Perceptions of Leadership: Comparing Canadian and Irish Physiotherapists' Views

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ABSTRACT

Purpose: To contribute to the growing body of research on leadership in physiotherapy by comparing leadership-related perceptions of physiotherapists in Ireland and in Canada. **Methods:** This article compares the results of a survey of Canadian physiotherapists with those of the same survey administered to Irish physiotherapists. The results of both studies have previously been reported and are used here to allow a cultural comparison of the perceptions of physiotherapists. The present study used two-portion Z-tests to compare the percentage of physiotherapists in Ireland who self-declared as a leader with the percentage of physiotherapists in Canada who did so. **Results:** Physiotherapists in both Ireland and Canada most often rated communication and professionalism as extremely important characteristics. Physiotherapists in Canada were more likely than those in Ireland to perceive themselves as leaders ($Z = 2.67$, $p < 0.05$; 95% CI: 1.33, 9.87). Factors associated with self-declaration as a leader differed between the two countries. **Conclusion:** Physiotherapists in Canada and Ireland showed both similarities and differences in their perceptions of leadership characteristics. Results from this study may aid the development of future leadership training programmes specifically targeted at physiotherapists.

Key Words: cross-cultural comparison; leadership.

RÉSUMÉ

Objectif : Contribuer à la masse croissante de données de recherche sur le leadership en physiothérapie en comparant les perceptions liées au leadership chez les physiothérapeutes en Irlande et au Canada. **Méthodes :** Cet article compare les résultats d'un sondage des physiothérapeutes du Canada à ceux du même sondage administré à des physiothérapeutes en Irlande. Les résultats des deux études ont déjà fait l'objet de rapports et servent à établir une comparaison culturelle des perceptions relatives aux physiothérapeutes. Au cours de la présente étude, on a utilisé des tests-Z bilatéraux pour comparer le pourcentage des physiothérapeutes en Irlande qui se sont autodéclarés chefs de file à celui des physiothérapeutes au Canada qui ont fait de même. **Résultats :** Les physiothérapeutes tant en Irlande qu'au Canada ont coté le plus souvent la communication et le professionnalisme comme caractéristiques « extrêmement importantes ». Les physiothérapeutes du Canada étaient plus susceptibles que ceux de l'Irlande de se percevoir comme des chefs de file ($Z = 2,67$, $p < 0,05$; IC à 95%, 1,33 à 9,87). Les facteurs associés à l'autodéclaration comme chefs de file différaient entre les deux pays. **Conclusion :** Les physiothérapeutes au Canada et en Irlande ont montré à la fois des similitudes et des différences au niveau de leur perception des caractéristiques du leadership. Les résultats de cette étude peuvent aider à élaborer de futurs programmes de formation en leadership destinés spécialement aux physiothérapeutes.

Leadership is required of all health care providers to make the effective and lasting changes needed to increase quality of care and lower costs in health care.¹ In physiotherapy, leaders are needed to raise the profile of the profession and address the changes necessary for a sustainable future in the evolving health service environment.²

The need for leadership in physiotherapy has been articulated in several policy statements around the world, including the *Description of Physical Therapy* policy statement of the World Confederation for Physical Therapy,³

the Canadian Physiotherapy Association (CPA) *Description of Physiotherapy in Canada 2012*,⁴ and the 2014 *Strategic Plan of the American Physical Therapy Association*.⁵ Nonetheless, there is a lack of published information on leadership and leadership development programmes in physiotherapy.⁶

Although some aspects of leadership are universally endorsed, it is important to remember that people in different cultures have different criteria for defining effective leaders.⁷ Leadership theories and practices can be difficult to transfer across cultures: What works in

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one culture may not work in another.⁸ For this reason, leadership perceptions and practices across different cultures should be investigated to identify leadership etics (findings universal to all cultures) and emics (findings unique to individual cultures) specific to physiotherapy.

