Clinician's Commentary on Desveaux et al.¹

Despite growing recognition of the importance of leadership to a profession's growth and development, leadership in physical therapy remains under-researched and poorly understood.^{2,3} Desveaux and colleagues' study contributes valuable information about the characteristics of physical therapy managers and academics in Canada – two cohorts of physical therapists who may be considered leaders within the profession. The research output of physical therapy academics drives changes in practice and provides evidence for the treatment techniques and care that physical therapists provide; academics are also often involved in the teaching and development of students on whom the future of the profession most depends. Physical therapy managers can be considered to be leaders in the profession because of their formal positions of authority and the leadership component of their role.

Desveaux and colleagues used an online survey, the Clifton StrengthsFinder (CSF) (Gallup Organization; Princeton, NJ), to assess the personality characteristics that physical therapy leaders exhibit in managerial or academic roles. The CSF was developed by educational psychologist Donald O. Clifton to answer the question, "What would happen if we studied what is right with people?"⁴ The philosophy of the strengths approach is that people can gain more by building on their greatest talents than by expending a comparable amount of energy to address their weaknesses.⁵ In Desveaux and colleagues' study, the Learner and Achiever strengths were found to be most prevalent among both managers and academics, which, according to the authors, suggests that "all physical therapy leaders in management or academia should possess the drive to succeed and engage in continual learning to meet staff expectations and the increasing demands of health care delivery and education."¹ Continual learning is a central concept in physical therapy, reflected in the profession's emphasis on continuing professional development, which is now mandatory in many countries;⁶ personal drive and the ambition to achieve have been identified as key leader traits.^{7,8} Differences were observed in the secondary characteristics exhibited by the two groups: while managers exhibited strengths of Harmony and Connectedness, Empathy and Intellection were prevalent strengths among academics.

Desveaux and colleagues recognize that leadership prototypes exhibit a set of characteristics rather than a single critical feature. This is an appropriate approach to take, as it acknowledges the complex nature of leadership and the fact that what works in one context may be less effective in another. Substantial new thinking and a growing body of research suggest a need to consider how context shapes leaders' thinking and actions.^{9,10} Because physical therapy managers and academics, while both physical therapists by background, work in very different roles, it makes sense to investigate the potentially different leadership strengths of these two groups. In a study that investigated the experiences of physical therapists who have moved from clinical to academic positions, Hurst¹¹ found that this career transition requires developing new skills and adapting to the different culture and expectations of the new environment. Thus, we might expect these individuals to develop different leadership strengths. Another potentially interesting area to investigate would be the leadership strengths of clinical leaders. Desveaux and colleagues did not differentiate between those managers

or academics who had a clinical caseload and those who did not; further research is needed to investigate the leadership behaviours of physical therapy leaders in the clinical setting (e.g., clinical specialists) and to compare the leadership strengths of those who have clinical responsibilities and those whose roles are solely administrative or academic.

Feedback about the talents and strengths of leaders can form the basis of interventions to help people further develop their greatest skills and apply them to new challenges. Previous studies have shown that strengths-based development programmes can result in desired behaviour change^{5,12} as well as increasing self-confidence, direction, hope, and altruism.¹² Desveaux and colleagues' study suggests that development programmes for physical therapy leaders may need to include different elements depending on the participants' roles: development courses for physical therapy managers should focus on facilitating teamwork and supervising people with differing personalities, whereas courses for physical therapy academics may need to include empathy and the development of a supportive and intellectual environment. However, the similarities in the primary characteristics and many of the secondary characteristics exhibited by the two groups also suggest that much of the same content would be appropriate in courses for both academics and managers. At present, there is limited evidence on leadership development in physical therapy, and there have been no studies evaluating the outcomes for physical therapists who have completed such training.^{2,3}

While Desveaux and colleagues' study provides valuable information, it is important to recognize that no questionnaire will ever give a truly comprehensive reflection of a person's leadership strengths. Further research is needed to explore the leadership characteristics of physical therapy leaders in more depth. Desveaux and colleagues focused on leaders' strengths, but there is also value in exploring the deficiencies and gaps in the leadership skill set of physical therapy leaders: Are they different for leaders with different professional roles within physical therapy? Evaluating the skills that require further development and that are not currently being developed by physical therapists will allow these areas for growth to be specifically targeted. As Kaplan and Kaiser wrote, "Becoming a better leader is not a matter of indiscriminately playing to your strengths, but of continuously adjusting their volume to just the right setting for every situation."^{13(p.17)}

As Desveaux and colleagues note, further research is also needed to investigate whether the differences in secondary strengths are due to inherently different personalities or developed in response to the different demands of these two types of roles.¹ The question remains: Will the same leadership development training be effective for physical therapists in different positions, or do we need to make training programmes specific to particular roles? Further research exploring the behaviours of different cohorts of physical therapists will provide valuable information to inform the development of effective leadership training programmes.

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REFERENCES

1. Desveaux L, Chan Z, Brooks D. Leadership in physical therapy: characteristics of academics and managers. *Physiother Can.* 2016;68(1):54–58. <http://dx.doi.org/10.3138/PTC.2015-02>
2. Desveaux L, Nanavaty G, Ryan J, et al. Exploring the concept of leadership from the perspective of physical therapists in Canada. *Physiother Can.* 2012;64(4):367–75. <http://dx.doi.org/10.3138/ptc.2011-42>. Medline:23997391
3. McGowan E, Stokes E. Leadership in the profession of physical therapy. *Phys Ther Rev.* 2015;20(2):121–31. <http://dx.doi.org/10.1179/1743288X15Y.0000000007>
4. Asplund J, Lopez S, Hodges T, et al. The Clifton StrengthsFinder 2.0 technical report: development and validation. Princeton (NJ): Gallup; 2007 [cited 2015 Oct 26]; <http://strengths.gallup.com/private/resources/csfttechnicalreport031005.pdf>.
5. Clifton D, Harter J. Investigating in strengths. In: Cameron KS, Dutton JE, Quinn RE, editors. *Positive organizational scholarship: foundations of a new discipline*. San Francisco: Berrett-Koehler; 2003. p. 111–21.
6. French H, Dowds J. An overview of continuing professional development in physiotherapy. *Physiotherapy.* 2008;94(3):190–7. <http://dx.doi.org/10.1016/j.physio.2007.09.004>
7. Kirkpatrick SA, Locke EA. Leadership: do traits matter? *Executive.* 1991;5(2):48–60. <http://dx.doi.org/10.5465/AME.1991.4274679>
8. Kaplan RE, Drath WH, Kofodimos JR. *Beyond ambition: how driven managers can lead better and live better*. San Francisco: Jossey-Bass; 1991.
9. Liden RC, Antonakis J. Considering context in psychological leadership research. *Hum Relat.* 2009;62(11):1587–605. <http://dx.doi.org/10.1177/0018726709346374>
10. Hartley J, Benington J. *Recent trends in leadership thinking and action in the public and voluntary service sectors*. London: The King's Fund; 2011.
11. Hurst KM. Experiences of new physiotherapy lecturers making the shift from clinical practice into academia. *Physiotherapy.* 2010;96(3):240–7. <http://dx.doi.org/10.1016/j.physio.2009.11.009>. Medline:20674657
12. Hodges TD, Clifton DO. Strengths-based development in practice. In: Linley PA, Joseph S, editors. *Positive psychology in practice*. Hoboken (NJ): Wiley; 2004. p. 256–68.
13. Kaplan R, Kaiser R. Fear your strengths. *Leadership Excellence.* 2013;30(5):17.

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