Hundreds of leadership articles have been published in academic books, journals, and business-oriented publications. The search turned up more than 70 journals with ideas about the research questions and methodologies and techniques relevant to the

topic. The scope of the literature review in terms of years ranged between 1978 (mostly seminal) to 2016. More than 75% were peer-reviewed within the last 5 years. Table 1 summarizes some of the characteristics of literature search terms and journal articles.

Table 1

Summary of Literature Search Terms and Databases

Topic	Search terms	Databases and journals
Definitions of leadership Leadership theories	Keyword used in the search were Leadership AND Physical therapy, leadership AND physiotherapy,	A comprehensive search of PubMed, Proquest, ERIC
Models of leadership Leadership in healthcare organizations	Leadership AND physical therapy specialty, Physical therapy specialty AND practice management/	
Leadership styles transformational leadership, structural validity, multifactor leadership questionnaire	Leadership, leadership styles. transformational leadership, transactional leadership, MLQ- 5X short form	
Confirmatory factor analysis charismatic, transactional, transformational, authentic, and visionary leadership full range leadership and job satisfaction	Idealized influence inspirational motivation intellectual stimulation individualized consideration Clinical leadership, leadership development training, the impact of gender and setting on leadership,	

The following section begins with a definition of leadership followed by a brief overview of a selection of leadership models and leadership theories. The aim is to give an indication of how different models and theories can be used to explain leadership abilities and skills of individuals within organizations followed by a discussion of the theoretical foundation for the present study.

Definition of Leadership

The literature reviewed presented evidence that leadership is considered one of the most important components in the success of organizations (Northouse, 2010). Although many researchers offered their perspectives on the definition of leadership, most agree that leadership is a process that involves influence, common goals and purpose, and occurs in groups (Kelloway & Barling 2010; Northouse, 2010). Leadership can be a relational process by which one individual influences others toward attaining the goals of the organization (Bass, 1985; Bass & Avolio, 1990; Bolden, Gosling, Marturano, & Dennison, 2003).

Kelloway and Barling (2010) defined leadership as a process of social influence enacted by individuals in formal positions (i.e., managers and supervisors) of power or leadership positions within an organization. Although leadership is not confined to individuals in formal leadership positions, these individuals may influence others within the organization (Kelloway & Barling, 2010). On the basis of these leadership characteristics, leadership may be defined as a process whereby an individual in a position of authority influences a group of individuals to achieve a common goal (Northouse, 2010).

Mahdinezhad, Suandi, Silong, and Omar (2013) argued that an effective leader has an imperative role to improve the performance and growth of the organization. This role involves developing a positive relationship between the leader and the followers. In today's management environment, the leader's opinion matters, and the followers have great expectations of their leaders (Nahavandi, 2012).

Models of Leadership

Some of the models of leadership include charismatic, transactional, transformational, authentic, and visionary (Nahavandi, 2012). Charismatic leadership is derived from the word *charisma*, which means an inspired and divine gift (p. 182). Those who have the divine gift are endowed with grace and charm. Charismatic leaders capture the imagination and inspire their followers' devotion and allegiance. Examples of charismatic leadership are political and religious leaders such as Pope Francis and President Obama of the United States (Nahavandi, 2012).

Transactional leadership style leaders usually seek something in exchange of one thing for another from their followers, appealing to their own self-interest, which is usually demonstrated in political climates, such as a promise of a job in exchange for votes or campaign cash (Hickman, 2010). Many actions of the leaders to motivate and direct followers are self-serving. The transactional leader feels powerful and with a sense of authority and responsibilities in the organization (Hellriegel & Slocum, 2007).

The transformational leader inspires the followers to understand and embrace a new vision of possibilities. Power is gained through developing and transforming others to be leaders and builders within the organization (Hellriegel & Slocum, 2007).

Transformational leadership is usually found in all levels and divisions of the organization. Transformational leadership includes three factors: (a) charisma and inspiration, (b) intellectual stimulation, and (c) individual consideration, which when combined, allow a leader to achieve large-scale change within the organization and among his or her followers (Nahavandi, 2012).

Transformational leaders are inspirational, goal oriented, and desirous of establishing a vision for the future in the context of a culture of innovation (Kim & Yoon, 2015). In the healthcare environment, a leader with a transformational leadership style contributes to a supportive work environment that offers support to clinicians to adopt behaviors that stimulate optimal achievement (Wang, Huang, Chen, & Chang, 2015). Transformational leadership engagement with staff is likely to reduce adverse events and patient mortality (Hendricks, Cope, & Baum, 2015; Merrill, 2015) Transformational leaders have a strong commitment to patient safety, staff dedication, and continuous quality improvement in healthcare (McFadden, Stock, & Gowan, 2015).

Transformational leaders drive systems improvement and project management success (Gousy & Green, 2015). The belief is that staff members at all levels should actively participate in shared decisions, which means collaboration, open communication, and shared governance with followers. Individualized mentoring and coaching leads to improved capacity of staff members as they develop into transformational leaders (Leggat, Balding, & Schiftan, 2015). Tinkham (2015) stressed that successful actualization of transformational leadership requires four leadership behaviors. Leaders promote creativity and independent thinking, serve as positive role models, mentor and

support individual mentees, and inspire motivation that creates a vision to which others want to contribute.

Nahavandi (2012) posited that transformational leadership includes three key factors: (a) charisma and inspiration, (b) intellectual stimulation, and (c) individual consideration. When combined, these factors create an atmosphere of change within the organization and its followers. The theory of transformational leadership transcends gender and cultures. Nahavandi argued that women favor an interpersonal oriented style of leadership and a unique relationship with each of their followers (Choudhary, Akhtar, & Zaheer, 2013). Transformational leaders convey a vision, exhibit passion for the organization's mission, and inspire and motivate their followers to achieve a vision of innovation for the better good of all (Applebaum & Wohl, 2000; Kim & Yoon, 2015). They focus on helping every member of the team succeed by developing trust, admiration, and respect among each other.

Transformational leadership is also associated with staff dedication to continuous quality improvement in healthcare (McFadden et al., 2015). Frontline staff members are empowered to take a leadership role on their interprofessional teams and are able to make critical decisions to promote quality patient care (MacPhail, Young, & Ibrahim, 2015). Transformational leadership promotes emotional intelligence, staff satisfaction, and a high level of clinical effectiveness (Tyczkowski et al., 2015).

Authentic Leadership and Visionary Leadership

Authentic leadership is described as a generic term combining transformational, charismatic, servant, spiritual, or other forms of positive leadership (Avolio & Gardner,

2005). The definition of authentic leadership focuses on leaders that by definition, are more aware of the values that drive their decisions and implies that one acts in accord with the true self. Simply stated, leaders express themselves in ways that are consistent with their inner thoughts and feelings (Avolio & Gardner, 2005).

The *visionary leadership* style is often described as leadership with a compelling vision for a better future (Kouzes & Posner, 2012). Supporters of this model believe that inspiring a shared vision is vital for bringing people in any organization together to foster a commitment to a shared future. The visionary leader passionately believes that he or she can make a difference by inspiring others to envision the future and create an ideal and unique image of what the organization can become. The followers are encouraged by the leader to develop a positive and hopeful outlook (Kouzes & Posner, 2012).

Leadership Theories

As the literature has suggested, leadership is probably the most widely studied topic in the field of organizational sciences and management supported with a variety of theories. Leadership theories are commonly categorized into trait, behavioral, contingency, and influence or power approaches (Northouse, 2010). The leadership theory evolution dates back to the 1900s, beginning with the great man theory (pre-1900s), followed by the trait theory (1900-1948), and subsequently followed by the contingency theory (1948-1980; Nahavandi, 2012). Since that time and with generational workplace changes, many other theories have evolved (Nahavandi, 2012).

Evidence in the literature supports a theory that in healthcare settings, a manager's leadership style may affect the job satisfaction of the employees (AL-

Hussami, 2008; Cullen & Gordon, 2014). There are many different types of leadership contemporary styles that managers and leaders demonstrate to lead staff in healthcare settings, such as charismatic, transactional, and transformational leadership (Huber, 2006). Bass and Avolio (1990) found that transformational leadership styles were preferred over transactional leadership styles, and managers who exhibited transformational characteristics reported more satisfied staff nurses.

Aside from the commonly used theories of transformational and transactional, a seldom used theory found in the literature was the nontransactional leadership theory defined as laissez-faire or the absence of a purposeful interaction between the leader and the follower (Antonakis, Avolio, & Sivasubramaniam, 2003). The laissez-faire leaders avoid making decisions, abdicate responsibility, and do not use their authority (Antonakis et al., 2003; Bass, Avolio, Walumbwa, & Zhu, 1995). To date, limited research is available with a focus on this style of leadership.

Theoretical Framework

The theoretical framework guiding this study was the transformational and transactional leadership theories first developed by Burns (1978). The theory was later expanded by Bass (1985) to provide a useful model for effective leadership in a modern healthcare setting. Bass's main contribution to Burns's original theory was describing the psychological mechanisms and outlining ways of measuring the efficacy of Bass's transformational leadership theory.