Cross-cultural comparison of leadership in health care is a poorly researched area. A brief review of the literature performed by the first author retrieved only two studies on this topic. In the first, Posner⁹ examined how culture affects health care leaders' behaviour and their effectiveness as leaders. Reproductive health leaders in Ethiopia, India, Pakistan, and the Philippines completed a 360-degree leadership instrument, and each also asked eight of their constituents to complete an observer's version of the survey. Posner⁹ found that leadership practices varied between countries but that their impact within countries was the same. In the second, Zittel and colleagues¹⁰ reported on the insights gained by an international group of nurse leaders who attended the Global Nursing Leadership Institute in 2010, which provided an opportunity for senior- and executive-level nursing leaders from around the world to acquire new knowledge and skills about national and global leadership. Nursing leaders representing Australia, Bhutan, Lebanon, Lesotho, Thailand, and the United States discussed ways in which health care challenges and nursing converged and diverged in their respective countries.¹⁰ At present, there are no cross-cultural comparative studies of leadership in physiotherapy.

To date, only three publications (two from Canada and one from Ireland) have reported on physiotherapists' perceptions of leadership.^{2,11,12} The purpose of Desveaux and colleagues'¹¹ study was to explore the concept of leadership from the perspective of physiotherapists in Canada; Desveaux and Verrier² aimed to compare Canadian physiotherapists' perspectives on the leadership characteristics required in the workplace and those required in society. McGowan and Stokes¹² incorporated both of these aims, investigating leadership from the perspective of Irish physiotherapists and comparing the importance they place on leadership characteristics in the workplace and in society.

In the study reported here, we undertook a cross-cultural comparison using previously presented results from the Canadian and Irish studies. Our study represents the first step toward taking an international view of leadership in physiotherapy; cross-cultural comparisons help to facilitate international collaboration, education, professional development, and mobility for physiotherapy professionals and students. The present study is part of a larger research project investigating similarities and differences in perceptions of leadership in physiotherapy across a range of different cultures. Data from this and subsequent studies will inform the development of a definition of leadership appropriate to physiotherapy internationally.

Our primary objective was to compare Irish and Canadian physiotherapists' perceptions of the skills and attributes that are important for effective leadership in the workplace, in the health care system, and in society. A secondary objective was to compare the proportion of physiotherapists in Ireland and in Canada who perceive themselves as leaders and to compare the factors associated with this self-declaration in each country.

METHODS

Desveaux and colleagues¹¹ and Desveaux and Verrier² surveyed Canadian physiotherapists on their perceptions of leadership. McGowan and Stokes¹² used the same questionnaire in a subsequent study of Irish physiotherapists. Below we compare and discuss the previously reported results of these surveys.

Methodology of the original surveys

To permit comparison of the results, the Irish study followed the same distribution and analysis methodology used in the Canadian study, as described in the original articles.^{11,12} Briefly, an online survey was distributed by email via a gatekeeper to members of the national physiotherapy professional organizations in Canada and Ireland.

Survey instrument

The questionnaire was developed by Desveaux and colleagues¹¹ using information obtained through a literature review of leadership characteristics described in business and health care settings. The first section elicited respondents' personal and workplace demographics. The second section listed 15 key attributes consistently identified as important to leadership in business and health care settings and asked participants to rate how important they perceived each characteristic to be to successful leadership across three different settings—the workplace, the health care system, and society—on a 5-point Likert-type scale. Society, for the purposes of the survey, was defined as “the global environment in which the community functions,” encompassing the public's views and perceptions of the physiotherapy profession and what it can offer the wider community. To reduce the risk of differences in interpretation, working definitions of the terms used in the questionnaire were provided and remained visible to respondents throughout the survey. The final question asked participants, “Do you perceive yourself to be a leader?”

