MEASURING LEADERSHIP SELF-AWARENESS IN THE DISABILITIES FIELD: IMPLICATIONS FOR LEADER-SUBORDINATE RELATIONSHIPS

by

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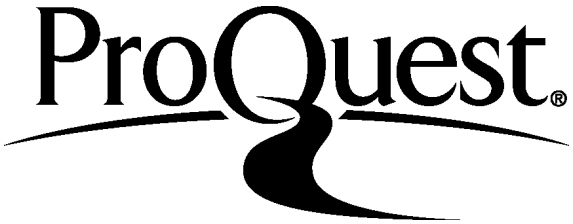

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ABSTRACT

Shifts in values and the enacting of legislation promoting the civil rights of individuals with disabilities over time has prompted a spur in progressive support provisions for this population. Research has suggested that both leaders (Silverstein, 2000) and professionals holding entry level positions (Lipsky, 1980) impact the quality of supports organizations provide to individuals with IDD and their families.

This project presents an analysis of leader-subordinate relationships in regards to perceptions of effective leadership behaviors within the disabilities field. Results indicate that professionals perceive their leadership differently from their subordinates. Specifically, on average, professionals rated their leadership effectiveness lower than their subordinates did. Findings from this project justify a need for more research geared toward understanding the reasons why leaders have a lower self-perception of their effectiveness, as well as how the lack of alignment between perceptions of leadership effectiveness impacts leader-subordinate relationships and their ability to provide progressive, self-directed supports to people with disabilities.

Chapter 1

INTRODUCTION AND THE PROBLEM

Over the past forty years, social movements for the equality and civil rights of people with disabilities, encouraged by advocacy by family members, friends and self-advocates, have resulted in a fundamental alteration in service provision for this population (Thompson Brady, Fong, Wanninger & Eidelman, 2009). For instance, residential services have been moving from institutional care to individualized community-based supports (Braddock, Hemp & Rizzolo, 2008). Community based supports include activities that take place in a community setting that bring together people with and without disabilities. The mission for providing these supports has become "person centered," which is defined as services that value the autonomy of people with disabilities and enable them to have choice and control over all aspects of their lives (Smull, Bourne & Sanderson, 2010). When an organization is able to combine community-based and person centered supports, the organization has achieved best practice. Stakeholders use the term best practice to refer to services that provide consumers with individualized, community based supports (Lakin & Stancliffe, 2007) that promote autonomy and decision-making power (Whemeyer & Bolding, 2001).

These movements and overall shifts in values have supported the passing of legislation, such as the Americans with Disabilities Act (P.L 101-336, 1990) (ADA),

Individuals with Intellectual Disabilities Education Act (20 U.S.C. Secs. 1400 et seq.), and the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. Secs. 15001 et seq.). Most recently, the Social Security Act's Medicaid program (42 U.S.C. Secs. 301 et seq.), a federal/state financed and state operated program, which provides reimbursements for services to low-income people with intellectual and developmental disabilities (IDD) for medical, institutional, and home and community based (HCB) expenses (Turnbull, Stowe, Agosta, Turnull, Schrandt & Muller, 2007) has been developed in an effort to better support individuals with intellectual and developmental disabilities. Specifically, the Centers for Medicare Medicaid Services (CMS) in the U.S Department of Health and Human Services, a federal agency that administers the Medicaid Program, redefined home and community-based services (HCBS) within section 1915(i) State Plan HCBS § 441,710 (2014). The new definition emphasizes personal autonomy, decision-making ability, and community integration (The Arc, 2014). This means that in order to receive Medicaid matching funds, states must ensure that their service provision complies with the new parameters specified by CMS for HCBS. Policy such as the CMS waiver and the previously mentioned legislation, shows direct efforts to discontinue disability oppression and promote the civil rights of people with IDD and their families. Each of these policies have been enacted to address the civil rights of individuals with disabilities by promoting equal opportunity and societal inclusion.

