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## Association of health professional leadership behaviors on health promotion practice beliefs

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### ABSTRACT

**Background:** Leadership is a process by which an individual influences a group or individual to achieve a common goal, in this case health promotion for individuals with disabilities.

**Objectives:** (1) To examine the association between the transformational leadership behaviors of the Association of University Centers on Disabilities (AUCD) network professionals and their practice beliefs about health promotion activities, specifically cardiovascular fitness and healthy weight, for people with disabilities. (2) To determine if discipline and/or years of practice moderate the association between transformational leadership behaviors and practice beliefs regarding health promotion.

**Hypothesis:** There is a positive association between transformational leadership behaviors and health professionals practice beliefs regarding health promotion activities for persons with disabilities.

**Methods:** A quantitative cross-sectional web-based survey design was used to determine the association between leadership behaviors and practices beliefs regarding health promotion for people with disabilities. The Multifactor Leadership Questionnaire and an adapted version of the Role of Health Promotion in Physical Therapy Survey were used to measure leadership and practice beliefs, respectively. Multiple regression analysis was applied to determine the association of leadership behaviors with health promotion practice beliefs variables.

**Results:** Transformational leadership behaviors of the AUCD network professionals were positively associated with health promotion practice beliefs about cardiovascular fitness for people with disabilities. Years post licensure and discipline did not moderate the association between transformational leadership and practice beliefs regarding health promotion.

**Conclusion:** Transformational leadership may facilitate health professionals' health promotion practices for people with disabilities. Further research and training in leadership is needed.

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## 1. Introduction

Fifty-six million people live with a disability in the United States,<sup>1</sup> and that number will increase over the next several decades.<sup>2</sup> Healthy People 2020, however, made two points quite clear: (1) the health of people with disabilities is often perceived inaccurately, and (2) the promotion of health and well-being of people

with disabilities is an objective requiring attention.<sup>3</sup> Achieving the proposed Healthy People 2020 objective DH-8 will “reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs.”<sup>3</sup> Unfortunately, despite the fact that public health and other health officials acknowledge barriers to health promotion and prevention for persons with disabilities,<sup>4</sup> few data have been collected to evaluate this objective since the baseline year 2011.<sup>3,5</sup>

Factors influencing health include individual characteristics and behaviors, family, community, health, service delivery, and other sectors—education, social assistance, housing, and labor, among

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others.<sup>6</sup> Adults with disabilities and chronic conditions receive significantly fewer preventive services and have poorer health status than individuals without disabilities who have equivalent health conditions.<sup>4,7</sup> The prevalence of obesity, a major public health crisis and Centers for Disease Control and Prevention “winnable battle,” is disproportionately high among individuals with disabilities.<sup>4,8</sup> Prevention of excessive weight gain and obesity should be a focus for health professionals serving people both with and without disabilities. Healthy People 2020 encourages the integration of health care systems, adoption of evidence-informed policies and identification of barriers to health care, e.g., accessibility of health care environments, physical activities, and inclusion practices to promote health equity for persons with disabilities.<sup>3</sup> To reach these Healthy People 2020 objectives, it is necessary to understand and address gaps in knowledge, attitudes, and skill level of professionals from all disciplines who guide and direct health promotion and wellness programs for persons with disabilities.

The *Future of Disability in America*, a report of the Institute of Medicine [IOM], notes that current resources are inadequate for persons with disabilities to maintain health, prevent secondary conditions, and optimize wellness.<sup>2</sup> The IOM suggests that increasing evidence-based knowledge of practitioners and developing guidelines for the prevention of secondary conditions and for the management of care for people with disabilities will help optimize health.<sup>2</sup> Since medical professionals are the primary source of information about assistive technology for consumers and the literature suggests that many professionals have limited knowledge of resources, the IOM's suggestions are particularly noteworthy.<sup>9</sup>

The Association of University Centers on Disabilities (AUCD) is a membership organization that supports and promotes a national network of university-based interdisciplinary programs.<sup>10</sup> The mission of the AUCD, according to their website, “is to advance policies and practices that improve the health, education, social, and economic well-being of all people with developmental and other disabilities, their families, and their communities by supporting our members in research, education, health, and service activities that achieve our vision.”<sup>10</sup> Network members include University Centers for Excellence in Developmental Disabilities (UCEDDs), Leadership Education in Neurodevelopmental and Related Disabilities (LENDs), Intellectual and Developmental Disabilities Research Centers (IDDRCs), and affiliate organizations that address the needs of individuals with or at-risk for developmental and other disabilities through leadership and professional training, advocacy, treatment, and service delivery. Staff at UCEDDs, LENDs, and IDDRCs include multi-disciplinary professionals, faculty, trainees, researchers, self-advocates, and caregivers.