Bass's (1985) model of transformational and transactional leadership is widely used in leadership research. Bass's theory of leadership identified two styles of

leadership: transformational and transactional. I examined both in the present research using the MLQ-5X. This version of the MLQ has been widely used in nursing leadership research and has shown consistent, strong reliability coefficients ($\alpha > 0.90$) and robust validity with a confirmatory factor index of 0.91 and goodness of fit of 0.92 (Antonakis et al., 2003; Bass & Avolio, 2004).

Bass (1985) claimed that followers preferred leaders who were trustworthy, honest, and led by example as role models. The leader creates an environment that transforms the followers. Bass noted that while the leader may have democratic motives in mind, the leader can assume a transactional leadership style at the same time, directing the followers to do things. Bass observed the following aspects of transformational leadership: (a) individual consideration: The leader acts as a role model, bringing a follower into the group and being motivated to do tasks; (b) intellectual stimulation: The leader encourages the group or followers to contribute and be independent thinkers; (c) inspiration: Inspiration usually involves providing a vision or goal; the leader provides the followers with a reason for carrying out a task; and (d) idealized influence: The leader becomes a full-fledged role model and leads by displaying and demonstrating traits of honesty, trustworthiness, and enthusiasm.

Bass's (1985) theory was applied in a comparative study conducted by Choudhary et al. (2013). The researchers investigated the impact of transformational and servant leadership on organizational performance. The purpose of Choudhary's study was to examine the impact of two comparative leadership styles on organizational performance outcomes. The leadership styles were transformational and servant leadership. A sample

of 155 participants was drawn from a profit-oriented service sector of Pakistan (Choudhary, 2013). The results showed that transformational leadership has more impact on organizational learning than servant leadership. The key premise was to maximize the profitability of organization; leaders can choose leadership styles that enhance their abilities and help them to achieve profit maximization for the organization (Choudhary, 2013).

Sudha, Shahnawaz, and Farhat (2016) explored the relationships among leadership styles and a leader's effectiveness and well-being directly as well as indirectly through collective efficacy among 90 employees of the education industry. They were administered the MLQ (Bass & Avolio, 2004). Mediation regression analysis was used to test the hypotheses. The results revealed that transactional style has influenced both the outcome variables directly as well as indirectly more than the other two leadership styles (Sudha et al., 2016).

Literature Review and Related Methodologies

Unlike a fad, the leadership phenomenon never goes away. There is now widespread recognition that effective leadership by healthcare professionals is essential in modern healthcare settings (Kumar, 2013; Kumar, Adhish, & Deoki, 2014). The major factor underpinning this recognition is the drive to improve the quality of healthcare provision. There are many reasons that quality improvement programs fail; however, the lack of engagement of medical staff and their resistance to change are amongst the most important factors. Clinicians who assume leadership roles to promote quality are well placed to overcome these barriers, but they need to adopt a style of leadership that is

inclusive and meets the needs of healthcare professionals (Kumar, 2013; Kumar et al., 2014).

Leadership in the Profession of Physical Therapy

McGowan and Stokes (2015) stressed the importance of clinical leadership among physical therapists and other clinicians. McGowan and Stokes believed that physical therapists needed to be effective leaders if they were to head a successful clinic or meet emerging healthcare challenges. Kuma et al. (2014) indicated that the healthcare state of affairs is changing all around the world due to factors such as inequity in healthcare delivery services, demand for accountability of the government and care providers, improvement of utilization of services, and client satisfaction. The researchers recommended that all healthcare practitioners including physical, occupational, and speech therapists learn leadership skills right from their first assignment as healthcare practitioners.

Limited literature was found regarding physical therapy leaders. Kuma et al. (2014) contended that improving leadership within the profession of physical therapy can potentially improve the profession and the services provided to patients. Investigation of the leadership styles used by physical therapists is needed to enable better understanding of current leadership practice and to enable appropriate training programs to be developed (Kuma et al., 2014).

Desveaux et al. (2016) conducted a study to explore the characteristics of 88 physical therapy leaders in academic and managerial roles using a quantitative survey research design. The criteria included only participants who occupied academic roles

described as lecturers or full professors. Managerial roles included administrative manager, director, vice president, or professional practice leaders in supporting roles. The study identified the 10 most prominent characteristics for participants in academic and managerial roles. The results indicated that the most prevalent strengths among both academics and managers were the learner and achiever characteristics (Desveaux et al., 2016). This study was significant to provide depth to the understanding of leadership in physical therapy. I believe that understanding the characteristics exhibited by physical therapists in managerial positions would serve as a framework for understanding the leadership roles of physical therapists.

With regard to academics and leadership, Dean and Duncan (2016) contended that physical therapy curricula must prepare physical therapists to function in these ever-evolving healthcare systems and environments of accountability. The curricula need to equip physical therapy students to develop the necessary attributes, knowledge, and healthcare leadership skills. The premise is that the next generation of physical therapists can be partners to transform healthcare practice (Dean & Duncan, 2016).

Hellriegel and Slocum (2007) indicated that transformational leadership involves anticipating future trends, inspiring followers to understand and embrace a new vision of possibilities, developing others to be leaders or better leaders, and building the organization or group into a community of challenged and rewarded learners. Transformational leaders can be found in all departments of the organization and not necessarily in people only in management roles Transformational leaders are described as

ethical visionaries, who inspire and take risks to seize opportunity, while mentoring and empowering subordinates (Hellriegel & Slocum, 2007).

Successful actualization of transformational leadership requires four leadership behaviors: The first, intellectual stimulation that promotes creativity and independent thinking; idealized influences, through which leaders serve as positive role model; tailored mentorship and support for individual mentees; and inspirational motivation that creates a vision to which others want to contribute (Tinkham, 2015).

In addition, Tinkham (2015) indicated that transformational leadership development requires continuous improvement and reflection on critical achievement defining moments and setbacks. It provides a safe environment for learning and development, to learn from mistakes and improve leadership capacity (Bleich, 2015; Kareem, 2016). Transformational leadership is critical for developing, communicating, implementing, and sustaining a long-term vision (Nieß & Zacher, 2015).

Transformative Leadership Through Effective Feedback

Positive reinforcement can drive an employee to higher levels of achievement. Based on this idea, Craven, Oliver, and Stewart (2010) indicated that when the employee engages in a desired behavior, the leader should take the time to provide positive feedback using verbal or written methodologies, whether through spontaneous recognition or during the employee's performance review. Zacher et al. (2010) indicated that feedback promotes constructive communication, collaboration, and cooperation, and it creates a work environment that fosters goal-oriented behavior and a focus on the multitude of opportunities to engage in satisfying work. They provided a real-life

example: a manager observed employee exhibiting unprofessional behaviors with clients and staff. The manager scheduled a time and offered constructive feedback on the employee's performance. The employee indicated that she was not aware of the problematic behaviors and together, the manager and the employee set mutually agreed upon goals for achieving a higher level of professional behavior with clients and staff providing a platform for ongoing support, feedback, and motivation toward a shared goal. According to Phipps (2011), employees should feel that the implementation of departmental policies is conducted fairly and judiciously.

Gaps in the Literature

The literature review presented several studies regarding the leadership styles of healthcare managers and leaders; however, a gap in the literature exists regarding the leadership styles of physical therapists and physical therapy leaders who work in the outpatient physical therapy clinical setting. More attention was directed toward the impact of transformational leadership on healthcare organizations in general and the business organization. There is a wealth of research and literature about leadership, leadership styles, as well as barriers, in the business field. It is not clear how much of these findings were translated into the physical therapy field.

In a recent study, Desveaux et al. (2016) explored the characteristics of physical therapy leaders in academic and managerial roles using a quantitative survey research design. The criteria included only lecturers or full-time professors in academic managerial roles. Although this study provided some depth to the understanding of

leadership among physical therapists in the academic setting, the leadership role of physical therapists in the clinical setting was not explored.

Another gap noted in the literature involved the methodology for measuring and reporting the leadership traits of leaders and managers. Several articles were found in the literature on the leadership characteristics of physical therapists, but none were found that discussed the leadership styles as measured by the MLQ and MLQ rater. For example, Wylie and Gallagher (2009) investigated the use of transformational leadership skills in a group of allied health workers in Scotland. The aim was to explore self-reported transformational leadership behavior among allied health professions that include physical therapy. The researchers used the shorter version of the MLQ; however, only the responses to the five transformational leadership factors were reported. There remains a research gap of the other leadership factors of transactional and passive avoidance among physical therapists. In addition, there was no reporting of the expectations and perceptions of the followers. Moreover, none of the studies were conducted on outpatient clinics. As such, I attempted to close this research gap in the present study.

Summary and Conclusions

The literature reviewed indicated that leadership in physical therapy is an under researched phenomenon. Improving leadership in the field of physical therapy has the potential to improve both the status of physical therapy and the services provided to patients in the outpatient setting. A further investigation of the leadership styles used by outpatient physical therapists is needed to better understand the current leadership practices and how the services and relationship with employees may be improved.