Policy Versus Practice

As legislation has been passed to support the social movements protecting the rights of individuals with IDD, research has followed the lives of people with IDD and their families to assess the impact of the shift from congregate to individualized supports on quality of life. This includes individualized supports for people with IDD living in the community, as well as the many young adults/adults with IDD who reside within a family home. Indeed, research has supported the necessity of civil rights advocacy and policy for people with IDD. Specifically, research has highlighted the significant benefits of individuals with IDD receiving best practice supports and living in their chosen communities, rather than in institutional settings (Salzer et al., 2006; Lakin & Stancliffe, 2007; Neely-Barnes et al., 2008). It has been shown that community integration increases community participation and heightens mental and physical well-being of people with IDD (Salzer, Kaplan & Atay, 2006). This includes enhancing self-determination (Wehmeyer & Bolding, 2001) and even gaining adaptive skills after people with IDD have moved into residential settings (Young & Ashman, 2004).

Though the data and legislative efforts which support the need for best practice service provision are apparent, there has been a failure to uphold adequate standards of service provision by disability support organizations. Progress in community integration of people with disabilities has slowed dramatically. Research has noted an exceptional decline in deinstitutionalization rates after the 1990s (Salzer, Kaplan & Atay, 2006).

The National Core Indicators (NCI) project also shows a lack of appropriate service provision across the United States. The Human Services Research Institute

(HSRI) developed the NCI Adult Consumer survey in 1997 in an effort to better understand the lives of people with developmental disabilities (DD) and their satisfaction with the services they receive. Between 2013 and 2014, 15,252 individuals with DD were surveyed across twenty-eight states and the District of Colombia. The 2013-2014 survey data report was released in January of 2015. Though the NCI does not collect baseline data to compare the responses of individuals with DD to individuals without DD, the findings are nonetheless noteworthy. For example, an average of twenty-six percent of the sample reported that they would like to live somewhere other than their current residence (HSRI, 2015). Additionally, on average, individuals with DD went out into the community less than two times per month for entertainment and less than three times a month to run errands (HSRI, 2015). An average of seventeen percent of individuals did not have friends outside of staff and family and an average of forty percent of people feel lonely at least half of the time (HSRI, 2015). Only an average of eight percent of the sample used self-directed supports and forty-nine percent of individuals who are unemployed want a job. These data show an overall lack of community inclusion and control over the services people with disabilities are receiving.

Furthermore, statistics on service provision are not the only empirical evidence of subpar support for people with IDD and their families. Research has also indicated that individuals with IDD and their families still experience discrimination. Neely-Barnes and colleagues (2010) detail first hand experiences of people with disabilities and their families facing discrimination, which involved a lack of support from professionals and community members, themes of exclusion from community-based activities, and

ignorance of professionals and community members (Neely-Barnes, Graff, Roberts, Hall & Hankins, 2010).

Organizational Influence

Several studies have shown that often times, levels of satisfaction, as well as whether or not individuals experience disability oppression, is determined by the quality of supports individuals and their families receive (Neely-Barnes, et al. 2010; Parish, 2005; Lakin & Stancliffe, 2007). That is to say, organizations that provide services to people with disabilities have the ability to greatly influence their participants' quality of life. Specifically, there is a correlation between the types of services an organization provides and the types of services people receive. For example, organizations that provide institutional care will support consumers who reside in institutions and organizations that provide community-based supports will support consumers that are in the community.

Research has shown that specific organizational characteristics are correlated with specific outcomes for consumers. In a study comparing organizations' size, funding, and type of living arrangement provided to support individuals, Gardner, Carran and Nudler (2001) came to three conclusions: first, individuals supported by organizations larger than 200 people reported significantly fewer outcomes related to affiliation within the community, day to day autonomy, and attainment of goals; second, it was concluded that where a person lived did not jeopardize health and safeguards, that is, individuals residing in heavily regulated programs were not more or less safe than those in

individualized residential settings. Third, it was concluded that "individuals with more significant intellectual disabilities had fewer personal outcomes, on average, than did people with mild intellectual disability or people with mental illness," regardless of the variables analyzed within this study (Gardner, Carran & Nudler, 2001, p. 97).

How Organizational Service Provision is Influenced

Given the empirical support that organizational characteristics and the services provided by organizations impact the lives of people with IDD and their families, it is important to understand who and/or what influences organizations' characteristics and service provision. There is literature that solely points to leaders as the primary influencers of organizational effectiveness in service provision. In her research comparing and contrasting deinstitutionalization in Michigan and Illinois, Parish (2005) notes leadership, or a lack thereof, as being a primary determinant of transition services and the implementation of community inclusion supports. Additionally, Avolio and Gardner (2005) argue that leadership in the disabilities field promoting person centered motivation and planning creates positive relationships among families and the organizations supporting them.

