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PERSPECTIVES

A Review and Conceptual Framework for Integrating Leadership into Clinical Practice

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Context: The purpose of this review is to assess leadership education and practice in athletic training. Leadership is a critical component of athletic training and health care. Leadership research in athletic training is dramatically behind other health care professions.

Objective: To develop a model for integrating leadership behavior and education into clinical practice and athletic training education that is based on review of leadership literature within athletic training and to introduce a conceptual framework from which to base future dialogue and by which to describe and assess the demonstration of leadership within athletic training.

Data Source: PubMed and CINAHL served as the data sources for the allied health fields and were limited to athletic training and nursing. Other data sources included EBSCO Business Source Complete, ERIC, and leadership and management texts.

Data Synthesis: The role and presence of leadership behaviors and skills in athletic training journals were reviewed and summarized. A general overview of the various leadership theories is presented.

Conclusions: Leadership behavior can facilitate the transfer of professional behavior and performance from classroom to clinical practice; however, leadership may be perceived to be less important than clinical skills. A model for integrating leadership into athletic training is presented with implications for practice. As athletic training continues to evolve, the need to formalize leadership development for athletic trainers may be warranted. Focusing on the structure and function of leadership behaviors and content may help advance athletic training and align it with other health professions relative to leadership research.

Key Words: Leadership theories, contextual intelligence, management

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A Review and Conceptual Framework for Integrating Leadership into Clinical Practice

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INTRODUCTION

The 6th edition of the Board of Certification, Inc. Role Delineation Study and Practice Analysis (RDS/PA) states, "athletic trainers… must utilize leadership techniques to compete in today's healthcare market."[1 (p.70)] This statement supports the general consensus that leadership is growing in importance within healthcare.[2-4] It is believed that without leadership, the organizations that employ athletic trainers would "stagnate and cease to be effective."[5 (p.5)]

The RDS/PA further indicates that knowledge of leadership styles is essential to being able to demonstrate certain tasks outlined in Domain V (Organizational and professional health and well-being). Those specific tasks include applying internal and external business functions that support organizational growth, development and sustainability and require such subtasks[1] including:

- *business planning*
- *financial operations*
- *staffing*
- *marketing*
- *public relations (PR)*

The explicit message is that knowledge and application of leadership is a "must" if these tasks are to be practiced effectively. Furthermore, empirical investigations have reported that athletic trainers from multiple settings with varying roles and experience believe that leadership content and behavior is necessary and important in athletic training.[6-7] While there is little disagreement over necessity, the application, implementation, and evaluation of leadership behavior and content in athletic training education and clinical practice is unclear and haphazard. Dialogue is needed that advances how implementing organized and intentional leadership development might impact athletic training. Therefore, the purposes of this review are to assess the state of leadership education and practice in athletic training and to develop a conceptual model for integrating leadership behavior and education into clinical practice and athletic training education.

It is the proficient demonstration of leadership by athletic trainers that will pave the road for the advancement and recognition of the profession as the healthcare industry changes and athletic training evolves. There is little debate over whether leadership is an advanced-practice behavior or entry-level behavior. The consensus is that leadership is an entry-level responsibility.[3,4] However, leadership proficiency is expected to increase commensurate with career experience.[6]

Leadership is not just important because it helps ensure the survival and longevity of a profession or a clinician; it is an essential aspect of providing quality healthcare. For example, leadership behavior has been reported to improve clinical outcomes and patient satisfaction.[8-12] Therefore, the benefit of leadership transcends both preparing students or young professionals for involvement in an association, organizational roles, or political action and preparing the clinician for management responsibilities (eg, budgeting, facility design, risk management).

Conceptual Difficulty With Leadership

Leadership has historically been extremely difficult to define.[13] Because there is little consensus on how to define leadership, it has become an imprecise, vague and even ethereal construct. This confusion has made leadership difficult to conceptualize and even harder to operationalize. For example, BOC exam writers indicated that writing questions that address Domain V were the most difficult to write. In fact, the specific task of "manage[ing] human and fiscal resources by utilizing appropriate leadership…" was reported to be the most difficult of all the tasks from all domains for which to write questions.[1 (p.94)]

The difficulty over what leadership is and how it can be evaluated or practiced transcends writing exam questions. For example, "non-clinical" roles of healthcare practitioners, including but not limited to leadership, are reported to be poorly addressed or to be less of a "concern" relative to clinical skill in healthcare education.[14-16] Further exacerbating this dilemma is that currently only 12% of BOC exam constitute knowledge from Domain V. The lower proportion of questions pertaining to Domain V, while justifiable, may give the false impression that related skills are less important and not as valuable to clinical practice. This is especially noteworthy in light of claims that non-clinical skills have been described as lacking from the new practitioner's skill set.[14] Therefore, it is incumbent upon athletic training education faculty and clinical instructors to introduce and evaluate the practice of leadership as it pertains to the increasing professional standards and expectations.

The framework offered in this manuscript is based on a review of leadership literature within athletic training and other relevant interdisciplinary research, and is an attempt to advance the dialogue about leadership beyond ethereal and haphazard application and introduce it as an indispensable construct within athletic training. The review will begin with definitions and descriptions of leadership, followed by a brief examination of the leadership literature in athletic training. We will also examine the evolution of leadership models and review several prominent leadership theories. Outcomes of leadership are outlined next, followed by differences between leadership and management. Finally a conceptual framework for leadership in athletic training will be presented with recommendations and conclusions.

