Reframing Health Professions Leadership Education

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REFRAMING HEALTH PROFESSIONS LEADERSHIP EDUCATION

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Abstract
As leadership training becomes more common in allied health professions curricula, efforts must be made to tailor training to student need. As such, understanding the frames through which health professions students view leadership is essential. According to Bolman and Deal, there are four leadership frames (human resource, structural, symbolic and political) and although most people access most readily one frame or another, the most effective leaders are able to access all four frames. This study describes what leadership frame(s) preference exists among an allied health professions student population in order to alert educators that frame preferences do exist so as to best inform curricula design efforts.
Introduction

According to Bolman and Deal, a “frame” is a set of ideas and assumptions one carries with them to work through a particular aspect of being: in this case, leadership. The authors posit that there are four frames through which people typically view leadership: structural, human resource, political or symbolic. It is imperative for health professions educators to not only understand these frames, but recognize that students are coming to class with an instinctual framing pre-set that can not only be challenging to overcome, but can also make it difficult to grow in the remaining frames. Each frame focuses on a different aspect of leadership, as described in Table 1; however, Bolman and Deal assert that while most people tend towards one frame or another, the most effective leaders possess the ability to access all four frames. Being able to view issues through multiple lenses increases understanding and thus ability to lead. Health professions educators must be aware of the frames existing within students to know how to best support learning efforts in the remaining frames, in effect encouraging growth into successful leadership.

<table>
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<tr>
<th>Frame</th>
<th>Focus</th>
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Use in education

In 2009, Sanset and Clay surveyed health professions education program leaders to determine their preference among the four frames. In their study, occupational therapy, nursing, radiation therapy, and health information management program directors used the human resource frame most frequently, while medical residency program directors used a combination of structural and
human resource frames. In other areas of education, the four leadership frames have also been studied in college administrators. A study of community college deans in 2010 by Sypawka and Mallett also showed a preference for the human resource frame, with the structural frame a close second. Additionally, Bolman and Deal’s leadership frames have been utilized in recommendations for faculty and administrators on how to deal with change. While the use of these four leadership frames has been studied more extensively at the administrative level, little has been documented in terms of student leadership frame preferences. The research question this study aimed to answer was: Is there a significant leadership frame preference among a subset of allied health professions students?

Having knowledge of the frames through which this subset of allied health professions students tend to approach leadership can be transferrable to all health professions educators. It is imperative that educators realize that frame preferences do exist, understand what those are, and educate themselves on how to best increase utilization of the remaining frames by their students. Accomplishing this will result in production of more well-rounded leaders and yield higher quality outcomes in health professions leadership training.

**Methods and materials**

This study utilized a survey design and the Leadership Orientation Assessment by Bolman and Deal. This survey provides a score for each of the four leadership frames based on answers to multiple questions. The higher a respondent scores in a frame, the more likely they are to access that frame in a leadership scenario. Fifty-four dental hygiene schools across the country who offer a 4-year bachelor’s degree were contacted to request participation in this study. Eight schools (14.8%) responded and a faculty member distributed the Leadership Orientation Assessment to 225 senior dental hygiene students. 75 students responded via Survey Monkey
following taking the Leadership Orientation Assessment (33.3% response rate). Participants reported their score in each of the leadership frame categories.

Data was quantitatively analyzed. The mean score for each frame was calculated and a one-way ANOVA test completed to determine if a significant difference existed among the frames. Data was also analyzed to determine which percentage of participants preferred each frame. Of the 72 responses used for analysis, only 62 shown a clear preference, the other 20 resulted in a tie. This study was reviewed and approved by the University of New England Institutional Review Board.

Results

Average scores for each frame can be seen in Table 2. The human resource frame scored highest, with structural a close second and the other two a distant third and fourth. As seen in Figure I, 52% of participants scored highest in the human resource frame, 34% in the structural frame and only 8% and 6% in the political and symbolic frames respectively. A one-way ANOVA determined there was a significant difference between the frame preferences indicating a statistically significant preference for the human resource frame ($f=24.15$, $p<.00001$).

Discussion

The human resource frame consistently is accessed most frequently in both students and administrators (based on past published research) of health professions. This is expected whereas both the field of health professions and the human resource frame are focused on people. As
health professions move towards inclusion of formal leadership training in their programs, this information will help guide how students are trained. Based on these results, health professions students already show aptitude in their ability to access the view of leadership which focuses on people, relationships, attitudes and dynamics in an organization and they also show a strength in the focus areas of the structural frame: the rules, regulations, and policies in an organization. The results of this study suggest that when teaching leadership to this student population, class-time would best be served teaching to their weaker frames, symbolic and political with inclusion of focus areas relevant to these frames such as understanding key stakeholders, gathering resources, and understanding power distribution (political frame) of an organization and understanding culture, rituals and ceremonies (symbolic frame) within an organization.

A limitation of this study was a low response rate by the contacted schools. Additionally, this research involves only one subset of the allied health professions student population. Additional research would be necessary to confirm that the leadership frame preferences of the students described here are consistent across all students in various allied health professions.

Conclusion

This study concludes there is indeed a significant leadership frame preference among this subset of allied health professions students, the human resource frame. The students, however, also scored strongly in the structural frame. As a result of this outcome, leadership curricula design
for allied health professions students should consider this preference and allow for exploration of the focus areas involved in the other two frames: political and symbolic.
References