Leadership, a key component of this literature review, was a key variable in many studies. Leadership theory, strategy, and leadership styles were prominent themes noted throughout the literature review. More recently, these themes have been transferred into healthcare systems and healthcare practice. The importance of leadership is increasingly being recognized by physical therapy profession; yet, few studies to date have addressed this important concept. As such, the present study is warranted.

Chapter 3: Research Method

The purpose of this quantitative correlational study was to investigate the relationship between the leadership styles perceived by OPTC managers and nonmanagerial employees as measured by the MLQ-5X and the MLQ-5X rater. In Chapter 3, I present the research design and rationale for the present study. The methodology, population, sample and sampling procedures, procedures for recruitment, participation, and data collection, instrumentation and operationalization of constructs, and data analysis are discussed in detail. I conclude this section with a discussion of threats to validity, ethical procedures, and a summary.

Research Design and Rationale

Bass and Avolio's (2004) leadership model was used as the theoretical framework for this research to answer the following research questions and correlating hypothesis statements:

RQ1: What is the relationship between OPTC managers' leadership styles and their effectiveness?

H₀1: There is no relationship between OPTC managers' leadership styles and their effectiveness as measured by the MLQ-5X.

H_a1: There is a positive relationship between OPTC managers' leadership styles and their effectiveness as measured by the MLQ-5X.

RQ2: What is the difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X?

H₀₂: There is no difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership styles as measured by the MLQ-5X.

H_{a2}: There is a significant difference between the OPTC managers' perceptions of their own leadership style with how the nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X.

RQ3: What effect, if any, does the leadership style of the OPTC managers have on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X?

H₀₃: The leadership style of the OPTC manager has no effect on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X.

H_{a3}: The leadership style of the OPTC managers positively affects the job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X.

I used a quantitative cross-sectional descriptive correlational survey design to gather data, describe the data, and identify correlations, if any, between the dependent and independent variables. Quantitative research generates numerical data or information that can be converted into numbers. This approach differs from qualitative research in that qualitative studies generate nonnumerical data. Leadership research has historically employed a quantitative approach, and it remains the most commonly used approach among leadership researchers (Stentz et al., 2012).

Quantitative research is based on an inquiry approach for describing trends and explaining the relationships among variables (Creswell, 2009). The quantitative design was appropriate for the present study because it allowed the collection of numerical and

measurable data to address the research questions. Correlational research represents a statistical approach that focuses on assessing the variance among naturally occurring variables (Fink, 2013). The goal of correlational research is to identify predictive relationships by using correlations or more sophisticated statistical techniques. Survey research for this study involved the use of a predetermined set of questions in the form of the MLQ-5X. Survey research provides an accurate and efficient means for describing people's thoughts, opinions, and feelings. A carefully selected sample was used to describe the entire population of interest (Fink, 2013).

The independent variables or predictor variables are the leadership styles and were measured using the MLQ-5X Short. The leadership styles are transformational, transactional, and laissez-faire (Avolio & Bass, 2004; Northouse, 2010). The outcome/dependent variables were the leadership outcomes of satisfaction and effectiveness. The MLQ-5X was selected for this study because of its acceptance in the scholarly literature (Avolio & Bass, 2004; Bass, 1985; Bass & Avolio, 1990).

Methodology

I used a quantitative cross-sectional descriptive correlational survey design based on a quantitative study conducted by Casida (2007) and Cullen and Gordon (2014). The quantitative method was selected because in quantitative research, the research problem is addressed by understanding what factor or variables influenced the outcome of the study (Creswell, 2009). The electronic survey was deemed appropriate for measuring sensitive issues, such as negative employee attitudes and counterproductive behavior in OPTC (Campbell & Stanley, 1966; Fink, 2013). No follow up interviews were required.

The research concept, variables, hypotheses, and method of measurement were defined before the study began and remained the same throughout the study (Fink, 2013; Leedy & Ormrod, 2005). The theoretical framework for this study was based on Bass and Avolio (2004) and McCann, Kohntopp, and Keeling (2015), concepts of a transformational, transactional, and passive/avoidant (*laissez-faire*) leadership model.

Population

The population of interest was all physical therapists working in an OPTC in the northeastern part of the United States. The American Physical Therapy Association (2017) reported more than 93,000 members comprised physical therapists. The sampling frame was approximately 3,250 physical therapists and physical therapy assistants in the state.

Sampling and Sampling Procedures

A sample is representative when it allows the results of the sample to be generalized to the population. In statistics, sampling bias may cause some of the population to be less likely to be included than others, which may result in a biased sample or a nonrandom sample (Fink, 2013). To avoid sampling bias, I used random sampling procedures where each participant had an equal chance of being selected.

Physical therapists are required by APTA and the State Physical Therapy Board to receive a graduate degree from an accredited physical therapist program before taking the licensure examination that allows them to practice as a physical therapist (www.apta.org). The managerial inclusion criteria for the study consisted of licensed clinical directors, physical therapist managers, and physical therapy team leaders. The nonmanagerial staff

was comprised of physical therapists, physical therapy assistants, facility volunteers, office managers, rehabilitation aides, patient transporters, and maintenance staff.

Exclusion criteria included employees under the age of 18 and those who worked in healthcare facilities other than OPT clinics. Probability sampling or simple random sampling was the method of choice used to obtain a representative sample in the present study. In using simple random sampling, each element of the population had an equal chance of being included in the sample.

Bias often occurs when the survey sample does not accurately represent the population (Fink, 2013). It was difficult to eliminate all sources of bias in conducting the study; however, I used every available measure to minimize sampling and research bias. To reduce sampling bias, every measure was taken to ensure that the target population was properly defined and that the sampling frame matched it as much as possible. All participants were randomly selected. I also reminded each participant that their identities were anonymous and would remain throughout the study and in any publications.

GPower 3.0 priori power analysis was used to compute the sample size. Given the alpha level error Probability (0.05), power (0.95), medium effect size (.15), with two predictor variables, the recommended sample size was 89. The independent variables for this study were the leadership styles (transformational, transactional, and passive avoidant leadership styles). These were derived using MLQ-5X leader forms by the OPT clinic leaders. The dependent variables were the nonmanagerial employee perception of their leaders and employee job satisfaction. These were measured using the MLQ-5X rater form, which was completed by the employee.

Procedures for Recruitment, Participation, and Data Collection

Recruitment was based on the study's inclusion criteria for selection and was conducted via a web-based commercial database known as SurveyMonkey. All participation in the survey was voluntary, and all responses were kept confidential. Participants were recruited from OPT clinics situated in the northeastern state of New Jersey. The sample for this study was drawn from approximately 253 certified OPTCs in a state in the northeastern United States. Currently, there are five state-of-the-art fully equipped physical therapy clinics in geographical proximity in that state. The facilities are independently owned OPTCs specializing in the rehabilitation of orthopedic, neurological, sports, and work-related injuries.

Upon IRB approval (Approval # 0266538), I launched invitational emails combined with a consent form that contained a welcome, the purpose of the survey, and consent to participate. Data collection took place in three phases. Although informed consent was obtained from participants, no signed consent form was obtained to protect privacy and confidentiality. Any information obtained from the studies remains confidential and does not appear in connection to a name in the internal reports. Participants were told that the completion and return of the surveys was taken as implied consent. The second section of invitation included the MLQ-5X survey with instructions for completing the survey. Those consenting to participate in the study clicked a link to the questionnaire to complete and return anonymously through the Survey Monkey portal. No identifying information was collected. Recruitment was continued until the minimal sample size of 89 was reached.

Instrumentation and Operationalization of Constructs

The MLQ-5X and the MLQ-5X rater instruments were used for the present study. The MLQ was first published by Bass (1985) with 63 items in a long form. Since that time, additional and extensive research resulted in the MLQ-5X short form of 45 items. The MLQ-5X short or the standard MLQ measures a broad range of leadership types from passive leaders to leaders who give contingent rewards to followers to leaders who transform their followers into becoming leaders themselves. The MLQ identifies the characteristics of a transformational leader and helps individuals discover how they measure up in their own eyes and how others with whom they work rate them.

The questions provide examples of the items that are used to evaluate leadership style. The MLQ is provided in both self and rater forms. The self-form measures self-perception of leadership behaviors. The rater form is used to measure leadership. Participants were asked to respond to 45 items in the MLQ-5X using a 5-point behavioral scale (*not at all to frequently if not always*). Approximately 15 minutes were required for completion. Sample items from the MLQ-5X are displayed as follows:

Transformational Leadership Styles

1. Idealized influence: I go beyond self-interest for the good of the group.
2. Idealized influence: I consider the moral and ethical consequences of decisions.
3. Inspirational motivation: I talk optimistically about the future.
4. Intellectual stimulation: I reexamine critical assumptions to question whether they are appropriate.

5. Individualized: I help others to develop their strengths.

Transactional Leadership Styles

1. Contingent reward: I make clear what one can expect to receive when performance goals are achieved.
2. Management: I keep track of all mistakes.