Leadership Definitions and Descriptions in Athletic Training

In spite of attempts to define or describe it, leadership remains a vague term that is extremely difficult to define succinctly.[13,17-20] Leadership includes so many nuances and idiosyncrasies,

that there are literally thousands of different definitions and descriptions that dilute the overall construct. Even in athletic training, where leadership research is relatively scarce, there are several definitions or descriptions of leadership.[5,19,21,22]

Currently, several athletic training textbooks define leadership. Fortunately, there are enough "common threads" between these definitions that a reasonable idea of how leadership can be defined within athletic training can be formulated. Rankin and Ingersoll[21p.37] define leadership as "the ability to influence others toward the achievement of goals." Ray defines leadership as "a subset of power" and is "the process of influencing the behavior and attitudes of others to achieve intended outcomes."[5 (p.5)] Kutz[22(p.58)] defines leadership as "the ability to facilitate and influence superiors, peers, and subordinates to make recognizable strides toward shared or unshared objectives." Still other athletic training literature describes leadership as "…an influence relationship among leaders and followers who intend real changes that reflect their mutual purposes."[19 (p.328)]

When analyzing these definitions and descriptions, it is clear that leadership includes the elements of 1) influence and 2) measurable results. *Influence* is included in all previously referenced definitions of leadership used in athletic training, and has been defined as the "ability to affect the behavior of others,"[22 (p.58)] which is further described as a force that transcends organizational hierarchy and roles or job titles.[22] Other health care literature supports the notion that leadership is based on influence that transcends a job description, title, or role.[23]

The notion that influence is the main actor in the process of leadership implies that anyone, anywhere, at any level can demonstrate it. Therefore, it can be argued that being a leader and practicing leadership are entirely different. A "leader" can be described as an administrative position or some other formal organizational role. This delineation could serve as rationale for differentiating between management and leadership within athletic training. In other words, leadership may be universal and open to all, while management should be reserved for those more seasoned clinicians with formal hierarchical positions, titles, or organizational roles. This interpretation is supported by the Pew Commission, who recommend that all health care professionals, whether in a management position or not, should practice leadership.[3]

The second common element between leadership definitions was obtaining measurable results. It is clear that leadership must include advancement toward some goal, objective, purpose, or outcome. Whether or not these goals need to be premeditated and agreed upon by all stakeholders is unclear, but the implication is that they are shared between the leader and followers. Kutz,[21] however, states that objectives can be shared or unshared, which implies that outcomes may not be pre-planned or mutually established. This idea can be supported by the fact that leaders occasionally may need to make decisions quickly or pursue goals without having the time to consult with followers or build buy-in.

There appear to be two noteworthy nuances in athletic training's descriptions of leadership. The first is Kutz's[22] addition of unshared objectives, which is discussed above. One important consequence of this nuance is that it may increase the likelihood of leaders abusing or exercising their influence unethically. The second is Ray's[5] distinction that leadership is a subset of power. This caveat implies that leadership may be elusive to some and only available to those with organizational power.

A review of the definitions of leadership within the athletic training literature raises several additional questions. Can leadership truly be practiced by all athletic trainers? Is there a certain level of experience needed before leadership is realized? Is there a difference between leaders and leadership? Finally, must goal realization be agreed upon between leader and follower for influence to be legitimate? Answering these questions is beyond the scope of this review; however, researchers, educators, and clinicians should begin to discuss and examine these and other questions as they relate to the description and practice of leadership within athletic training.

Review of the Leadership Literature in Athletic Training

Leadership is clearly valued as an important factor in many healthcare-based disciplines,[24-26] and has emerged as a well-developed focused line of research in the literature of many professions, including business management, organizational and industrial psychology, nursing, and educational research. To a lesser extent, leadership is an important line of inquiry in medical and allied health care literature. Unfortunately, there is a dearth of leadership research in athletic training.

A basic PubMED and CINAHL database search of athletic training journals for any article with the word "leadership" in the title was conducted in February 2011. After eliminating editorials and opinion pieces, a total of 8 articles from the *International Journal of Athletic Therapy and Training* (formerly *Athletic Therapy Today), Journal of Allied Health,* and the *Journal of Athletic Training* were found. Of these, the first appeared in the *JAT* in 1994 (see Table 1) and only 4 appeared to be empirical or based on empirical investigations. A similar CINAHL search limited to "peer-reviewed" "nursing" journals with "leadership" in the title produced 2,662 articles; of these, the first appeared in 1938, and 326 were research-based.

The lack of leadership research in athletic training could have a negative impact on the professional development and socialization of athletic trainers. This is particularly troubling given the anticipated growth of athletic training, and may ultimately hinder the profession's efforts to promote itself. Therefore, as athletic training develops and expands this area of research, a leadership culture must be created to establish value and eventual sustainability. A sustainable leadership culture may result in athletic trainers intentionally practicing leadership, with the profession benefiting from associated outcomes, which are described later in this review.