Survey modifications

McGowan and Stokes¹² adapted the original questionnaire to make it applicable to participants in the Irish study, including rewording the question on work environment to make it compatible with the structure and types of workplace in the Irish health care system. As in Canada, physiotherapists in Ireland are autonomous health care practitioners who work in a range of settings.¹³ (The types of workplaces named in the Canadian

Table 1 Demographic Characteristics of Canadian and Irish Respondents

Demographic characteristic	No. (%) of respondents	
	Canada	Ireland
No. of responses/no. sent survey (<i>n</i> = no. of fully completed surveys)	1,875/6,156 (<i>n</i> = 1,511)	615/2,787 (<i>n</i> = 525)
Gender		
Male	241 (15.9)	93 (17.7)
Female	1,270 (84.1)	432 (82.3)
Leader		
Self-identified as a leader	1,203 (79.6)	387 (74)*
Did not self-identify as a leader	308 (20.4)	136 (26)*
Supervisory status		
Supervises students	833 (55.1)	247 (47.3)†
Does not supervise students	678 (44.9)	275 (52.7)†
Practice setting		
Private practice	586 (38.8)	194 (37.0)‡
General hospital	343 (22.7)	0 (0)‡
Public hospital	0 (0)	165 (31.4)‡
Private hospital	0 (0)	38 (7.3)‡
Rehab hospital	133 (8.8)	0 (0)‡
Community	98 (6.5)	85 (16.2)‡
Long-term care	89 (5.9)	0 (0)‡
Education	90 (6.0)	39 (7.4)‡
Other	172 (11.4)	89 (17.0)‡
Level of education		
Certificate	57 (3.8)	0 (0)§
Diploma	0 (0)	49 (9.5)§
Bachelor's degree	861 (57.0)	277 (53.7)§
Master's degree	412 (27.3)	175 (33.9)§
Doctoral degree	64 (4.2)	11 (2.1)§
Other degree	117 (7.7)	0 (0)§
Doctor of Physical Therapy	0 (0)	4 (0.8)§

* *n* = 523.† *n* = 522.‡ In the Irish survey, some participants indicated that they worked in more than one setting type; therefore, the total exceeds *n* of 524.§ *n* = 516.

and Irish surveys are listed in Table 1.) The leadership characteristic contingent reward was changed to adaptability, based on feedback from physiotherapists in Ireland who had completed the survey as part of a pilot study to test its clarity and readability. The definition of the term provided to respondents was the same as that used in the Canadian study.

Statistical analysis

This study compares the published results of the Canadian studies^{2,11} with the results reported in the Irish study.¹² Statistical analyses conducted in the original studies and in this study are briefly described.

Statistical analyses in the original studies

Analyses conducted in the Irish study were the same as those conducted in the two Canadian studies.^{2,11} In each study, frequency distributions and percentages were obtained for the leadership characteristics in the three

settings,^{11,12} and percentages were sorted in descending order from most to least likely to be rated as extremely important.

Chi-square analyses were performed to investigate whether an association existed between working in private practice and rating business acumen as important; the threshold for statistical significance was set at $p < 0.05$, with the assumption that no association exists. In both studies, the authors obtained frequency distributions and percentages for the leadership variable and performed χ^2 analyses comparing leadership declaration status to demographic variables (gender, supervisory status, highest degree attained, and workplace).

The Irish study and the more recent of the two Canadian studies compared the importance ratings of leadership characteristics by setting,^{2,12} using Mann-Whitney *U* tests to compare the ratings of characteristics between the workplace and society.

Statistical analyses in this study

In our study, to compare the percentage of physiotherapists in Ireland who self-declared as leaders with the percentage of physiotherapists in Canada who did so, we performed two-portion *Z*-tests using the Statistical Package for the Social Sciences (SPSS), version 21 (IBM Corp., Armonk, NY), and calculated 95% CIs for the difference between the two proportions.

RESULTS

The Canadian study's response rate was 30% (*n* = 1,875); that of the Irish study was 22% (*n* = 615).^{11,12} Table 1 shows the demographic characteristics of respondents from each country.