Passive/Avoidant Leadership Styles

The MLQ-5X instrument was appropriate to the current study for primarily two reasons. First, the shorter questionnaire was quick and easy to implement. Much of this international research effort was coordinated by Bass et al. (1995) and Bass and Avolio (2004). Second, the instrument was validated with published reliability and validity values relevant to use in the present study. Written permission was obtained from the developers. The published reliability and validity information was supported in a study conducted by Antonakis (2001). Construct validity was thoroughly explained with factor analyses, which resulted in a six-factor model for the MLQ-5X. Reliability scores for the MLQ-5X subscales ranged from moderate to good. Chronbach's alphas were reported having excellent internal consistencies—above the 0.80 level for all scales.

Data Analysis Plan

Once the MLQ-5X surveys were completed in SurveyMonkey, the information gathered was downloaded and inputted into Excel worksheets and transferred to IBM SPSS Statistics Version 24.0 statistical software. The information inputted into SPSS was stored electronically and secured on a password protected computer. All data were stored

on an external hard drive, and all hard copies were secured in a locked file cabinet. All information will be deleted after 7 years.

Descriptive statistics were used to assess the characteristics of the managerial and nonmanagerial perceptions regarding their leaders' styles and job satisfaction. The demographic questions included were age, professional or employment status, and years of employment. Multiple regression analysis and correlations were used to predict the relationship of the dependent variable and the independent variables.

Threats to Validity

Internal validity and external validity refer to the extent to which the results obtained in a research study are a function of the variables systematically manipulated, measured, or observed in the study. There were no known threats to the validity of this study. Every measure was taken to minimize any foreseeable threats. A reliability check for the MLQs was conducted in previous research and provided evidence that the MLQs produced the data for which it was designed. The Cronbach alpha produced alpha = 0.86 for the original MLQ and alpha = 0.87 for the translated MLQ (Bass et al., 1995). The reliability values were greater than 0.70, indicating an acceptable statistic testing level (Nunnally, 1967). To examine the construct validity of the MLQ-5X, confirmatory factor analysis was performed on this version of the MLQ (Bass & Avolio, 1995). The researchers were successful in adequately capturing the full leadership factor constructs of transformational leadership theory.

Ethical Procedures

Prior to conducting the study, I obtained approval from the Institutional Review Board of Walden University. I took several steps to ensure ethical standards were met while conducting this research. Participants volunteering to participate in the study were provided information on a consent form. Aside from the purpose and nature of the study, the consent form included the risks to participants, a confidential statement, and information regarding participant rights.

Participants were told that they can withdraw at any time and for any reason without fear of repercussion. Anonymity was strictly maintained. All raw data were kept on a password protected USB drive in a locked file cabinet. No names or identifying information can connect a participant's identity to any responses in any of the instruments completed. The data collected were not shared with any other employees or managers. There were no potential risks and no cost to participate in the study.

Summary

The purpose of this quantitative correlational study was to investigate the relationship between the leadership styles perceived by OPTC managers and nonmanagerial employees as measured by the MLQ-5X and the MLQ-5X Rater. Chapter 3 presented the research design and rationale for the present study. Bass and Avolio's (2004) leadership model was used as the theoretical framework for this research to answer the following research questions and correlating hypothesis statement.

The methodology, population, sample and sampling procedures along with procedures for recruitment, participation, and data collection were discussed. This chapter concluded with a discussion of threats to validity, ethical procedures, and summary. This study continues to Chapter 4 where the results of the data analysis are reported.

Chapter 4: Results

Introduction

The purpose of this nonexperimental quantitative correlational designed study was to investigate the relationship between the leadership styles perceived by OPTC healthcare managers and nonmanagerial employees as measured by the MLQ-5X. The aim was to gain a better understanding of the leadership styles of OPTC managers and the impact it has on the job effectiveness and job satisfaction of nonmanagerial employees.

Chapter 4 is a representation of the data collection process, data analysis, results, and summary. Included is a baseline report of descriptive and demographic characteristics of the sample, followed by the statistical analysis findings, organized by research questions and hypotheses. The final phase is a summary of answers to the following research questions and hypothesis statements. Data were analyzed to produce results for the following research questions and hypothesis statements:

RQ1: What is the relationship between OPTC managers' leadership styles and their effectiveness?

H_01 : There is no relationship between OPTC managers' leadership styles and their effectiveness as measured by the MLQ-5X.

H_{a1} : There is a positive relationship between OPTC managers' leadership styles and their effectiveness as measured by the MLQ-5X.

RQ2: What is the difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X?

H_02 : There is no difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership styles as measured by the MLQ-5X.

H_a2 : There is a significant difference between the OPTC managers' perceptions of their own leadership style with how the nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X.

RQ3: What effect, if any, does the leadership style of the OPTC managers have on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X?

H_03 : The leadership style of the OPTC manager has no effect on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X.

H_a3 : The leadership style of the OPTC managers positively affects the job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X.

Data Collection

The participants were informed that participation was voluntary and anonymous, and completing the survey was considered implied consent. I ensured the anonymity of the participants by personal handling of all the data at all study stages. The instrument that was used to administer to the sample population of OPTC employees was the MLQ developed by Bass et al. (1995). For this study, the 45 questions from the MLQ-5X instrument and the rater version and four demographic questions were developed into an

online electronic survey using SurveyMonkey.com. The amount of time to take this survey was approximately 14 minutes.

Upon approval of Walden's IRB in February 2017, I emailed the MLQ-5X survey to more than 300 randomly selected participants from approved OPTC within the state of New Jersey. Data were collected from a total of 99 (30% return rate) completed survey responses. The managerial participants consisted of licensed clinical directors, physical therapist managers, and physical therapy team leaders ($n = 37$, 41%). The nonmanagerial staff consisted of physical therapists, physical therapy assistants, facility volunteers, office managers, rehabilitation aides, patient transporters, and maintenance staff ($n = 53$, 59%). Data collection occurred between March and April 2017.

The sample consisted of a diverse group of workers from several local area OPTCs who volunteered to participate. The descriptive analyses for managerial staff surveys reported 19 females, 15 males, and two unknown, with a majority over the age of 45 and 6 to 10 years of work experience. The nonmanagerial staff ($n = 52$) was comprised of 31 females and 19 males, with a majority between the ages of 18 and 34 years. A majority ($n = 46$) reported 5 years and less in terms of working in the clinics. The sample from both groups is representative of the general population of OPTC (see Table 2).

The SPSS version 25 was used for data entering and analysis. Cronbach's alpha was used to describe the reliability of the questionnaire. Categorical results were analyzed using frequencies. The degree of statistical significance accepted for all tests was $p \leq 0.05$. Analysis of variance with post hoc-Tukey HSD was used to identify the

significant differences between the transformational, transactional, and passive/avoidant leadership styles of the physical therapist managers and nonmanagerial staff. Multiple linear regression analysis was used for assessing the effect of the leadership factors in the MLQ-5X form on the job satisfaction of physical therapy managers.

The independent variables for this study were transformational leadership, composed of idealized influence (attributed), idealized influence (behavior), inspirational motivation, intellectual stimulation, and individualized consideration; transactional leadership, composed of contingent reward and management-by-exception (active); and passive/avoidant leadership, composed of management-by-exception (passive) and laissez-faire. The dependent variables were physical therapy manager effectiveness and job satisfaction.

Table 2

Demographics-Managerial and Nonmanagerial

		Managerial staff	N
Gender	1.00	Female	19
	2.00	Male	15
	3.00	Prefer not to answer	2
Age	2.00	25 to 34	2
	3.00	35 to 44	6
	4.00	45 to 54	18
	5.00	55 and over	10
Position	1.00	Owner	6
	2.00	Physical therapy clinical director	7
	3.00	Administrator	4
	4.00	Physical therapy manager	11
	5.00	Physical therapy team leader	8
Years in position	2.00	1 to 5 years	8
	3.00	6 to 10 years	18
	4.00	11 to 15 years	5
	5.00	More than 15 years	5
<u>Nonmanagerial staff</u>			
Gender	1.00	Female	31
	2.00	Male	19
	3.00	Prefer not to answer	2
Age	1.00	18 to 24	17
	2.00	25 to 34	24
	3.00	35 to 44	6
	4.00	45 to 54	2
	5.00	55 and over	3
Job Type	1.00	PT	4
	2.00	PT assistant	6
	3.00	Office assistant	5
	4.00	Rehab aide	11
	5.00	Patient transporter	17
	6.00	Maintenance staff	3
	7.00	Rehab volunteer	6
Years in position	1.00	Less than 1 year	24
	2.00	1 to 5 years	22
	3.00	6 to 10 years	2
	4.00	11 to 15 years	1
	5.00	More than 15 years	3

Results

The mean and standard deviation group descriptive for each leadership type (independent variable) and the dependent variables are displayed in Table 3.