In spite of the relatively low presence of leadership research within athletic training, there are enough investigations involving leadership to begin to lay a foundational framework of the concept within the profession. A review of the leadership literature in athletic training reveals 3 primary themes. The first is that leadership is important and needs to be practiced by all athletic trainers.[27-31] The second emergent theme is that there is a difference in the practice of leadership between head athletic trainers (HATs) and academic program directors (PDs).[32] The implication of this finding is far reaching. For example, if distinct

Table 1. Leadership Articles in AT Journals

Journal Name	Article Title	Date	Author(s)	Theme/Finding/Key Point(s)
Journal of Athletic Training	Leadership and management: techniques and principles for athletic training	1994	Nellis	Identifies importance of and differences between leadership and management
	Athletic training clinical instructors as situational leaders	2002	Platt-Meyer	Clinical instructors should use situational leadership in their interaction with students during their clinical education
	Leadership behaviors of athletic training leaders compared with leaders in other fields	2007	Laurent & Bradney	Identifies transformational leadership behaviors unique to AT programs directors and the differences between PD's and Head AT's leadership style
International Journal of Athletic Therapy and Training (formerly Athletic Therapy Today)	Leadership characteristics as significant predictors of clinical-teaching effectiveness	2002	Platt-Meyer	Leadership skills and abilities are necessary for clinical instructors and the characteristics of leaders are similar to effective clinical instructors
	Leadership factors for athletic trainers	2008	Kutz	Identifies six important leadership factors unique to athletic training practice
	Transformational leadership and building relationships with clinical instructors	2009	Herzog, Zimmerman, Lauber	Recommends students have better educational experience when clinical instructors and faculty relate to each other with transformational behaviors
Journal of Allied Health	Leadership content important in athletic training education with implications for allied health care	2008	Kutz & Scialli	Identifies 35 leadership content areas and three leadership factors important to teach in ATEPs and the significant differences between that content and the different types of ATEPs
	Leadership in athletic training: implications for practice and education	2010	Kutz	Identifies specific leadership-based competencies important for athletic trainers

leadership practices and behaviors exist between athletic training leaders based on their role or setting, it becomes necessary to determine what those differences are and why they are present. The third theme is that there are, in fact, athletic training specific competencies and content unique to the profession regardless of setting or role.[6,7] However, it should be noted that the importance of specific leadership behaviors and content changes based on an athletic trainer's experience and education level, which may help to explain some of the leadership differences noted between HATs and PDs.

Evolution and History of leadership theory

Leadership is one of the oldest and most examined phenomena of all time, dating back to antiquity.[33,34] Avery[33] describes 4 major models in the evolution of leadership theory: classical, transactional, visionary, and organic.

Evolution of Leadership

The classical model dominated leadership theory from antiquity until the early 1970s. Under the classical model, a leader's power or influence was innate and having a vision was not considered necessary to ensure follower support. Often a leader's influence was based on fear or respect. Under this model, a leader's position or placement was rarely challenged. As workers became more skilled and knowledgeable, this model became less popular.

The transactional model gained popularity in the early 1970s, as the classical model moved out of vogue. The transactional model signaled the era of the manager, and vision was neither necessary nor articulated. Influence was based on contractual negotiations of rewards and punishments between the leader and subordinates. Considerable effort was taken by transactional leaders to "create" environments conducive to management intervention.

The visionary model emerged in the mid-1980s, lasted until the early 2000s, and still has many proponents today. Visionary leadership, also called charismatic or transformational leadership, involves the leader using emotion to inspire and create follower buy-in (note that with the entrance of visionary model language changed from subordinates to followers). Within this model, vision is fundamental and followers are encouraged to contribute to the leader's vision.

The final model, organic, overlaps with visionary, and is predicted to be the model that is used now and in the future. The organic leadership model centers on the collective vision of the group and team. A vision is important, but it is not "owned" by the leader. Instead, the vision is created collectively, and the leader helps to implement the will of the team. Influence is based on relationship and mutuality, and the rise of a leader comes internally and is considered "grass-roots." Organizational charts from an organic model tend to look like an "amoeba" instead of the pyramid shape

of the other three models. The four leadership models outlined here often serve as a philosophical foundation from which leadership is practiced.

Problems with evolving leadership paradigms

While an ancient construct, leadership has only been studied in depth since the late 19th century.[18,33,35-36] Several leadership theories have emerged throughout the last century. As new research emerges in the field, leadership models and theory will continue to evolve. The difficulty with the evolution of leadership models is that the previous model(s) do not disappear. Therefore, many practicing "leaders" are tempted to operate out of multiple leadership models, some of which are in conflict with each other, and often inadvertently frustrates followers. For example, it is common for a "leader" to operate from a purely transactional model and have little or few useful leadership skills. It is also possible to "mix models," which is frustrating for both followers and peers. For example, having a personal belief that leadership is something people are "born with" and innate, but then opening leadership development programs to anyone interested or soliciting feedback on strategic plans from non-management. Applying different leadership *models* during the practice of management or leadership is contradictory. On the other hand, mixing leadership behaviors or *styles* is encouraged. It is appropriate to transition between leadership styles when confronted with new problems or novel situations. For example, a leader may have to demonstrate servant leadership in a situation or with certain personnel, and then use a path-goal approach or situational style in a different situation.