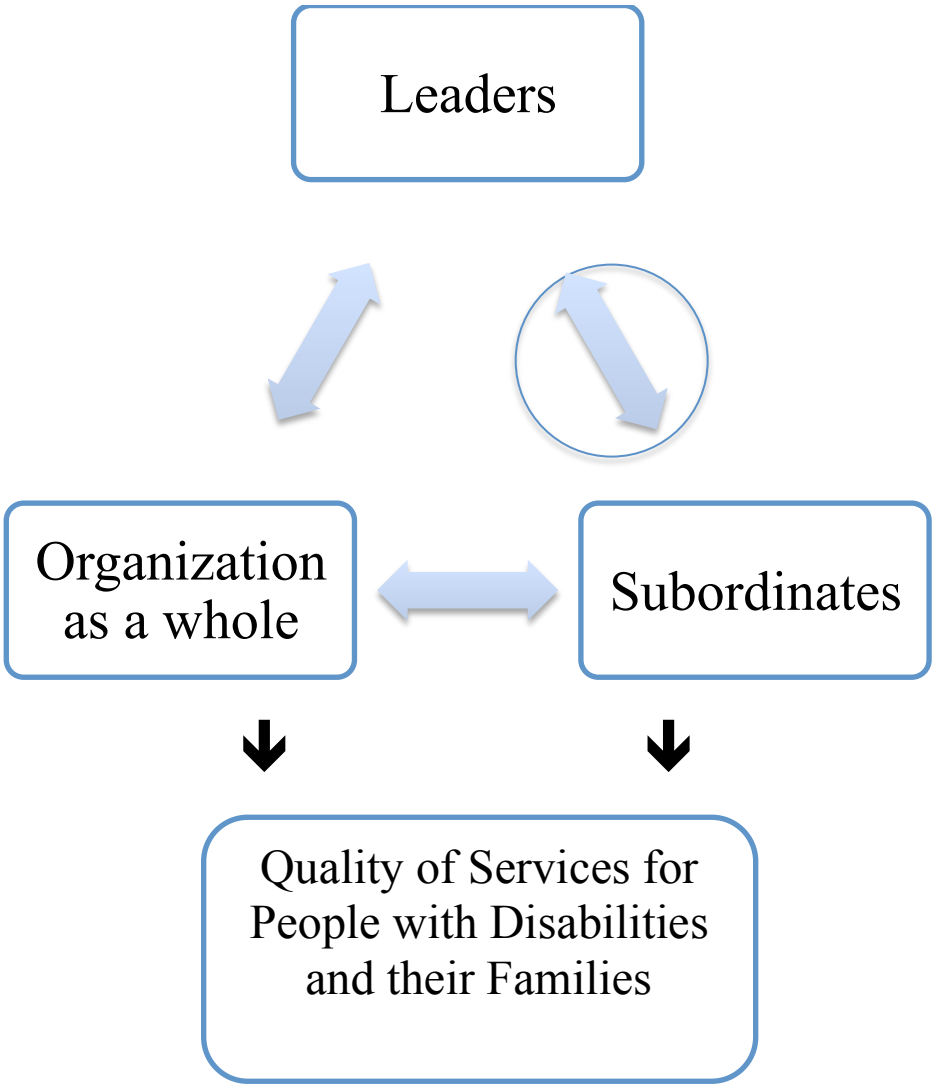
Another body of literature stands in contrast to these opinions by claiming that those in entry-level positions have the most influence over organizations. Lipsky (1980) explains street-level bureaucracy as the reality that leaders do not hold true power in regards to policy implementation, rather, their subordinates are the real influencers. From this perspective, lower-level employees are the ones interacting with consumers, and they

are the ones that determine whether or not policy is followed through in practice (Lipsky, 1980). This divide in opinions regarding who holds the most influential power within organizations suggests that perhaps the relationships themselves between the separate parties have influence over an organizations' supports. In other words, leader-subordinate relationships are intertwined and together those relationships impact an organization's effectiveness.