Table 3

Group Statistics

	Managerial and nonmanagerial	<i>N</i>	Mean	Std. deviation
II Behavior	Managers	37	3.4189	.34387
	Nonmanagers	62	3.6694	.34998
II Attitude	Managers	37	3.4392	.62474
	Nonmanagers	62	3.8952	.27739
Inspiration	Managers	37	3.7230	.34753
	Nonmanagers	62	3.8629	.29224
IndCon	Managers	37	3.2568	.37954
	Nonmanagers	62	2.9758	.33175
IndiSti	Managers	37	3.3468	.49399
	Nonmanagers	62	3.5228	.32157
ContReward	Managers	37	3.7185	.37492
	Nonmanagers	62	3.4234	.37762
MbyExActive	Managers	37	1.9527	1.08787
	Nonmanagers	62	2.6452	.79343
ManaByExcept Pass	Managers	37	1.7568	.42960
	Nonmanagers	62	2.6734	.68740
LFaire	Managers	37	.4730	.67130
	Nonmanagers	62	1.3535	.76013
Effectiveness	Managers	37	3.6081	.55447
	Nonmanagers	62	3.9194	.27451
Satisfaction	Managers	37	3.6351	.58510
	Nonmanagers	62	3.7984	.31958

Note that of the nine independent variables, the five subscales of transformational leadership had the highest means. The subscales of passive/avoidant leadership had the lowest mean averages of all. Based on these mean averages, it appears that the physical therapy nonmanager perception of their immediate supervisor more often demonstrated the qualities of a transformational leader than a transactional or passive/avoidant leader. There was also the perception that the nonmanagers viewed the qualities of a passive/avoidant leader the least often of the three leadership types.

Once the data were reviewed and the descriptive characteristics identified, I calculated the Cronbach alpha for the nine independent variables and dependent variables measured on the MLQ scale testing level displayed in Table 4.

Table 4

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha based on standardized items	N of items
.857	.918	45

As shown in Table 4, the data outcome provided strong reliability and validity support for the instrument. The Cronbach's Alpha based on standardized items was .857. The reliability values were greater than 0.70, indicating an acceptable statistic testing level.

RQ1: What is the relationship between OPTC managers' leadership styles and their effectiveness?

H_{01} : There is no relationship between OPTC managers' leadership styles and their effectiveness as measured by the MLQ-5X.

To address the research question and test the hypothesis, I calculated the correlations between leadership type subscales and the dependent variable of effectiveness and job satisfaction. A complete list of all correlations between the individual independent and dependent variables are available in Appendix B. All leadership subscales scales except management-by-exception (active) and management-by-exception (passive) correlated significantly with the dependent variable of effectiveness. Management-by-exception (active) and management-by-exception (passive) correlated positively (0.777, 0.154) with the dependent variable of effectiveness (see Table 5). Therefore, the null hypothesis was rejected.

Table 5

Correlations of Leadership Style and Job Effectiveness

		Correlations			
		Effectiveness	Transformation	Transaction	PassiveAvoid
Effectiveness	Pearson Correlation	1	.748**	.347*	-.128
	Sig. (2-tailed)		.000	.036	.450
	<i>N</i>	37	37	37	37
TransformL	Pearson Correlation	.748**	1	.671**	.222
	Sig. (2-tailed)	.000		.000	.187
	<i>N</i>	37	37	37	37
TransactL	Pearson Correlation	.347*	.671**	1	.298
	Sig. (2-tailed)	.036	.000		.073
	<i>N</i>	37	37	37	37
PassiveAvoidance	Pearson Correlation	-.128	.222	.298	1
	Sig. (2-tailed)	.450	.187	.073	
	<i>N</i>	37	37	37	37

Note. **. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

As shown in Table 4, passive/avoidant leadership had a negative correlation with effectiveness (-.128). Correlation was significant at the 0.05 level (2-tailed). A linear regression on the full model of leadership was conducted to predict the effect of transformational leadership, transactional leadership, and passive/avoidant leadership on effectiveness. The full model of leadership was significant overall ($F(3,33) = 22.65, p = .000$).

RQ2: What is the difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X?

*H*₀₂: There is no difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership styles as measured by the MLQ-5X.

Correlations coefficients were computed among the three self-reported leadership styles of transformational, transactional, and passive/avoidant by the OPTC managers and those of the nonmanagers (raters). A *p* value of less than .05 indicated significance. The results of the correlation presented in Table 5 show that two of the three leadership styles rated by the nonmanagers were statistically significant and strongly correlated.

A significant difference was found between the OPTC managers' perception of their transformational leadership ($p = .000$) style and passive/avoidance ($p = .011$) and the nonmanagers (raters) perceptions. The null hypothesis was rejected. The findings support the alternative hypothesis that nonmanagers' perceptions of leadership styles are

significantly different than how managers perceive them, specifically transformational and passive/avoidant leadership styles (see Table 6).

Table 6

Correlations of Managers and Nonmanagers (Raters)

		TransAc t Rater	Transfor Rater	PassiveAvoid Rater	Transformation al Manager	Transact Manager	Passive Avoid Manager
Transactional rater	Pearson	1	.685**	.373*	.166	.044	.169
	Correlation						
	Sig. (2-tailed)		.000	.011	.325	.796	.317
	<i>N</i>	46	46	46	37	37	37
Transformational rater	Pearson	.685**	1	.062	.222	.016	-.142
	Correlation						
	Sig. (2-tailed)	.000		.680	.186	.924	.403
	<i>N</i>	46	46	46	37	37	37
Passive/Avoidance rater	Pearson	.373*	.062	1	.143	-.071	.073
	Correlation						
	Sig. (2-tailed)	.011	.680		.399	.675	.667
	<i>N</i>	46	46	46	37	37	37
Transformation-Manager	Pearson	.166	.222	.143	1	.671**	.222
	Correlation						
	Sig. (2-tailed)	.325	.186	.399		.000	.187
	<i>N</i>	37	37	37	37	37	37
Transactional_Manager	Pearson	.044	.016	-.071	.671**	1	.298
	Correlation						
	Sig. (2-tailed)	.796	.924	.675	.000		.073
	<i>N</i>	37	37	37	37	37	37
Passive/Avoid_Manager	Pearson	.169	-.142	.073	.222	.298	1
	Correlation						
	Sig. (2-tailed)	.317	.403	.667	.187	.073	
	<i>N</i>	37	37	37	37	37	37

** . Correlation is significant at the 0.01 level (2-tailed).

Note. Rater refers to the nonmanagerial score.

As shown in Table 6, Pearson's r is 0.685 for the transformational rater and .373 for the passive/avoidance rater. For this reason, I concluded that there is a strong and moderate relationship between the rater's perception and that of the OPTC managers.

The Sig. (2-Tailed) value in Table 4 for transformational and passive/avoidance raters are 0.000 and .011 respectively. This value is less than .05. Because of this, I concluded that there is a statistically significant correlation between the OPTC managers and the participant's rating of their leadership styles. Therefore, the hypothesis statement is partially accepted.

RQ3: What effect, if any, does the leadership style of the OPTC managers have on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X Rater?

H_{03} : The leadership style of the OPTC managers has no effect on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X.

A multiple linear regression analysis on the full model of leadership was conducted to predict the effect of transformational leadership, Transactional leadership, and passive/avoidant leadership on job satisfaction of OPTC nonmanagerial staff. The predictors were the three leadership styles of transformational leadership, transactional leadership, and passive/avoidant leadership (see Table 7).

Table 7

ANOVA for Job Satisfaction

		Multiple regression				
Model		Sum of squares	df	Mean Square	F	Sig.
1	Regression	3.150	3	1.050	25.656	.000 ^b
	Residual	1.719	42	.041		
	Total	4.870	45			

Note. a. Dependent Variable: B_Satisfaction b. Predictors: (Constant), TransActRater, PassiveAvoidRater, TransforRater

The results of regression analysis $F(3,42) = 25.65, p < .01$) indicated that the three predictors or all three leadership styles were statistically significant. Therefore, the null hypothesis that the leadership style of the OPTC managers has no effect on job satisfaction of OPTC nonmanagerial staff was rejected. A bivariate correlation analysis was conducted to identify the relationship and differences between the two (see Table 8).

Table 8

Correlations for Leadership Styles and Job Satisfaction

		_Satisfaction	TransActRater	TransforRater	PassiveAvoidRater
Satisfaction	Pearson	1	.440**	.617**	-.410**
	Correlation				
	Sig. (2-tailed)		.002	.000	.005
	N	46	46	46	46
TransActRater	Pearson	.440**	1	.685**	.373*
	Correlation				
	Sig. (2-tailed)	.002		.000	.011
	N	46	46	46	46
TransforRater	Pearson	.617**	.685**	1	.062
	Correlation				
	Sig. (2-tailed)	.000	.000		.680
	N	46	46	46	46
PassiveAvoidRater	Pearson	-.410**	.373*	.062	1
	Correlation				
	Sig. (2-tailed)	.005	.011	.680	
	N	46	46	46	46

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

As shown in Table 8, all three leadership styles were significantly correlated.

Consistent with the linear regression analysis, the three leadership styles were statistically and strongly correlated, with the exception of negatively correlated Passive/Avoidance (–.410). Therefore, the null hypothesis (H_03) that stated: the leadership style of the OPTC managers has no effect on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X was rejected.

Summary

Chapter 4 provided a detailed description of the results of this study and how I derived the findings. There were three research questions and three hypothesis statements. The first research question examined the relationship between OPTC managers' leadership styles and their effectiveness. The results of the present study indicated that there was a statistically significant relationship between leadership style of OPTC managers and their job effectiveness as measured by the MLQ-5X. All leadership styles of the OPTC managers were moderately associated with job effectiveness whereas passive/avoidant was negatively related to job effectiveness.