History of Leadership

As leadership theory has evolved to include a broader understanding of vision, group/teamwork, and the role and place of the subordinate, historically it has been theories based on empirical research driving this evolution. Many of these theories are based in the seminal work of Ralph Stogdill.[18]

The Ohio State University studies of the 1950s, led by Ralph Stogdill, identified 1,800 leadership behaviors that were condensed down to 150 questionnaire items.[37] Respondents rated their supervisors on those 150 items; 85% of the ratings settled on two behaviors: initiating structure and consideration.[37,8] Initiating structure is the organizing and defining of relationships within groups.[37] Consideration is described as the the level to which the leader creates an environment of emotional support, warmth, friendliness, and trust.[38] These two constructs have served as the foundation for much of how leadership is practiced and understood.

Leadership theories have also been divided into trait and style approach domains.[38] The trait approach, which is part of the classical model, studies history's great leaders, focusing on innate qualities. In contrast, the style approach examines the leader's behaviors.[38] Further establishing trait and style approaches, Fairholm[36] argues that the questions, "what is leadership?" and "who is a leader?" are asked by two completely different sets of leadership theorists and researchers.

This contextually-driven approach asks, "who is a leader?" and "focuses on qualities, behaviors, and situational responses."[36(p.580)] The other approach "rejects the idea that leadership is a summation of the qualities, behaviors, or situational responses" of those in authority positions and assumes leadership is larger than the sum of the leader's traits and skills.[36(p.579)] According to this approach, leadership is practiced based on methods used and is not focused on the position held.[36] With this approach, anyone can be a candidate for leadership, and thus asks, "What is leadership?" According to Stogdill,[18] early leadership theorists did not take the interaction between situations and individual traits into account, which seems to be the basis for Fairholm's[36] observations. The major tenants of some of the most popular leadership theories are described below and are summarized in Table 2. Where appropriate, sections are concluded with a summary of athletic training research based on that theory or concept.

Leadership Theories and Concepts

Contingency Theory

Contingency theory was originally developed by Fred Fiedler, and hypothesizes that the effectiveness of a group is contingent upon the relationship between a leader's style and the degree to which the group situation enables the leader to exert influence.[39] A group's performance is contingent upon the appropriate matching of leadership style and the degree of favorableness of the group situation for the leader.[39] Therefore, contingency theory suggests that group outcomes can be improved by modifying the leader's style or the group's situation.[39] A main theme of this theory is how the leader can influence or change the group he or she is directing.

Situational Leadership

Situational leadership was originally developed by Ken Blanchard and Paul Hersey in 1968; its purpose is to open up communication and increase the quality and frequency of conversations about performance and development.[40] Situational leadership suggests that leadership style is adapted by the leader based on their diagnosis of the development level of the subordinate.[40] The subordinate's developmental level or "situation" is based on a relationship between two factors: competence and commitment.[40] For example, subordinates with high competence and high commitment warrant delegation with little supervision.[39] On the other hand, subordinates who demonstrate low competence but high commitment warrant direction aimed at developing competence.[40]

Platt-Meyer[41] investigated the situational leadership of athletic training clinical instructors, and concluded that the most effective clinical instructors adapt their teaching style to their students' level of readiness as determined by their competence and commitment. For example, students who are "confident" and able require low guidance and supervision by their clinical instructor. On the other hand, students who feel insecure in their ability need clinical instructors who give a high level of guidance and supervision. Unfortunately for athletic training education, those clinical instructors who employ one standardized level (or type) of supervision for all students may not be considering the student's best educational outcome.

Path-Goal Theory

Popularized in the 1970s Path-Goal theory is a modification of contingency or situational leadership.[37] This theory involves the leader setting a path to a specific goal for a specific member or

Table 2. Leadership Theories

Theory	Evolutionary Model	Major Tenants
Trait & "Great Man" Theories	Classical	Innate qualities or "traits" are believed to contribute to what make "great" social, political, or military leaders.
Contingency Leadership	Transactional/Visionary	Leader analyzes and adjusts behaviors and reactions to specific group situations based on the premise that different situations require a different style of leadership. A focus is on how the leader can change the group dynamics to better fit their style.
Situational Leadership	Visionary	Leader analyzes and adjusts their behavior based on the specific needs of individuals; who each require different types of intervention.
Path-Goal Theory	Transactional	The leader analyzes the "variables" inherent in the circumstance (i.e., individual or group characteristics and demands of task) and charts a path to a desired goal
Transactional Leadership	Transactional	Top-down hierarchal structure of governance where authority is vested in the organizational position. Use of incentives to influence behaviors and use of penalty to influence behaviors. There is a heavy emphasis on avoiding mistakes.
Transformational Leadership	Visionary	Attends to needs and motives of followers, and empathizes to a high degree with subordinates. Leaders are often self-sacrificing taking on personal risks. Leader displays optimism and encourages and creates an environment of creativity. Leaders help people understand the need for change and involve people in transcending self-interest.
Servant Leadership	Visionary	Attends to needs and motives of followers, and empathizes to a high degree with subordinates. Leaders are often self-sacrificing taking on personal risks. Leader displays optimism and encourages and creates an environment of creativity. Leaders help people understand the need for change and involve people in transcending self-interest.
Leader-member exchange theory	Transactional/ Visionary	Focuses on the relationship of the leader and the follower in terms of *in-groups* and *out-groups*, where in-group members' roles are negotiable. Out-group members work on predetermined contractual basis and have less flexibility.
Emotional Intelligence	Organic	Requires effectively regulation of emotions so as to promote emotional and intellectual growth of self and others. Leaders with high emotional intelligence are self-aware, self-managers, are socially aware, and socially skilled.
Contextual Intelligence	Organic	Is the appropriate interpretation and reaction to changing and volatile surroundings that includes the ability to assess and differentiate between contexts using knowledge of the past, present, and future.