The current research study addresses some of the factors that influence service provisions within organizations supporting people with disabilities and their families. Based on the above cited studies, an outcome model (Figure 1 below) was developed, with the recognition that only a portion of what influences service provision within organizations supporting people with disabilities and their families could be addressed. The outcome model shows, as discussed above, how leaders influence subordinates and the kinds of support an organization provides. It also depicts that these interconnected systems are what influences the quality of services people with disabilities and their families receive. The bidirectional arrow between leaders and subordinates is circled to signify the focus of the present study, which seeks to understand how leadership can affect the quality of services people with IDD and their families receive.

Figure 1

Outcome Model for Service Provision in the Disabilities Field



Chapter 2

THEORETICAL FRAMEWORK AND RATIONALE

In the mid- 20th century, theories surrounding the phenomenon of leadership began to develop due to research that emphasized the systems and groups surrounding leaders, rather than focusing on personality traits as being the indicators of effective leadership (Bennis, 2007). Bennis explains "leaders do no exist in a vacuum… leadership exists only with the consensus of followers" (2007, p.3). Indeed, research has quantified leadership effectiveness within the context of an individual's ability to build and manage a team that effectively works together (Palmer, Walls, Burgess & Stough, 2001; Thompson-Brady et al., 2009), and in order to be effective, the team must be driven by a common goal that is promoted by their leader (Hogan, Curphy & Hogan, 1994). Hogan et al. (1994) makes a specific case for service-oriented organizations by claiming that it is the leader's responsibility to motivate and inspire subordinates while fostering a sense of contribution with and among employees. Furthermore, Silverstein (2000) suggests that leaders are responsible for the promotion of person centered values written into legislation and should be held accountable for ensuring that the services provided by their organizations are compliant with disability policy. This sector of literature acknowledges the existence of street-level bureaucracy, however, it argues that it is a leader's responsibility to influence the practices of his or her subordinates in order to ensure

proper policy implementation. Therefore, leaders' impact on subordinate effectiveness needs to be empirically clarified in order to better understand the reasons for disparities between policy and practice regarding individuals with IDDs' civil rights.

Based on the literature highlighting the importance of leader-subordinate relationships and their effect on organizations' service provision, transformational leadership provides an ideal theoretical framework for research exploring these relationships. Though it is rarely stated explicitly in the human services literature, academic articles addressing leadership in this field are highly characteristic of transformational leadership, which has taken center stage in contemporary leadership research over the past four decades (Dov Eden, Avolio & Shamir, 2002). Transformational leaders focus on the positive effects both parties, leaders and followers, have on each other. Though often leaders and followers come together because of the leader's interest, transformational leadership ultimately advances both parties through mutual support, mobilization and inspiration (Denhardt, Denhardt & Aristigueta, 2013). That is to say, even though leader-subordinate relationships are often established to accomplish a mission defined by the leader, transformational leaders encourage subordinates to set goals of their own that will fulfill dormant needs and ultimately increase the functionality of the leader-subordinate working relationship (Dov Eden, Avolio & Shamir, 2002).

Furthermore, transformational leadership is valued for its ability to motivate followers to unify, work above and beyond the call of duty and eventually positively affect related social systems (Shamir, House & Arthur, 1993). The ability to influence

social systems is based on the idea that followers exposed to transformational leadership will develop values, aspirations and morals that move them away from self-interest and will focus them increasingly on collective interest, which ultimately promotes organizational success (Shamir, House & Arthur, 1993). This literature is in line with the proposition that it is a leader's responsibility to foster street-level bureaucracy that effectively implements social policy as subordinates work one-on-one with the individuals they support.

The revolution in understanding leadership within the human services field and the development of transformational leadership theory come together in many ways that support the idea that leaders with effective team management skills have greater organizational success. This research raises questions regarding what specific leadership characteristics and practices create teams who feel inspired and empowered to reach organizational goals. Because transformational leadership focuses on leadership impact on interpersonal relationships and organizational success, it is an ideal theoretical perspective when considering the reasons for a lack of progressive service provision and disability policy implementation in the United States.