RQ2 examined the difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership style as measured by the MLQ-5X and the MLQ-5X Rater version. A significant difference was found between the OPTC managers' perception of their transformational leadership ($p=.000$) style and passive/avoidance ($P = .011$) and the nonmanagers (raters) perceptions. Transactional leadership indicated relatively no difference.

RQ3 examined the effect of leadership style of the OPTC managers have on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X and rater. A multiple linear regression analysis on the full model of leadership was conducted to predict the effect of transformational leadership, transactional leadership, and passive/avoidant leadership on job satisfaction. The results of this analysis indicated that

the effect of all three leadership styles were statistically significant. Chapter 5 presents a discussion of these findings.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative correlational designed study was to investigate the relationship between the leadership styles perceived by OPTC healthcare managers and nonmanagerial employees as measured by the MLQ-5X and MLQ-5X rater (Bass & Avolio, 1990). In the current study, I examined the transformational, transactional, and passive/avoidant leadership styles and how they were perceived by nonmanagerial staff in predicting manager job performance effectiveness and staff satisfaction.

Three research questions and hypotheses statements were examined and tested. The MLQ-5X survey measured the nine full range leadership variables, and results were analyzed using correlation and multiple regression. The aim was to gain a better understanding of the leadership styles of OPTC managers and how they correlate to job effectiveness and job satisfaction as perceived by both the OPTC managers and nonmanagerial employees. The findings indicated a positive and significant correlation among the transformational, transactional, and passive/avoidant leadership behaviors as perceived by OPTC managers and staff.

Interpretation of Findings

The theoretical framework used throughout this study was supported by Bass and Avolio's leadership model (1994). This model differentiated among leadership behaviors: transformational, transactional, and passive/avoidant. The theory suggested that charismatic or transformational leaders motivated employees by inspiring them and challenging their intellectual needs. Transactional leaders specify tasks and monitor

employee performance to achieve the tasks by providing a reward system. Transactional leadership motivates by appealing to individual desires. In general, passive/avoidant or laissez-faire leaders assume limited responsibility for others in achieving goals (Avolio & Bass, 2004).

In the present study, I focused on the individual behaviors associated with each leadership type. There are five individual behaviors associated with transformational behaviors: idealized influence (attributes), idealized influence (behavior), inspirational/motivational, intellectual stimulation, and individual consideration; two associated with transactional behaviors: management-by-exception (active) and contingent reward; and two associated with passive/avoidant behaviors: management-by-exception (passive) and laissez-faire (Avolio & Bass, 2004). The literature reviewed indicated a substantial amount of research had been done on the leadership styles of individuals in healthcare organizations; however, none was found that was conducted in the physical therapy field.

It was important to investigate the perceptions that OPTC nonmanagerial staff had of their managers relevant to job satisfaction. It was hypothesized (H_01) that there would be no relationship between OPTC managers' leadership styles and their perceptions of effectiveness as measured by the MLQ-5X. All leadership subscales of individual behaviors except management-by-exception (active) and management-by-exception (passive) correlated significantly with the dependent variable of effectiveness. Management-by-exception (active) and management-by-exception (passive) correlated positively (0.777, 0.154) with the dependent variable of effectiveness. The significant

correlations suggested that the leadership type might be able to predict the level of job effectiveness.

Effectiveness pertains to the ability of the leader in meeting the needs of individuals or groups within the organization (Bass & Avolio, 2000). Regarding the overall leadership types, there was a strong significant correlation between transformational (.748) and transactional leadership (.347) styles and effectiveness. The evidence suggests a strongly significant negative correlation between passive avoidance (-.128) and effectiveness. Transformational leadership had the strongest correlation with effectiveness and supports the hypothesis that managers believe they are more effective when they provide transformational leadership. Passive/avoidant leadership had a significant negative opposite effect and is viewed as the least effective form of leadership. Because of these findings, I concluded that there is a statistically significant correlation between the leadership styles of OPTC managers and their self-rating of job effectiveness.

The results were consistent with much of the literature. The findings suggested that OPTC managers who positively identified as transformational or transactional leaders were likely to also promote emotional intelligence, staff satisfaction, and a high level of clinical effectiveness (Tyczkowski et al., 2015). Positive work environments that promote patient-centered care and evidence-based practice with a reduction in staff turnover and absenteeism are linked to transformational leadership (Bass, 1985; Jeon et al., 2015).

The second hypothesis (H_02) stated the following: There is no difference between the OPTC managers' perceptions of their own leadership style with how nonmanagerial subordinates perceive the manager's leadership styles as measured by the MLQ-5X and MLQ-5X rater. The findings accepted H_02 that no significant difference was found between the OPTC managers' perceptions of their transactional leadership style and how nonmanagerial subordinates perceived the manager's transactional leadership style. In contrast, the findings supported the alternative hypothesis (H_A2). A significant difference was found between the OPTC managers' perception of their transformational leadership ($p = .000$) style and the passive/avoidance ($p = .011$) and the nonmanagers' (raters) perceptions. Based on these outcomes, there was partial support for this hypothesis.

The third hypothesis (H_03) stated the following: The leadership style of the OPTC managers has no effect on job satisfaction of OPTC nonmanagerial staff as measured by the MLQ-5X. The results of regression analysis $F(3,42) = 25.65, p < .01$ indicated that the three predictors or all three leadership styles were statistically significant as perceived by the OPTC nonmanagerial staff. The null hypothesis that the leadership style of the OPTC managers has no effect on job satisfaction of OPTC nonmanagerial staff was rejected. Additionally, the results showed a strong negative correlation between passive/avoidance and the OPT nonmanager's perception of job satisfaction. As noted in Chapter 4, the negative correlation between passive/avoidant leadership and satisfaction were significant in the regression model and in the correlation model.

Limitations of the Study

A key limitation of the study was in the self-reporting by OPTC managers. This ran the risk of response bias due to the respondents reporting what they think would place them in a positive light. Personal stressors at the time of completing the survey may cause the participant's answers to be skewed. The setting was in the comfort of the participant's homes, and as such, I had limited control over the environmental context of the study. The MLQs were lengthy questionnaires and could have caused participants to remain less focused while taking the entire survey.

Recommendations

The findings of the present study support a positive relationship between transformational leadership styles and the job satisfaction of OPTC employees. These findings suggested that managerial and nonmanagerial staff want to work in an environment where they are valued and appreciated. The state of healthcare affairs is changing all around the world due to a demand for accountability of care providers and client satisfaction. As a result, there is an ongoing demand for effective leadership in all aspects of health care delivery services, including outpatient clinics (Kuma et al., 2014).

Aligned with this belief, I recommend that all healthcare practitioners, including OPTC managerial staff, take leadership classes to develop the necessary skills for delivery of quality healthcare and to promote a positive environment. Dean and Duncan (2016) contended that physical therapy curricula must prepare physical therapists to function in these ever-evolving healthcare systems and environments of accountability. The curricula should equip physical therapy students to develop the necessary attributes,

knowledge, and healthcare leadership skills. The premise is that the next generation of physical therapists can be partners to transform healthcare practice (Dean & Duncan, 2016).

The results indicated that leaders in the OPTC settings can enhance job satisfaction for all nonmanagerial staff by using transformational leadership characteristics. As such, I recommend that OPTC leaders seek to develop a shared vision for the organization so that the followers see meaning in their work. It is important that the leader involve each follower in the fulfillment of the shared vision, which means encouraging followers to integrate and become a vital part of the overall OPTC culture and environment.

Implications

The outcome of this study has broad implications that are significant for the field of physical therapy, social change, and theory. First, the study adds depth to the understanding of leadership in physical therapy by describing the characteristics exhibited by physical therapists according to defined leadership roles. This study may contribute to the knowledge base pertaining to the potential facilitation of best practices in OPTC.

The results of this study indicated that OPTC managers and nonmanagerial staff working in outpatient clinic settings preferred managers who were transformational leaders. OPTC owners have evidence to assist in the determination of which manager leadership styles have a positive influence on growth in OPTC and employee job performance and job satisfaction. The OPTC managers who want to increase job

satisfaction should practice *individualized consideration* because this was the preferred leadership characteristic expressed by the nonmanagerial staff working in the OPTC.

Individualized consideration is one of the major characteristics of transformational leadership identified by the nonmanagerial staff. The transformational leader considers the individual's talents and levels of knowledge when deciding how to motivate him or her to reach higher levels of attainment. In doing so, a transformational leader listens to each follower's needs and concerns rather than addressing the needs as a group. Additionally, the leader praises the individual as a means of motivation and publicly recognizes the individual's achievements and initiatives.

The implication for social change will be realized when individual clinician managers begin to reflect on their leadership behaviors and consider how their behaviors impact the job satisfaction of their subordinates. Social change is achieved when leaders redefine their missions and visions, renew their commitment, and are able to determine which leadership style or behaviors positively impact the growth and the work performance of their employees. Leadership behaviors include engendering trust, admiration, loyalty, and respect for the followers in the organization.