team based on that member's personality or team's dynamics.[37-38] Path-Goal is about how leaders motivate employees to accomplish their designated goals, and draws heavily on motivational theory and emphasizes how the leader's style is influenced by both the work setting and subordinates.[38]

Trait & "Great Man" Theories

The "great man" [*sic*] theory promoted the idea that being a superior leader, is an issue of genetics; it is in fact the idea that one is born to lead with an innate set of leadership qualities and abilities.[18] This "great man" ideology still has proponents today. For example, a popular leadership book states, "leadership cannot be manufactured. It cannot be mustered up. It's an innate gifting."[42 (p.x)] Similarly, the trait theory posits that leadership traits are either innate or a divine endowment or that an individual can awaken dormant traits over time.[43] Regardless if leadership is innate, divine endowment, or learned, those who might have innate leadership ability still must improve their leadership ability through years of practice and experience.[24]

Transactional and Transformational Leadership

Burns[13] identified two types of leadership, transformational and transactional. Transformational leadership can be summarized as that which inspires and motivates others and is acquired because of the leader's application of creativity, admiration, and respect.[13] Transformational leaders give respect and admiration, and are likewise typically admired and respected greatly by their followers. Transformational leadership is usually considered the same as charismatic leadership.[37,44] Transformational leaders give individual attention, inspire others to excel and stimulate people to think in new ways.[45] Stated another way, transformational leadership fosters innovation in co-workers and followers. There are five practices associated with transformational leadership: challenging the process, inspiring a shared vision, enabling others to act, modeling the way, and encouraging the heart.[45]

Transactional leaders, on the other hand, view leadership as the process of "exchanging one thing for another."[13 (p.4)] Transactional leadership often comes down to exchanging rewards (salary and benefits) for performance or work.[5,13,37,43] Transactional leaders operate under different circumstances and from a different motivation than transforming leaders. While transformational leadership considers followers' interests,[13] transactional leadership closely resembles the traditional definition of a manager, [45] and is based on the leader's "individual interest" versus the "collective interest of followers."[13] It should be noted that transformational leadership is preferred by followers, but is not necessarily the most efficient style.

Laurent and Bradney[32] reviewed transformational leadership of head athletic trainers (HATs) and program directors (PDs), and found that PDs use different leadership behaviors than HATs. The PDs practiced transformational behaviors (ie, inspiring, challenging, enabling, and encouraging) more often than HATs. Why these differences are present can only be speculated. Perhaps these differences are based on dissimilarity in their work settings, experiences, education level, or the presence of external regulators (eg, CAATE) on academic programs. This finding substantiates the need of a diversity of leadership experiences and content in athletic training preparation. Regardless, future studies should investigate why leadership behavior seems to vary between different athletic training roles.

Herzog and Zimmerman[46] reviewed transformational leadership in the context of the traditional faculty to clinical instructor relationship. They reported that strong relationships between faculty and clinical instructors enhanced students' educational experiences. Their primary recommendation was that practicing Kouzes and Posner's[45] five transformational behaviors is a good (maybe the best) way to create those "strong" relationships. Therefore, one of the best ways to enhance students' educational experiences is for their faculty and clinical instructors to practice transformational leadership.

The implications of Herzog and Zimmermann's[46] recommendations in light of Laurent and Bradney's[32] findings are interesting. For example, many clinical instructors are HATs, and since PDs demonstrate transformational leadership significantly more often than HATs,[32] it seems that it is the HATs who may need to develop and practice more transformational leadership skills. Obviously, not all clinical instructors are HATs, so this observation cannot be substantiated without additional research to examine the relationship between educators' use of transformational leadership and the quality of the student experience.