Leadership Development

Though there is a broad range of research suggestions for the most effective leadership characteristics associated with employee satisfaction and performance, Kouzes and Posner's (2007) work aligns well with the field of human services. Not only does Kouzes and Posner's research take into consideration the demanding and unique nature of

human service organizations, it also addresses issues related to the field being rooted in values of equality and human rights. Promoting respect, cohesiveness, openness and equality among co-workers, Kouzes and Posner's leadership model deserves consideration for its ability to foster understanding of leadership in the disabilities field.

After completing extensive research on skills correlated with effective leadership, Kouzes and Posner (2007) published *The Leadership Challenge*, which details The Five Practices of Exemplary Leadership®. Kouzes and Posner identify five essential abilities leaders must posses in order to be successful: model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart.

Kouzes and Posner claim that "your value as a leader is determined not only by your guiding beliefs but also your ability to act on them" (2002, p. 83). In order to 'model the way' leaders must discover and clarify their values while working to express those values and set examples for others to follow (Kouzes & Posner, 2007).

In order to inspire a shared vision, leaders must first envision an inspiring future that promotes positive change (Kouzes & Posner, 2007). Once a vision is created, leaders must develop a team of individuals equally inspired by the leader's vision of the future (Kouzes & Posner, 2007). All team members must equally share the aspirations that define the group in order to be effective.

Leaders truly willing to 'challenge the process' will search for opportunities to innovate, create, change and grow (Kouzes & Posner, 2007). Those who embrace this concept are not afraid of change, rather, they take charge and seize the initiative, experiment and take risks (Kouzes & Posner, 2007).

Kouzes and Posner's discussion of 'enabling others to act' is strongly rooted in the concept, much like that of Bennis (2007), that "leadership is not a solo act, it's a team effort" (2002, p. 242). Leaders must be trusting, open, and good listeners. Through development of these characteristics, leaders can strengthen others and support them in reaching goals relevant to the shared vision.

"Exemplary leaders understand the need to recognize contributions and are constantly engaged in … focus[ing] on clear standards, expect[ing] the best, pay[ing] attention and personaliz[ing] recognition" (Kouzes & Posner, 2002, p. 317). Maintaining high expectations while staying positive and being thoughtful are vital to 'encouraging the heart' of employees and maintaining an atmosphere that promotes hard work and positivity.

The Leadership Practices Inventory® (LPI) was developed from the Five Practices of Exemplary Leadership®. The LPI® is a survey that assess leadership skills based on thirty behaviors categorized across the five domains Kouzes and Posner identify as being essential to effective leadership in *The Leadership Challenge.* Each of the behaviors are assessed using a ten point scale, with six behavioral statements for each. The LPI® participant and his or her observers rate how frequently the participant engages in the behaviors associated with the Five Practices of Exemplary Leadership®. The ten-point scale ranges from "almost never" to "almost always."

There are four components to the LPI®: the participants' survey, subordinates' surveys, co-workers' surveys and superiors' surveys. The participant's survey assesses how the individual views his or her own leadership abilities. The participant then asks

"observers," including subordinates, co-workers and supervisors to fill out the survey in regards to how the observer views the participant's leadership skills. This allows participants to learn how their own perceptions of their leadership compares to how others view them. Table 1 (below) depicts who participates in an LPI®.

Table 1

Leadership Practices Inventory Respondents

Type of Respondent	Who is the Respondent?	How LPI Questions are Answered
LPI Participant	A professional wanting to assess his/her leadership	Self-Rating of his/her own leadership effectiveness
Supervisor	The LPI participant's superior(s)	Ratings of their subordinate's leadership effectiveness
Co-Worker	Colleague(s) of the LPI participant who holds a similar position as him/her	Ratings of their colleague's leadership effectiveness
Subordinate	Individual(s) who report directly to the LPI participant	Ratings of their superior's leadership effectiveness

Once participants and their observers have completed the LPI®, the participant receives an LPI® report, which details the responses of each person/observer who

completed the measures. All of the responses from the participant's observers are compared to his or her self-responses. Kouzes and Posner claim that a difference of 1.5 or greater between a self-report response and an observer's response should be regarded as significant and should be addressed by the leader. Kouzes and Posner believe that once professionals understand their perceptions of their leadership competencies and how their opinion compares to their colleagues, they will be able to gain insight and act on their discoveries. Therefore, Kouzes and Posner's assessment outcomes for leaders are influenced by the difference in perceptions of effectiveness between leaders and their subordinates.