Regarding theory, in this study, I drew attention to the leadership styles practiced by managers in OPTC and how effective leadership is essential for the achievement of employee job satisfaction. The study result reflected the dominant leadership style practiced by the OPTC manager and the effect it has on the staff satisfaction. Researchers and rehab practitioners were able to determine which leadership style or behavior was of tremendous positive impact on growth and job satisfaction of its workers. The results of

this study can be used as an education tool for those wanting to influence and improve the leadership characteristics of clinical leaders.

Conclusion

The purpose of this study was to investigate the relationship between the leadership styles perceived by OPTC healthcare managers and nonmanagerial employees as measured by the MLQ-5X. This study was undertaken because of a personal interest in determining the aspects of leadership styles of OPTC managers that affect employees' job effectiveness and satisfaction. The present study provided valuable information about job satisfaction among a group of clinic nonmanagerial employees who worked in various positions in the OPTCs. The findings suggested there was a positively significant correlation between the leadership styles of OPTC managers and the employees' self-rating of job effectiveness and satisfaction with their jobs.

Employees are considered the most important resource in any organizational setting. Often, the outpatient healthcare setting is overlooked or perceived as less important. Managers may not spend enough time learning about leadership behaviors, communication, and how their attitudes and behavior impact employee performance. Managers should strive to help create the work environment that will in turn increase employee job satisfaction. Instilling pride in individuals and going beyond self-interests for the good of the group represent the characteristics of effective leadership.

Unlike a fad, the leadership phenomenon will never go away. There is now widespread recognition that effective leadership by healthcare professionals is essential in modern healthcare settings. The challenges that face health care organizations should not

to be left to chance or short-term solutions. Clinicians who assume leadership roles to promote quality need to adopt a style of leadership that is inclusive and meets the needs of the healthcare profession. Effective leaders in OPTC healthcare organization should continue to nurture workplace environments that foster the delivery of high quality, safe care, with overall excellence.

References

- AL-Hussami, M. (2008) Study of nurse's job satisfaction: The relationship to organizational commitment, perceived organizational support, transactional leadership, transformational leadership, and level of education. *European Journal of Scientific Research*, 22, 286–295.
- American Physical Therapy Association. (2017). What is APTA? Retrieved from <https://www.honorsociety.org/organizations/American-Physical-Therapy-Association>
- Antonakis, J. (2001). The validity of the transformational, transactional, and laissez-faire
- Antonakis J., Avolio, B. J., & Sivasubramaniam, N. (2003) Context and leadership: An examination of the nine-factor full-range leadership theory using the Multi-factor Leadership Questionnaire. *Leadership Quarterly*, 14, 261–295.
- Applebaum, S. H., & Wohl. (2000). Transformation or change: Some prescriptions for healthcare organizations. *Managing Service Quality*, 10, 279-283.
doi:10.1108/09604520010345768
- Avolio, B. J., & Gardner, W. L. 2005. Authentic leadership development: Getting to the root of positive forms of leadership. *Leadership Quarterly*, 16, 315-338.
doi:10.1016/j.leaqua.2005.03.001
- Azar, F. E., & Asiabar, A. S. (2015). Does leadership effectiveness correlate with leadership styles in healthcare executives of Iran University of Medical Sciences. *Medical Journal of the Islamic Republic of Iran*, 291-5.

- Bass, B. M. (1985). *Leadership and performance beyond expectation*. New York, NY: Free Press.
- Bass, B. M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, (Winter): 19-31. Retrieved from <https://www.journals.elsevier.com/organizational-dynamics>
- Bass, B. M. & Avolio, B. J. (Eds.). (1994). *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: Sage Publications.
- Bass, B. M., & Avolio, B. J. (2000). *MLQ multifactor leadership questionnaire technical report*. Thousand Oaks, CA: Sage.
- Bass, B. M., & Avolio, B. J. (2004). *Multi-factor leadership questionnaire: Manual and sampler set* (3rd ed.) Redwood City, CA: Mind Garden.
- Bass, B. M., Avolio, B. J., Walumbwa, F., & Zhu, W. (1995). *Multi-factor leadership questionnaire: Third edition manual and sampler set*. Redwood City, CA: Mind Garden.
- Bleich, M. R. (2015). Defining moments in leadership character development. *Journal of Continuing Education in Nursing*, 46, 247-249. doi:10.3928.00220124-20150518-14
- Bolden, R., Gosling, J., Marturano, A. & Dennison, P. (2003). *A Review of Leadership Theory and Competency Frameworks*. Centre for Leadership Studies, University of Exeter, Cross mead Barley Lane Dunsford Hill Exeter EX4 1TF United Kingdom.

- Boldy, D., Della, P., Michael, R., Jones, M., & Gower, S. (2013). Attributes for effective nurse management within the health services of Western Australia, Singapore and Tanzania. Bentley, Australia: *Journal of Australian Health Review*, 37(2), 268-74. doi: 10.1071/AH12173.
- Burns, J. M. (1978). *Leadership*. New York, NY: Harper and Row.
- Campbell, D. T., & Stanley, J. C. (1966). *Experimental and quasi-experimental designs for research*. Chicago, IL: Rand McNally.
- Casida, J. (2007). The relationship of nurse managers' leadership styles and nursing unit organizational culture in acute care hospitals in New Jersey (Doctoral dissertation, New Jersey Seton Hall University). Available from CINAHL Plus with Full Text, Ipswich, MA.
- Chew, F., & Kurfuerst, S. (2011). Fostering clinical excellence while maintaining financial viability. *Administration & Management Special Interest Section Quarterly*, 27(3), 1-4. doi:10.1071/AH12173
- Choudhary, A., Akhtar, S., & Zaheer, A. (2013). Impact of transformational and servant leadership on organizational performance: A comparative analysis. *Journal of Business Ethics*, 116, 433-440. doi:10.1007/s10551-012-1470-8
- Coates, D., & Howe, D., (2015). Combating staff burnout in mental health: Key managerial and leadership tasks that are fundamental to staff wellbeing and relation. *Asia Pacific Journal of Health Management*, 10(2), 24-32. doi:10.445686169940617

- Craven, K. S., Oliver, E. G., & Stewart, J. S. (2010). Can positive approach to performance evaluation help accomplish your goals? *Business Horizon*, 53, 269-279. doi.org/10.1016.j.bushor.2009.09.005
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches. Custom Edition*. Los Angeles, CA: Sage Publication.
- Cullen, C., & Gordon, P. (2014). The relationship between leadership and communication skills of nurse managers and the organizational citizenship behaviors of medical-surgical nurses and nursing assistants. *Management and Organizational Studies*, 1(2), 23-29. doi:10.5430/mos.v1n2p23
- Dean, C. M., & Duncan, P. W. (2016). Preparing the next generation of physical therapists for transformative practice and population management: Example from: Macquarie University. *Physical Therapy*, 96(3), 272-274. doi:10.2522/ptj.20150663
- Desveaux, L., Chan, Z., & Brooks, D. (2016). Leadership in physical therapy: Characteristics of academics and managers: A brief report. *Physiotherapy Canada*, 68(1), 54-58. doi:10.3138/ptc.2015-02
- Dimitrov, D. Y., & Darova, S. S. (2016). Factor structure of the multifactor leadership Questionnaire MLQ-5x. *Strategic Impact*, 58(1), 44-55. Retrieved from <http://www.obranaastrategie.cz/en/partners/strategic-impact.html>

- Ding, H., Sun, X., Chang, W-w., Zhang, L., & Xu, X-p. (2013). A comparison of job satisfaction of community health workers before and after local comprehensive medical care reform. A typical field investigation in Central China. *PLOS ONE*, 8(9), e73438. doi:10.1371/journal.pone.0073438. Dissertation Abstracts International, (University Microfilms No. 3000380).
- Ebadifard Azar, F., & Sarabi Asiabar, A. (2015). Does leadership effectiveness correlates with leadership styles in healthcare executives of Iran University of Medical Sciences. *Medical Journal of The Islamic Republic of Iran*, 29, 166. PMC4431357
- Field, A. (2012). *Discovering statistics using IBM SPSS Statistics* (4th ed.). Thousand Oaks, CA: Sage.
- Fink, A. (2013). *How to conduct surveys. A step by step guide* (5th ed.). London, UK. Sage.
- Frankfort-Nachimias, C., & Nachimias, D. (2015). *Research methods in social sciences* (8th ed.). New York, NY: Worth Publishers.
- Giltinane, C. L. (2013). Leadership styles and theories. *Nursing Standard*, 27(41), 35-39. PMID:23905259
- Gousy, M., & Green, K. (2015). Developing a nurse-led clinic using transformational leadership. *Nursing Standard*, 29(30), 37-41. doi:10.7748.ns.29.30037.e9481