Leadership characteristics

Table 2 shows the proportions of physiotherapists who rated each characteristic as extremely important. In the Canadian study, communication, professionalism, and credibility were the three characteristics most often rated as extremely important in all three settings.¹¹ For physiotherapists in Ireland; communication and professionalism were the top two characteristics in all three settings,¹² but the third most highly rated characteristic varied by setting: in the workplace, ability to motivate; in the health care system, active management; and in society, empathy.¹²

The characteristic least often rated as extremely important varied by setting in the Canadian study: in the workplace, social dominance; in the health care system, extraversion; and in society, the ability to delegate.¹¹ In Ireland, however, social dominance was the characteristic least often rated as extremely important in all three settings.¹²

Mann-Whitney *U* tests demonstrated that both Irish and Canadian physiotherapists were more likely to rate

Table 2 Proportion of Physiotherapists Who Rated Each Characteristic as Extremely Important: Canada and Ireland

Leadership characteristic	% of respondents					
	Workplace		Health care system		Society	
	Canada	Ireland	Canada	Ireland	Canada	Ireland
Communication	75.1	79.0	68.1	71.0	50.9	58.1
Professionalism	64.0	67.4	60.7	66.2	40.6	49.2
Credibility	58.9	64.5	54.2	52.1	37.2	34.2
Active management	48.9	61.8	44.4	56.7	24.7	34.6
Ability to motivate	48.7	66.7	32.1	53.3	24.8	39.2
Self regulation	46.2	46.8	37.1	38.6	29.6	30.8
Contingent reward/adaptability	43.3	60.7	43.7	56.4	27.5	37.1
Social skills	43.1	55.6	30.1	39.4	29.3	40.6
Empathy	39.5	57.8	26.4	44.3	24.6	44.6
Ability to delegate	36.5	58.9	30.9	50.4	13.8	28.4
Vision	34.5	43.1	50.8	53.5	33.6	30.4
Self-awareness	25.2	33.1	18.3	28.3	17.9	24.9
Extraversion	22.3	39.7	16.5	33.0	15.9	25.9
Business acumen	22.0	34.7	37.7	43.7	16.0	21.2
Social dominance	20.2	27.0	20.8	27.0	16.4	18.4

leadership characteristics as extremely important in the workplace than in society,^{2,12} and this difference was statistically significant for all 15 leadership characteristics ($p < 0.001$ in the Canadian study; $p < 0.01$ in the Irish study).^{2,12} Physiotherapists working in private practice were more likely to rate business acumen as extremely important in the workplace, both in Canada ($\chi^2_1 = 12.44$, $p < 0.001$) and in Ireland ($\chi^2_2 = 18.971$, $p < 0.001$).^{11,12}

Declaration as a leader

Table 1 shows the proportion of respondents from each country who self-declared as leaders. In Desveaux and colleagues'¹¹ study, 79.6% of respondents self-declared as leaders; in the Irish study, 74.0% of respondents did so.¹² We investigated these sample proportions and found a small but statistically significant difference between the two countries: Canadian physiotherapists were more likely than Irish physiotherapists to perceive themselves as leaders ($Z = 2.67$, $p < 0.05$; 95% CI: 1.33, 9.87).

Factors associated with self-declaration as a leader

We observed several differences between countries in the factors associated with self-declaration as a leader. In Canada, male gender, supervising students, and working in private practice or education were associated with self-declaration as a leader;¹¹ in Ireland, by contrast, the highest qualification a physiotherapist had attained was the only factor associated with self-declaration as a leader.¹²

DISCUSSION

The cultural, ethical, and religious backgrounds of health care providers have a significant impact on health care and on health care decision making.^{14–17} Societal cultural values are therefore an important contextual

consideration when comparing the perceptions of health care professionals in different countries.

The Global Leadership and Organisational Behaviour Effectiveness (GLOBE) Research Program, a major project investigating the interrelationships among societal culture, organizational culture, and leadership¹⁸ that involved close to 150 management scholars and social scientists from 61 cultures studying 17,300 middle managers, found that although leadership attributes and behaviours varied by culture, certain implicit leadership traits (e.g., team oriented, charismatic) had universal endorsement.

The GLOBE Research Program placed Canada and Ireland in the same cultural cluster, the “Anglo cluster.” According to Gupta and colleagues’¹⁹ description of the development of these clusters, countries in the Anglo cluster are said to have three important characteristics: English is their predominant national language, they were once part of the British Empire, and they have developed Western economies.²⁰ These countries share similar dominant value orientations, as manifested in the cultural dimension scores identified by GLOBE.²⁰ Because countries in the same cultural cluster are more similar to each other than to countries outside the cluster,²¹ perceptions of effective leadership in physiotherapy might be expected to be similar between Canada and Ireland.