Servant Leadership

Servant leadership theory was introduced by Robert Greenleaf in 1970.[37] Some comparisons have been made between servant leadership and transformational leadership.[17] While there is much overlap between the two theories, one major difference is the consideration of the individual's interest in the decision making process. With transformational leadership, it is typically the organization that is considered first; servant leadership implies that organizational performance is secondary to the relationship between the leader and follower.[17]

Leader-member Exchange Theory

Leader-member exchange theory (LMX) centers on the interactions between the leader and follower,[38] and was intended to help establish more mature leadership relationships.[47] LMX theory is based on vertical dyad research, which establishes *in-groups* and *out-groups.*[38] In-groups are those leader-follower relationships that allow for subordinates' roles to be expanded and negotiated; out-groups, on the other hand, are those leader-follower relationships based purely on formal contract and predefined roles.[38] Followers falling into the in-group category tend to achieve more and receive more of the leader's time and attention.[38] Out-group members do what they are told, rely on formal procedures, and are typically treated fairly by leaders, but do not get special attention.[38] Current LMX research is based on how the leader can make relationships with every subordinate, so that each one feels he is part of the in-group.[38]

Emotional Intelligence

Another common leadership concept, but not a leadership theory per se, noted among leaders is emotional intelligence. Emotional intelligence (EI) is a set of skills that includes awareness of self and others and the ability to handle emotions and relationships.[48-49] According to Mayer, Salovey, and Caruso,[50] EI includes the ability to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to effectively regulate emotions so as to promote emotional and intellectual growth.[49,50] Theoretically, EI involves the relationship between cognition and emotion, and works closely with social, practical, and personal intelligences.[50] Practicing EI involves four critical skills: 1) being able to recognize and perceive emotions of others; 2) using emotions to assist (not hinder) thoughts and thinking; 3) ability to analyze and understand emotions; and 4) managing personal emotions based on personal goals, self-knowledge, and social awareness.[50]

Goleman[51] has popularized and written extensively on emotional intelligence (EI). According to him (or her?), successful leaders have a high emotional quotient (EQ).[51] Fullan[52] reported cases where leaders with very high expertise and technical knowledge (high IQ) failed in certain leadership initiatives because of low EQ. Often considered to be highly developed in transformational leaders, EQ can also be developed in transactional leaders. Goleman[51] has identified four key elements of leaders with high emotional intelligence and a predisposition for success: self-awareness, self-management (internal factors), social awareness, and social skill (external factors).

Contextual Intelligence

Contextual intelligence (CI) has been described by researchers in psychology, education, and athletic training and by intelligence theorists as the ability to adapt or respond appropriately to any number of different contexts, where the context is determined by environmental factors and stakeholder values.[53-56] Like emotional intelligence, CI is not a leadership theory per se, but rather an integrated cluster of leadership skills that enhances leadership. Robert Sternberg is recognized as introducing the term "contextual intelligence" as a subtheme of practical intelligence.[56] Contextual intelligence is typically associated with tacit knowledge,[57,58] and is closely associated with wisdom gained from experience. However, strategies for teaching and learning CI have recently emerged.[54,59]

CI has been shown to be the best predictor of success in real-life performance situations,[60-61] as opposed to academic intelligence, which is often measured by IQ.

Contextual intelligence requires the integration of knowledge gained from experiences. In other words, problems are solved or solutions are generated based on knowledge built from both direct and indirect experiences, and does not exclude experiences that might seem to be unrelated or irrelevant. For the contextually intelligent leader, solutions are based on the use of knowledge acquired in the past and the present combined with what is currently anticipated about the future. Kutz[59] describes this phenomenon as "thinking in 3D," where understanding the influences and relevance of the past, being aware of what is going on in the present, and being able to articulate the desired future shapes leadership. He later identified four obstacles to contextually intelligent behavior and prescribed recommendations for overcoming those obstacles. Those recommendations included reframing experiences, learning to appreciate complexity, and thinking in three dimensions (3D).

Contextual Intelligence has been defined in athletic training research as appropriately interpreting and reacting to changing and volatile surroundings, and includes the "ability to rapidly assess and differentiate between contexts, which requires integration of information associated with the past, present, and future."[31(p.17)] CI was reported to be a very important (eg, clearly essential and vital to job performance) leadership behavior of entry-level athletic trainers.[6] Furthermore, CI increases in importance as athletic trainers progress from entry-level to advanced-practice standing.[6] Several skills have been identified that serve as markers of contextual intelligence for athletic trainers including: multicultural awareness and sensitivity, diagnosis of context, critical thinking, and social responsibility.[31]

Outcomes of Leadership

While it is generally accepted that leadership skills lead to improved outcomes and goal attainment, these claims cannot be empirically substantiated. For example, theorists and researchers cannot prove that leadership accounts for all, most, or even some performance improvements because there are simply too many variables to consider when assessing change or determining outcomes. In spite of the ambiguity of measuring leadership, some accepted outcomes are based in empirical research. These include: leadership in others, enhanced credibility, improved relationships, greater degrees of consensus, higher motivation, higher morale, improved dedication of followers, enhanced learning, mutual respect, empowerment, critical thinking, positive change, innovation, creativity, a sense of direction and hope for the future, and satisfaction and contentment.[41,62-66] Furthermore, leadership seems to be associated with higher performance, and indirectly related to improved performance by "creating an environment" where subordinates can thrive.[33] These outcomes are typically enough to justify the pursuit of leadership behaviors.

Clinical benefits of leadership

In addition to the organizational and individual benefits of good leadership, there are benefits to patients as well. Several studies[8,10,11,62] have reported that clinicians' leadership behaviors have a positive impact on patient outcomes, and may even be a precursor to enhanced clinical skill. In clinical disciplines such as nursing, integrating leadership behaviors into practice directly influences patient outcomes quality of care, and competency.[62] Furthermore, development of leadership skills prepares baccalaureate medical students to face challenges in today's complex health care environment.[10] When asked about the outcomes of leadership development, nursing students claimed to have improved critical thinking, technical skill, resource allocation, and prioritizing.[11] Unfortunately, students are typically trained for context-specific leader roles, (eg, to manage a facility) and are not intentionally educated to practice leadership.[66] Clinical professions (eg, athletic training, nursing, physical therapy, etc.) are particularly susceptible to substituting management for leadership.