- Green, A. E., & Miller, E. A. (2013). Transformational leadership moderates the relationship between emotional exhaustion and turnover intention among community mental health providers. *Community Mental Health Journal, 49*, 373-379. doi:10.1007/s10597-011-9463-0
- Hellriegel, D., & Slocum, Jr., J. W. (2007) *Organizational behavior*, Mason, OH: Thomson Higher Education.
- Hendricks, J., Cope, V., & Baum G. (2015). Postgraduate nurses' insight into the nursing leadership role; Do they intuitively link the role to patient safety? *Journal of Nursing Education and Practice, 5*(9), 72-77. doi.org/10.5430/jmnep.v5n9p72
- Hickman, G. R. (2010). *Leading organizations: Perspectives for new era*. Los Angeles, CA: Sage Publications.
- Huber, D. L. (2006). *Leadership and nursing care management*. Philadelphia, PA: Saunders Elsevier.
- Jeon, Y. Simpson, J. M., Li, Z., Cunich, M. M., Thomas, T. H., Chenoweth, L., & Kendig, H. L. (2015). Cluster randomized controlled trial of an aged care specific leadership and management program to improve work environment, staff turnover, and care quality. *Journal of the American Medical Directors Association, 16*(7), 629, e19-629, e28. doi.org/10.1016/j.jamda.2015.04.005
- Kareem, J. (2016). The influence of leadership in building a learning organization. *IUP Journal of Organizational Behavior, 15*(1), 7-18. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1099-1379/issues](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1099-1379/issues)

- Kelloway, E. K., & Barling, J. (2010). Leadership development as an intervention in occupational health psychology. *Work & Stress, 24*(3), 260-279.
doi:10.1080/02678373.2010.518441
- Kim, S., & Yoon, G. (2015). An innovation-driven culture in local government: Do senior managers' transformational leadership and the climate for creativity matter? *Public Personnel Management, 44*(2), 147-168.
- Kouzes, J., & Posner, B. (2012). *The leadership challenge: How to make extra ordinary things happen in organizations*. San Francisco, CA: Jossey-Bass.
- Kumar, R. (2013). Leadership in healthcare. *Anaesthesia & Intensive Care Medicine, 14*(1), 39-41. doi:10.1016/j.mpaic.2012.11.006
- Kumar, S., Adhish, V. S., & Deoki, N. (2014). Introduction to strategic management and leadership for health professionals. *Indian Journal of Community Medicine, 39*(1), 13-16. doi:10.4103/0970-0218.126345
- Landis, E. A., Hill, D., & Harvey, M. R. (2014). A synthesis of leadership theories and styles. *Journal of Management Policy & Practice, 15*(2), 97-100.
doi:10.5923/j.mm.20150501.02
- Leedy, P. D., & Ormrod, J.E. (2005). *Research and strategized communication*. Upper Saddle River, NJ: Pearson Custom Publishing.
- Leggat, S. G., Balding, C., & Schiftan, D. (2015). Developing clinical leaders: The impact of an action learning mentoring programme for advanced practice nurses. *Journal of Clinical Nursing, 24*, 1576-1584. doi:10.1111/jocn.1275

- MacPhail, A., Young, C., & Ibrahim, J. E. (2015). Workplace-based clinical leadership training increases willingness to lead. *Leadership in Health Services, 28*(2), 100-118. doi:10.1108/LHS-01-2014-0002
- Mahdinezhad, M., Suandi, T. B., Silong, A.D., & Omar, Z. B. (2013). Transformational, transactional leadership style and job performance of academic leaders. *International Education Studies, 6*(11), 29-34. ERIC document: EJ1068712
- McCann, J., Kohntopp, T., & Keeling, P. (2015). Leadership in collegiate soccer. *SAM Advanced Management Journal, 80*(2), 32-41. Retrieved from <http://samnational.org/publications/sam-advanced-management-journal/>
- McFadden, K. L., Stock, G. N. & Gowen, C. R. (2015). Leadership, safety climate, and continuous quality improvement: Impact on process quality and patient safety. *Health Care Management Review, 40* (1), 24-34.
doi:10.1097/HMR.0000000000000006
- McGowan, E., & K. Stokes, E. (2015). Leadership in the profession of physical therapy. *Physical Therapy Reviews, 20*(2), 122-131.
doi:10.1179/1743288X15Y.0000000000000007
- Merrill, K. C. (2015). Leadership style and patient safety: Implication for nurse managers. *Journal of Nursing Administration, 45*, 319-324.
doi:10.1097/NNA.00000000000000207
- Nahavandi, A. (2012). *The art and sciences of leadership* (6th ed.). Upper Saddle River, NJ: Prentice Hall.

- Nieß, C., & Zacher, H. (2015). Openness to experience as a predictor and outcome of upward job changes into managerial and professional positions. *PLoS One*, 10(6), e0131115. doi:10.1371/journal.pone.0131115
- Northouse, P. G. (2010). *Leadership: Theory and practice* (5th ed.). Los Angeles, CA: Sage.
- Nunnally, J. 1967. *Psychometric theory*. New York, NY: McGraw-Hill.
- Phipps, S. (2011). Motivating employees. In K. Jacobs & G.L. McCormack (Eds.), *The occupational therapy manager* (5th ed.). Bethesda, MD: AOTA Press.
- Roberts-Turner, R., Hinds, P. S., Nelson, J., Pryor, J., Robinson, N. C., & Wang, J. (2014). Effect of leadership characteristics on pediatric registered nurses' job satisfaction. *Pediatric Nursing*, 40(5), 236. PMID: 25929114
- Spector, P. E. (1997). *Job Satisfaction: Application, assessment, causes, and consequences*. Thousand Oaks, CA: Sage
- Stentz, J., Clark, V., & Matkin, G. (2012). Applying mixed methods to leadership research: A review of current practices. *The Leadership Quarterly (Impact Factor)*, 23, 1173–1183. doi:10.1016/j.leaqua.2012.10.001
- Sudha, K. S., Shahnawaz, M. G., & Farhat, A. (2016). Leadership styles, leader's effectiveness and well-being: Exploring collective efficacy as a mediator. *Vision*, 20(2), 111-120. doi:10.1177/0972262916637260
- Swanson, R. A. (2013). *Theory building in applied disciplines*. Thousand Oaks, CA: Sage Publications.

- Tinkham, M. (2015). Transformational leaders in the perioperative setting. *AORN Journal*, *101*(3), P13-P14. doi:10.1016/S0001-2092(15)00069-1
- Tyczkowski, B., Vanderhouten, C., Reilly, J., Bansal, G., Kunsch, S., & Jakkola, R. (2015). Intelligence (EI) and nursing leadership styles among nurse managers, *Nursing Quarterly*, *39*, 172-180. doi:10.1097/NAQ.0000000000000094
- Wang, R., Huang, C., Chen, L., & Chang, L. (2015). Exploring the impact of transformational leadership on nurse innovation behaviour: A cross-sectional study. *Journal of Nursing*, *23*, 427-439. doi:10.1111/jonm.12149
- Zacher, H., Heusner, S., Schmitz, M., Zwierzanska, M. M., & Frese, M. (2010). Focus on opportunities as a mediator of the relationships between age, job complexity, and work performance. *Journal of Vocational Behavior*, *76*, 374-386. doi:10.1016/j.jvb.2009.09.001

		Effectiveness	Satisfaction	Behavior	Attributes	Inspiration	Indicators	Intimacy	Contingency	MBEActive	MBEPassive	LFaire
IndCons	Pearson Correlation	.351*	.527**	.672**	.588**	.396*	1	-.001	-.076	.560**	.529**	-.299
	Sig. (2-tailed)	.033	.001	.000	.000	.015		.998	.656	.000	.001	.072
	N	37	37	37	37	37	37	37	37	37	37	37
IntStim	Pearson Correlation	.649**	.522**	.418*	.130	.252	-.001	1	.617**	-.258	-.011	-.823**
	Sig. (2-tailed)	.000	.001	.010	.442	.133	.998		.000	.122	.950	.000
	N	37	37	37	37	37	37	37	37	37	37	37
ContReward	Pearson Correlation	.532**	.405*	.487**	.392*	.668**	-.076	.617**	1	-.025	.236	-.546**
	Sig. (2-tailed)	.001	.013	.002	.016	.000	.656	.000		.883	.160	.000
	N	37	37	37	37	37	37	37	37	37	37	37
MBEActive	Pearson Correlation	.048	.216	.371*	.588**	.267	.560**	-.258	-.025	1	.377*	.157
	Sig. (2-tailed)	.777	.199	.024	.000	.110	.000	.122	.883		.021	.352
	N	37	37	37	37	37	37	37	37	37	37	37
MBEPassive	Pearson Correlation	.251	.313	.647**	.752**	.324	.529**	-.011	.236	.377*	1	-.051
	Sig. (2-tailed)	.134	.060	.000	.000	.051	.001	.950	.160	.021		.763
	N	37	37	37	37	37	37	37	37	37	37	37
LFaire	Pearson Correlation	-.664**	-.609**	-.550**	-.199	-.420**	-.299	-.823**	-.546**	.157	-.051	1
	Sig. (2-tailed)	.000	.000	.000	.239	.010	.072	.000	.000	.352	.763	
	N	37	37	37	37	37	37	37	37	37	37	37

*. Correlation is significant at the 0.05 level (2-tailed).

** . Correlation is significant at the 0.01 level (2-tailed).