Indeed, the results from the Canadian and Irish surveys that we analyzed for this study demonstrated many similarities in the leadership perceptions of physiotherapists working in Ireland and those of physiotherapists working in Canada. In both countries, communication and professionalism were the two characteristics most often rated as extremely important across all three settings, which suggests that physiotherapists from both

countries perceive communication and professionalism as fundamental to effective leadership in physiotherapy.

These findings are not surprising; the importance of effective communication to good leadership in health care settings has been widely reported.^{22–24} Physiotherapists rely on effective communication (both verbal and nonverbal) between themselves and their clients, their colleagues, and other health and social care workers.²⁵ Similarly, a high degree of professionalism—defined by Wilkinson and colleagues²⁶ as incorporating adherence to ethical practice principles, effective interactions with people working within the health system, effective interactions with patients and their families, reliability, and commitment to autonomous maintenance or improvement of competence in oneself, others, and systems—among health care providers builds trust with the patient and facilitates appropriate relationships with colleagues.²⁷

Physiotherapists in Ireland rated empathy as the third most important leadership trait in society, which may reflect Ireland's high score on the Humane Orientation cultural dimension in the GLOBE study.²⁸ Humane societies are said to be founded on moral and civil virtues such as honesty, fairness, sincerity, and empathy; they recognize the equality and dignity of each person.²⁹ Ability to motivate was the third most important leadership trait in the workplace for physiotherapists in Ireland, which may reflect that these respondents view the ability to inspire and encourage others as an important leadership role in the workplace and is consistent with a transformational leadership style.³⁰ The third most highly rated trait for a physiotherapist to demonstrate in the health care system was active management. Active management was defined as “actively monitor[ing] situations and mak[ing] corrective interventions before situations become problematic.” This finding suggests that these respondents recognize the importance of being cognisant of potential problems in the health care system and of being assertive when intervening to address them. As detailed by the Chartered Society of Physiotherapists (CSP)³¹ in the United Kingdom, physiotherapy leaders must take a central role in the redesign, delivery, and sustainability of key patient services and pathways.

For physiotherapists in Canada, however, the third most highly rated leadership characteristic across all three settings was credibility, defined as being “up to date on continuing education, able to give guidance or directions to find answers or solutions.” Credibility in the physiotherapy profession is enhanced through evidence-based practice (EBP);³² results from the Canadian survey suggested that physiotherapists in Canada recognize that demonstrating EBP and assisting colleagues with their own professional development are essential behaviours in demonstrating leadership to both health care professionals and the general public.

Respondents in Ireland and Canada agreed on the characteristic they perceived as least important in the

workplace: social dominance. For the purposes of the survey, to exert social dominance was to “gain respect and attention of others, appear competent and have a strong influence over others.” This unequal distribution of power echoes the Power Distance cultural dimension in the GLOBE project, defined as “the degree to which members of an organisation or society expect and agree that power should be unequally shared.”^{18(p.4)} Countries in the Anglo cluster scored low on Power Distance; the finding that social dominance was not highly rated is therefore consistent with the results of the GLOBE project.

A characteristic of particular interest to Desveaux and colleagues¹¹ was business acumen. Physiotherapists in both Canada and Ireland who worked in private practice were more likely to rate business acumen as extremely important in the workplace than those who worked in other contexts. In the health systems of both countries, physiotherapy services are on the boundary between public and private; that is, they are funded sometimes through public funds, sometimes through private funds, and, in certain circumstances, through a combination of both.³³ Because physiotherapists, and health care professionals more generally, often consider business acumen to be the domain of those working in the private sector rather than of those working in the public or non-profit sectors,³⁴ it is unsurprising that physiotherapists working in private practice were more likely to rate business acumen as extremely important. A business approach is also important in the public and non-profit sectors, but increasing pressure to improve efficiency and operate in a cost-effective manner has created a growing demand for health care leaders with business acumen.³⁵ Yet despite the potential relevance of business skills to a wide range of activities within physiotherapy, such skills are not commonly included in physiotherapy curricula and are generally addressed only in continuing professional development activities run by special interest or employment groups.³⁴