Differences Between Leadership and Management

The athletic training literature clearly establishes a difference between leadership and management,[19] a belief that is not unconditionally accepted, but widely held and supported.[19,25,34,67-69]

The differences between leadership and management are best described by examining intended outcomes and processes.[70] The intended outcomes of leadership are typically change, vision casting, and innovation, while the intended outcomes of management are predictability, vision implementation, and maintaining the status quo. In spite of striving toward similar outcomes, these two constructs often require different techniques and operate from different frameworks.[19,31,37,67] For example, Dye and Garman[24] describe management as the "science" of mitigating risk, whereas "leadership is the art of taking risks."[24 (p.xi)]

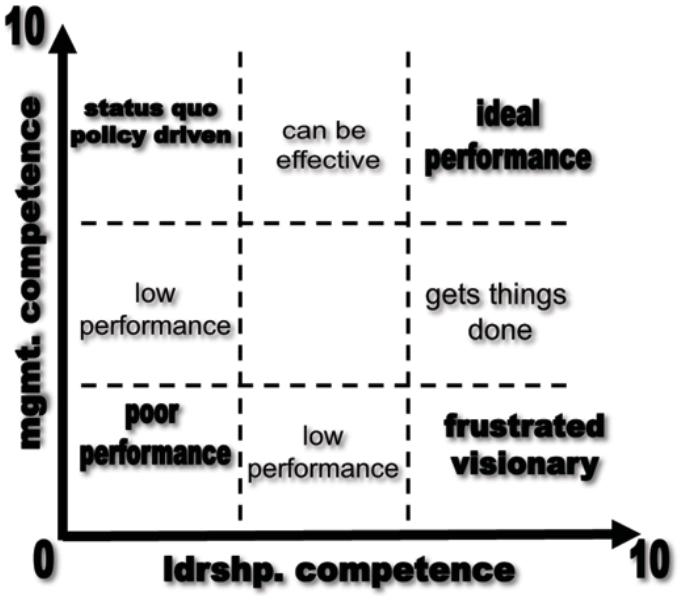
While both project power, have influence and authority, and set goals, the premise that internal motivation and drive are distinct differentiates leadership from management. For example, leadership tends to use vision casting, alignment, meaningful communication, self-reflection, and self-assessment to develop willing followers, whereas, management uses, "planning, organizing, controlling, and coordinating" regardless of their subordinate's willingness.[71 p.1013] Stated another way, management is a function or role within an organization, and leadership is a relationship between the follower and leader, regardless of the organizational context.[63] Management is required when technical problems arise, which requires pre-established policies and procedures to be enacted.[72] Leadership, on the other hand, is required when problems do not have pre-established solutions, and therefore require adaptability, critical thinking, creativity, and innovation.[72]

While the two concepts are generally accepted as distinct, both are necessary when operating an athletic training facility.[1,19] Therefore, an athletic trainer needs to be able to manage a facility (eg, budget, mitigate risk, use policy and procedures,) and lead people (inspire, communicate, motivate, exhibit empathy and ethical behavior). Figure 1 is an adaptation of a relationship matrix for the integration of leadership and management in athletic training, with 0=absence of competency to 10 = very high competency.

A Conceptual Framework of Leadership

Based on the review of the athletic training literature, the need for leadership within the profession and the health care industry has been established and leadership theories chosen to form a conceptual framework. Leadership can be learned,[73] but requires formal education, trial and error, and observation[45,74]

Figure 1. Integrated Leadership-Management Matrix



Adapted, with permission, from M.R. Kutz, 2008, "Leadership factors for athletic trainers," Athletic Therapy Today 13(4): 15-20.

Figure 2 outlines the process of integrating leadership into athletic training education and clinical practice and includes associated outcomes. This framework consists of two overlapping areas of implementation: formal education and clinical application.

Area 1, *formal education*, consists of three central components that are based on the RDS/PA charge that an athletic trainer must have knowledge of leadership styles. The first component, or foundational base of the pyramid, requires identifying the different leadership behaviors (eg, competencies) that are applicable to athletic training, regardless of setting or experience. The second component consists of determining what leadership content (eg, theories, styles, and skills) is necessary based on the established behaviors. The third component is based on the application of or relating behaviors to content. Once the behaviors and content are established, they should be integrated into the athletic training curriculum at the discretion of each program's faculty. Once integrated into the curriculum, the second area of leadership practice begins, but area 1 does not necessarily end.