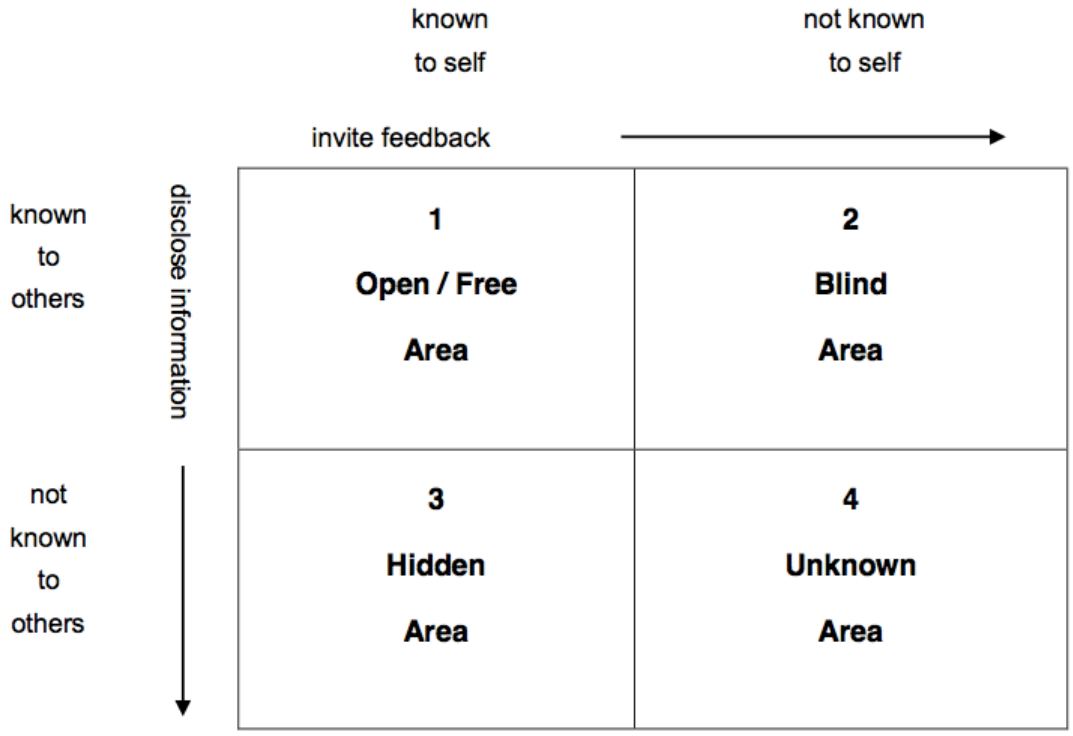
The Johari Window

The Johari Window (Luft, 1961), a model that was developed in 1955 by Joe Luft and Harry Ingham, proposes that individuals have four quadrants of self-awareness: free, blind, hidden and unknown. The free area represents information about an individual that is known by him/herself and others; the blind area represents what is unknown by the person about him/herself but which others are aware of; the hidden area is what the individual knows about him/herself that others do not know; and the unknown area is what is unknown by the person about him/herself and is also unknown by others. According to Luft (1961), seeking feedback from those one interacts with decreases a person's blind area and increases the open area, and by doing this, more commonality between parties is created. Cipriani (2004) argues that leaders have a responsibility to facilitate receiving feedback and disclosure amongst their working groups in order to

decrease the blind, hidden and unknown areas in their leadership styles. This leads to promoting environments rooted in honesty, openness, constructiveness and sensitivity. Moreover, this kind of organizational culture encourages self-discovery (Caprini, 2004).

Figure 2

The Johari Window Model



Though Cipriani (2004) argues that leaders should use the Johari Window exercise in order to create effective relationships with their subordinates, she does not address how the findings of the leaders' Johari Windows may affect subordinates, nor the leaders' responsibilities with respect to decreasing their own blind, hidden or unknown areas. In particular, the blind area may be of special interest in regards to how the information in this quadrant impacts leader-subordinate relationships.