Respondents in both Ireland and Canada were more likely to rate all characteristics as extremely important in the workplace than to rate them as extremely important in society. Desveaux and Verrier² hypothesized that the decrease in perceived importance of leadership characteristics at the societal level may indicate that physiotherapists are more focused on leadership in their immediate work environment than in the wider society. The importance of leadership may be more readily apparent in the workplace than in society, where the concept of leadership may seem more abstract.

Working at the point of care with patients across the health care system, from home to community to hospital services, physiotherapists are ideally positioned to identify areas for improvement and lead efforts to bring change and innovation.³¹ Their long contact time with patients enables them to develop trusting relationships

and thus to respond effectively to patients' needs and concerns. Recognizing the opportunities for physiotherapists to use their leadership skills in the wider societal context may be less obvious, however. We need to promote physiotherapy services through modern marketing strategies to improve public awareness and confidence in physiotherapy,³⁶ which will require leadership at the societal level. Several such promotional campaigns are currently being run by physiotherapy professional groups around the world; National Physiotherapy Month in Canada³⁷ aims to raise awareness of the physiotherapy profession in Canada and its many benefits for patients by engaging CPA members, patients, and the public in events and activities. In Australia, the "I ♥ my Physio" campaign³⁸ invites members of the public to share their stories of how their lives have improved with support from a physiotherapist. The CSP Council in the United Kingdom supports Physiotherapy Works,³⁹ a 3-year program aimed at increasing demand for physiotherapy services by communicating how physiotherapy can help people live better and longer. In Ireland, the Irish Society of Chartered Physiotherapists (ISCP) has set up Move4-Health,⁴⁰ a health promotion initiative that informs the public of physiotherapists' role as physical activity experts and highlights the contribution that physical activity can make in the treatment and prevention of many medical conditions.

The finding that more than 70% of physiotherapists in both studies perceived themselves as leaders is encouraging, particularly given the contrasting findings in research on the nursing profession. For example, Sherman⁴¹ reported growing concern among nurse leaders about nurses' lack of desire to advance to leadership positions, and Bulmer⁴² found that only 12.5% of registered nurses aspire to leadership roles. Self-awareness of leadership capabilities is an essential step that will allow physiotherapists to pursue leadership roles in the health care system.⁴³

Self-declaration as a leader was associated with male gender for physiotherapists in Canada, but not for those in Ireland. Traditionally, men have predominated in leadership positions across most sectors of society,⁴⁴ and the stereotype that leaders are male is still common.⁴⁵ There is evidence that within the medical profession, gender biases still hamper women's success in their pursuit of leadership.⁴⁶ These stereotypes and biases may have had an impact on study participants' views of their own leadership potential and may thus explain why female physiotherapists in Canada were less likely than their male colleagues to perceive themselves as leaders. It is not clear why the Irish study did not find the same association.

We found a statistically significant difference between the two countries in the percentage of respondents who self-declared as leaders, but this difference was relatively small. This finding may reflect the existence of CPA's Leadership Division, which fosters discussion around

leadership and has recently introduced leadership skill development programmes for physiotherapists.⁴⁷ The ISCP, by contrast, does not have a leadership specialist interest group and does not offer leadership development opportunities to all its members. The Chartered Physiotherapists in Management is an employment group of the ISCP that does offer leadership development opportunities to its members. However, to be a member of this group a physiotherapist must be employed in a recognized health or education sector management role.