Area 2, *clinical application (trial and error and observation)*, occurs when the relevant theories, styles, and skills are demonstrated in clinical education (for students) and clinical practice settings (for professionals). This stage is rooted in the athletic trainer's responsibility to "utilize leadership techniques."[1(p. 70)] The demonstration of leadership is modified or adjusted based on input from contextual variables and any management or administrative needs of a given situation. Furthermore, the student's leadership behavior is constantly assessed and evaluated based on input from critical reflection of their own behaviors and input from peers, clinical instructors, patients (or target stakeholders), and faculty. Feedback is used for refinement and further adjustments in leadership behavior. Eventually, leadership behavior is implemented in real life and in real time.

Recommendations and Conclusion

Leadership research in athletic training lags behind other health care professions. The purposes of this review were to introduce a conceptual framework from which to base future dialogue and describe and assess the demonstration of leadership within athletic training. The conceptual framework presented can be applied to any stage of the athletic trainer's career or education. Ultimately, leadership development is a life-long responsibility.

The use, application, and evaluation of leadership within this profession must be critically examined. As athletic training evolves, it is important to ask how improving leadership behaviors can help students and professionals. Certainly, there needs to be consensus of which leadership skills, styles, behaviors, and content are absolutely essential to athletic training practice. Future research should strive to ask and answer some the questions raised in this review. Instructional techniques need to be developed that instruct and accurately assess leadership within athletic training education and clinical practice. The proliferation of leadership research and the resulting adjustments to professional practice can help to confirm athletic training as a viable and enduring profession.

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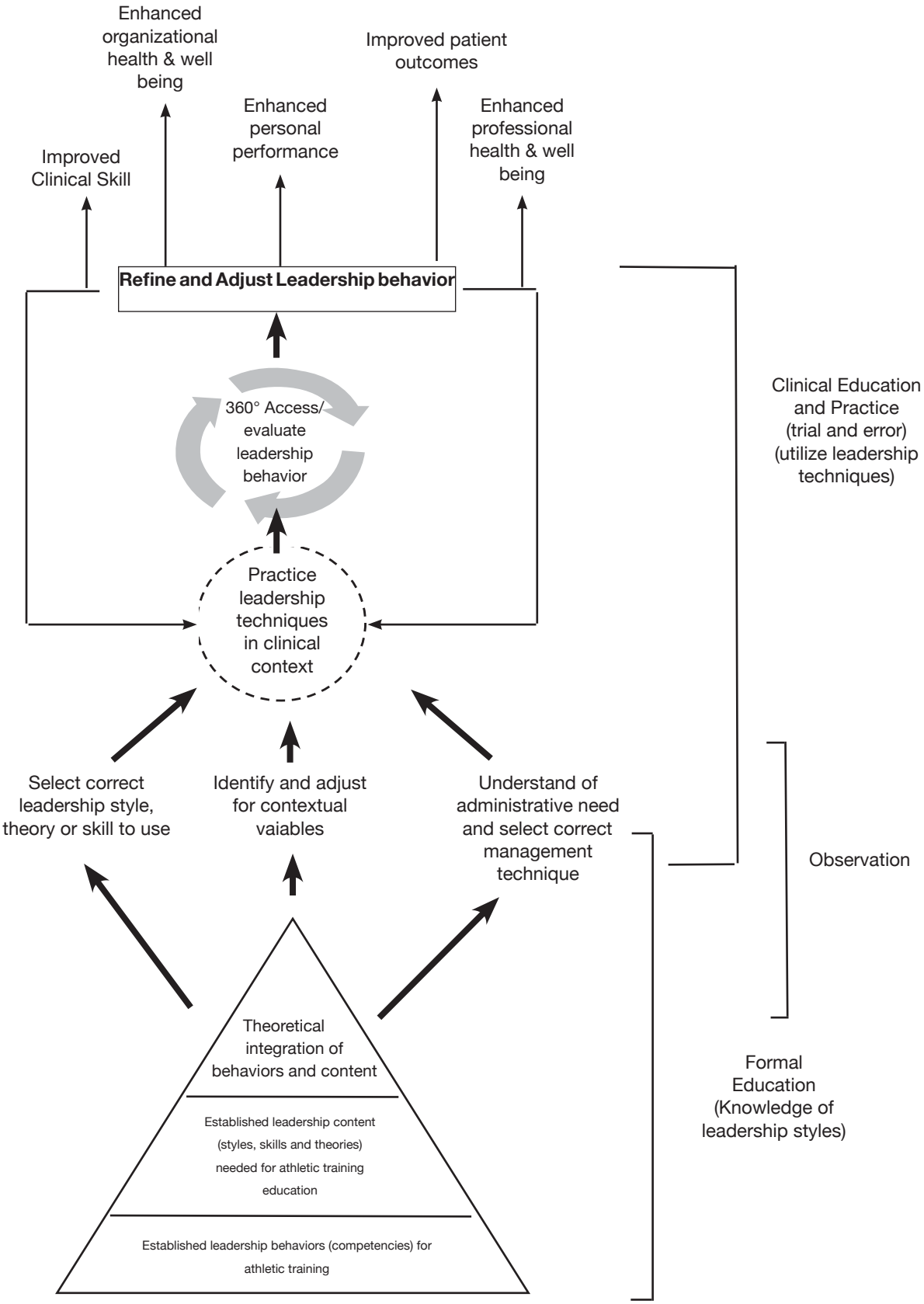
Figure 2. Conceptual Framework for Integrating Leadership in Athltetic Training



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