In this research study, the following questions were addressed:

Research Questions

I. Is there alignment in the Leadership Practices Inventory (LPI)® scores of leadership effectiveness between leaders in the disabilities field who are selected to attend a NLCDD Leadership Institute and their subordinates?

   a. Was there a difference in overall LPI® scores between leaders and their subordinates?

   b. Are there statistically significant differences in the overall LPI® scores for leaders who rate themselves notably higher than subordinates, approximately the same as subordinates and leaders who rate themselves notably lower than subordinates?

   c. Are there statistically significant differences in the overall LPI® scores for subordinates who rate their leaders notably higher than leaders rated themselves, approximately the same as leaders rated themselves and notably lower than leaders rated themselves?

Chapter 3

METHODOLOGY

The National Leadership Consortium on Developmental Disabilities

This project used data collected from the National Leadership Consortium on Developmental Disabilities (NLCDD) Leadership Institutes. These weeklong leadership trainings are designed to foster effective transformational leadership based on person and family centered practices. The goal of these trainings is to prepare the participants to emerge from the program as self-identified effective leaders ready to implement changes in their own organizations that will promote, and consequently establish, the most self-directed services possible.

A Leadership Institute has been held twice a year (once in July and once in January) since 2006. Due to demand, the Leadership Institute has been expanding over the past few years. The training is now offered more frequently – up to five a year – and at locations outside of Delaware, including Canada and Alaska. To date, there have been thirty Leadership Institutes with over 800 participants.

Participants of the NLCDD Leadership Institute

Participants of the weeklong training are selected by the directors of the Leadership Institute, two University of Delaware Human Development and Family

Studies faculty, based on applications that provide the following information: occupational and demographic information, current structure of the applicant's organization, perceptions of leadership roles within the organization, and the future vision and mission of each applicant. Applicants must work in the field of primarily adult IDD services, exclusive of those in elementary and secondary education. Participants of this training are chosen based on their perceived potential to lead effectively, authentically and progressively.

In 2015, NLCDD researchers assessed the demographic information of the participants who attended the Leadership Institute between July 2008 and January 2015, approximately 564 people. Professionals in the IDD field who have come through the Leadership Institute have varied greatly in terms of their time in the field and position held at the time of their entry into the training. Participants have reported holding their current positions from less than one year to thirty years and having been employed in the IDD field from less than one year to forty-six years. The majority of participants (seventy percent) work in agencies that provide services to people with disabilities directly, namely a provider agency (NLCDD, 2015). At the time of the Leadership Institute, thirty three percent of participants worked as directors and seventeen percent held Executive Director positions (NLCDD, 2015). Additionally, seventeen percent identified as a part of staff development/trainers and about four percent held positions as executive board members (NLCDD, 2015). From this sample, ten participants identified as self-advocates and thirty-nine percent identified as advocates for people with IDD.

Participants

The sample size used for data analysis in the present study included 427 participants. The sample consisted of 70.5% females and 28.6% males. Most participants identified as white (57.1%), with 5.2% identifying as black or African American and 1.9% identifying as Asian. Additionally, most participants had obtained a bachelor's (31.3%) or master's (21.8%) degree. Table 1 and 2 show the distribution of frequencies related to race and highest level of education. Time employed as a professional in the field ranged from zero to forty-six years, with a mean of 16.78 years (SD= 9.53). Not all participants responded to all demographic questions.

Table 2

Frequency Distribution of Race

Race	Frequency (%)
White	57.1
Black or African American	5.2
Hispanic	1.6
Asian or Pacific Islander	1.9
Multiracial	1.6
Did not Identify	32.6

Table 3

Frequency Distribution of Highest Level of Education when LPI® was Administered

Level of Education	Frequency (%)
High School Diploma or GED	.5
Associate's Degree	2.1
Bachelor's Degree	31.1
Master's Degree	21.8
Doctoral Degree	3.3
Graduate Certificate	.9
Honorary Degree	5.2
Other	.7
Some College	2.6
Undergraduate Certificate	5.9
Did not Identify	26.0

Kouzes and Posner's LPI® at the NLCDD

Participants of the NLCDD are asked to complete the Leadership Practices Inventory (LPI)®, created by Kouzes and Posner (2007), prior to attending the leadership training. Participants' LPI® reports are handed out individually, explained and reviewed mid-week during the Leadership Institute. The Leadership Institute has used the LPI®

since 2008. Analysis of the LPI® data collected by NLCDD has not previously been conducted. It is important to note that because participants complete the LPI® prior to attending the training, the sample used for this project is not skewed by their participation in the leadership training.

