

**TITLE:** Defining and Developing Leadership as a Component of Clinical Practice in Physical Therapy

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**OBJECTIVE:** The purpose of this descriptive study was to explore specific attributes of leadership in the context of physical therapy practice and identify leadership behaviors that may be implemented in a Doctor of Physical Therapy degree program.

**METHODOLOGY:** Thirty-six subjects practicing in acute care physical therapy sites located within a five-county metro area of the Twin Cities participated (20% response rate). They completed a two-part survey, with the first being a modified version of the LPI and the second part consisting of three open-ended questions inviting participants to express their views of leadership physical therapy practice. The LPI modification was to replace the instruction "how frequently do you typically engage in the following behaviors and actions?" with "how often do you perform this behavior in clinical practice?" A four-point Likert scale was used with 1 = Never, 2 = Sometimes, 3 = Often, and 4 = Very Often. A second question for each statement asked "how important is this behavior for a Physical therapist in clinical practice?" and a third dimension assessed "How well can this behavior be taught by a physical therapy program?"

**KEY FINDINGS:** Physical therapists most frequently report engaging in Enabling, followed by Modeling, Encouraging, Challenging and Inspiring. They generally felt that each of these leadership practices were more important than they were engaged in by themselves. Ninety-six percent of physical therapists stated they believe the leadership behaviors within Challenging were important or very important in clinical practice, and 86 percent believe these behaviors are teachable/very teachable. Ninety-one percent felt that Inspiring was important/very important and 75 percent believed they are teachable/very teachable behaviors. Ninety-five percent felt that Encouraging was important/very important and 90 percent believed they are teachable/very teachable behaviors. Ninety-nine percent felt that Enabling was important/very important and 90 percent believed they are teachable/very teachable behaviors. Ninety-eight percent felt that Modeling was important/very important and 91 percent believed they are teachable/very teachable behaviors. Only 27 percent of responses in the open-ended question of "how have you displayed leadership in the clinic?" were categorized as a leadership practice. Of these, 44 percent corresponded to

behaviors within Challenging, 34 percent corresponded to Modeling, 12.5 percent were consistent with Enabling, six percent corresponded to Encouraging and three percent were consistent with Inspiring. For the question of “how often have you seen leadership demonstrated by other physical therapists in the clinic? the percentage was 28 percent. In this area, most corresponded with Challenging (4=39%), followed by Inspiring (21%), Modeling (14%), Enabling (14%) and Encouraging (10%). For the question of “how have you done or are currently doing to enhance your own personal leadership capabilities?” a total of 32 percent of the responses were consistent with leadership behaviors. Of these, the majority were consistent with Challenging (44%), followed by Inspiring (14%), Encouraging (14%), Modeling (9%) and Enabling (0%). The author concludes: “Results of this study suggest that although physical therapists may not fully understand or consistently demonstrate leadership in clinical practices, they recognize the importance of leadership behaviors, and believe that leadership should be an important component of physical therapy education” (p. 64).