Leadership is a concept that can bridge the gap between the discovery of science and the delivery of science.<sup>11</sup> While leadership is documented in the public health literature, the association between health promotion and leadership has not been well studied. The Maternal and Child Health Bureau<sup>12</sup> and the Council on Linkages between Academia and Public Health Practice<sup>13</sup> have developed leadership competencies for their professional groups. However, the concept that leadership behaviors of health professionals may affect patients' health outcomes through health promotion practices is a relatively new one. The association between leadership characteristics and health promotion requires further study, particularly as it relates to people with disabilities.

The Patient Protection and Affordable Care Act (P.L. 111-148) (ACA) mandates and supports the mobilization of public health strategies to promote prevention and health equity as well as rebuild the primary care workforce.<sup>14</sup> Our research indicates that these strategies must include the assessment and development of the leadership behaviors of professionals within this workforce,

especially those who serve persons with disabilities. Although leadership is discussed and addressed frequently across the AUCD network, the development of transformational leadership, as a desired leadership outcome, has not yet been studied.

Other researchers have studied transformational leadership, but Bass<sup>15</sup> targeted several components of this leadership theory, such as enhancing awareness of the group's mission, encouraging others to look beyond their own self-interests to develop others, and achieving results in one or more ways. Transformational leaders, according to Bass, “may be charismatic toward their followers and thus inspire them; they may meet the emotional needs of each employee; and/or they may intellectually stimulate employees.”<sup>15</sup> Also on this continuum of leadership behavior is transactional leadership, characterized by the use of, as the name suggests, “transactions” consisting of tasks that need to be done and the promise of rewards or threats for good performance or bad, respectively. Finally, laissez-faire behaviors represent inactivity of the leadership function, with no transactions between leaders and others. Research shows that transformational leadership is more effective than transactional leadership in facilitating effort, commitment, performance, and satisfaction among others being influenced.<sup>16</sup>

Transformational leadership is considered to be the best approach for achieving successful outcomes of health care services,<sup>17</sup> given the challenging and changing environments in which healthcare organizations function. The Transformational-Transactional Leadership Model is a continuum of behaviors developed by Bass,<sup>15</sup> with transformational leaders characterized as those who:<sup>18</sup>

- Behave in ways that cause others to identify with the leader (Charisma or Idealized Influence)
- Communicate persuasively a vision that entices and motivates others about goals and tasks (Inspirational Motivation)
- Facilitate creativity in thinking and help the follower to think outside of the box (Intellectual Stimulation)
- Conduct himself or herself as a mentor or coach and listen attentively to others concerns and needs (Individualized Consideration or Individualized Attention)

Research supporting the association between leadership behaviors and health promotion is limited. The nursing profession has integrated transformational leadership into nursing professional development and studied transformational leadership behaviors in clinical practice and administrative functions,<sup>19</sup> leading to desirable performance outcomes, with better-operated public health agencies, and harder working, more satisfied employees.<sup>20</sup> Transformational leadership behaviors among professional nursing association members have also been shown to assist in reaching shared values and have led to change and improved health outcomes.<sup>21</sup>

Not much is known about how transformational leadership behaviors influences other healthcare disciplines and how such behaviors are related to the practice beliefs of prevention counseling regarding cardiovascular fitness and healthy weight management, nor influenced by age.<sup>22</sup> Rea et al. used Bandura's Social Cognitive Theory as a framework to study self-efficacy beliefs and the influence on outcome expectations. This association has been shown to be further associated with a health professional's readiness to engage in a health care and prevention practice, thus supporting self-efficacy (beliefs) as a predictor of practice as cited in other studies by Rea et al.<sup>23,24</sup> This study will add to the literature by examining the effects of discipline and years' post-licensure on leadership characteristics as they are related to beliefs about health promotion practices of AUCD professionals.

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