The leadership characteristics identified as important to physiotherapists in this study may form the basis for developing leadership programmes for physiotherapists in a variety of countries; for example, the results of the Canadian survey have been used to inform the development of CPA's leadership development curriculum.⁴⁸ When determining the content of leadership development, we must consider what definition of leadership will be used; the definition of a leader advocated by CPA's Leadership Division, as documented in their *Framework for Professional Development of Leadership Core Competencies* document,^{48(p.4-5)} is someone who

leads successful and sustainable change, holds multiple lenses and perspectives, strengthens and builds relationships, inspires and engages others to grow, leads across complex systems, asks questions and reflects on and senses what is needed most in a system.

The research phases to follow this preliminary study will aim to shed light on whether this definition is valid in an international context or whether it will need to be refined. At present, leadership development programmes in Canada focus on emotional intelligence, appreciative inquiry, and transformative leadership.⁴⁸ Although our results highlight many similarities in Irish and Canadian physiotherapists' perceptions of leadership, further research is needed to decide whether the content of this Canadian programming is also appropriate for Irish participants.

Limitations

The limitations of the original studies also affect the comparisons and conclusions made in this article.^{11,12} These limitations include the response rates in both studies (which may have led to a non-response bias), the fact that only members of the professional body (and not professionals who were not members) were surveyed, and the potential for differences in interpretation of the terms used. To mitigate potential differences in how the leadership terms were understood, the same definitions were used in both studies, and these definitions remained visible to the respondents while they completed the survey. The social desirability of being a leader could also have led to a response bias in which a higher percentage of respondents reported that they perceive themselves to be a leader than actually do consider themselves a leader.

An additional limitation of our study was that our comparisons between the two countries used only the published data from the Canadian studies and not their raw data. The differences in response rate and total number of participants are also a limitation to consider when interpreting the results of this comparison. Another possible limitation relates to the comparison between our study results and those of the GLOBE project: The Canadian sample in the GLOBE project consisted of English-speaking Canadians only, whereas the Canadian sample in our study included physiotherapists from both Anglophone and Francophone regions of Canada. For these reasons, our conclusions should be interpreted with caution because they may not be generalizable to the wider physiotherapy populations in Canada and Ireland.

Future research

The next phase of this research will investigate whether physiotherapists' perceptions of leadership qualities are the same as their enactment of those qualities. Further research is needed into how physiotherapists demonstrate leadership qualities and what leadership styles or frameworks they use in their daily practice.

CONCLUSION

Physiotherapists in both Ireland and Canada consider communication and professionalism to be the most important leadership characteristics for a physiotherapist to demonstrate. Leadership programmes for physiotherapists should therefore incorporate these attributes and their development as key themes. Physiotherapists in Canada were significantly more likely to perceive themselves as leaders than physiotherapists in Ireland, although only by a small margin. The factors associated with self-declaration as a leader were different for physiotherapists in Ireland and Canada: In Canada, self-declaration as a leader was associated with male gender, supervising students, and working in private practice or education, whereas in Ireland the only factor associated with self-declaration as a leader was highest degree attained. Further investigation of the factors associated with self-perceived leadership ability is needed to allow the design of training programmes and developmental pathways that will encourage all physiotherapists to engage in leadership activities.

Results from this study and the phases to follow may contribute to the development of a definition of leadership on which to base the content of leadership programmes for physiotherapists in a variety of countries. More in-depth research is needed to investigate whether the leadership definitions used by physiotherapists in other countries are significantly different from those of Canadian physiotherapists and thus whether Canadian materials for developing leadership can be used elsewhere.

KEY MESSAGES

What is already known on this topic

Perceptions of leadership are influenced by culture. Physiotherapists in Canada perceive communication, professionalism, and credibility to be the most important leadership characteristics for physiotherapists to demonstrate. A high proportion of physiotherapists in Canada perceive themselves as leaders.

What this study adds

This study is the first cross-cultural comparison of leadership perceptions among physiotherapists. Physiotherapists in Canada and Ireland have similar perceptions of the leadership characteristics that are important for effective leadership, but Canadian physiotherapists may be more likely to perceive themselves to be a leader than physiotherapists in Ireland. Results from this study provide a basis for further investigation to construct a definition of leadership for physiotherapists in a variety of countries, which may ultimately be used in the development of leadership training programmes for physiotherapists around the world.

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