For purposes of this project, co-worker and superior LPI® responses were not used. Rather, the self-report and subordinate-report pieces of the measure were used to answer this project's research questions. The reports, which detail the scores given in response to each question, reflect how often the respondent believes the LPI® participant exhibits each leadership behavior. A review of the LPI® report indicates that there were three possible outcomes regarding how the frequency of effective leadership behaviors were rated: leaders rated themselves notably higher than subordinates, leaders rated themselves approximately the same as subordinates, and leaders rated themselves notably lower than subordinates. Again, differentiations between the three possible outcomes were determined by Kouzes and Posner's (2007) assumption that scores within a 1.5 higher or lower difference are approximately the same and scores with a greater difference than 1.5 are significantly different.

Chapter 4

ANALYSIS AND FINDINGS

This study sought to discover if leaders in the disabilities field view their leadership effectiveness similarly or differently than their subordinates. Question I was developed as the overarching aim of the present study's research. Subsequent questions were written with a more narrow focus in order to collectively address Question I through statistical analysis of the data obtained.

Question I.a.

In order to answer research question I.a., addressing whether or not there is a significant difference in the overall average LPI® scores between leaders and subordinates, an independent samples T-test was conducted to compare the averages of the LPI® scores for leaders and subordinates. For purposes of this project, significance was defined at $p<.05$.

An a priori power analysis was completed for the independent-samples t-test using the GPower 3.0 program (Faul, Erdfelder, Lang & Buchner, 2007). This was run to determine a significant sample size for the t-test analysis. Two-tailed $p = .05$ values were employed. A large expected difference, effect size $d = .80$ (Cohen, 1988) was estimated for the sample. Additionally, power was set to .80, meaning there would be an eighty

percent probability of reaching statistical significance if the obtained sample differences were present in the population. Results from the power analysis showed 26 cases would be required for each group (52 participants overall). Pairwise deletion was employed to ensure that the highest number of possible responses remained in each analysis.

There was a significant difference in the average LPI® score for leaders' self-reports (N=431, M = 7.53, SD=.99) and the average of ratings for subordinates' report (N= 298, M= 8.08, SD=.82); $t(430)= 157.70$, $p<.001$. These results suggest that on average, leaders rated themselves significantly lower than their subordinates rated them.

Question I.b.

In order to answer research question I.b., addressing whether there are statistically significant differences ($p<.05$) between the three groups of leader-subordinate response relationships: leaders who rated themselves notably higher than subordinates, leaders who rated themselves notably lower than subordinates, and leaders who rated themselves approximately the same as subordinates, independent samples T-tests were used. The sample was split by those who rated themselves an average of 1.5 higher than subordinates, an average of 1.5 lower than subordinates, and those who rated themselves within a 1.5 difference (higher or lower) than their subordinates. It is important to note that this distinction was created by the LPI® team and does not necessarily have statistical relevance. This limitation will be explored further in the discussion of the findings.

There was a significant difference in LPI® scores for leaders who rated themselves higher than subordinates (N= 8, M=8.33, SD=.55) and all other leaders in this sample (N= 289, M=7.55, SD=.91); t(295)=2.40, p=.017. These results suggest that leaders who rated themselves higher than their subordinates on the LPI® also had an overall higher average of self-rating than all other leaders in the sample. Within this group, there was also a significant difference between subordinates who rated their leaders lower than their leader rated themselves (N=8, M=6.32, SD=.81) and all other subordinates (N= 289, M=8.13, SD=.77); t(295)= -6.60, p<.001. These results suggest that subordinates who rated their leader lower than their leader rated him or herself also rated their leader, on average, lower than all other subordinates in this sample. That is to say, subordinates in this group view their superior's leadership effectiveness lower than subordinates not belonging to this group. However, the small sample size, which does not not meet the requirements for a large effect size (Cohen, 1988) should be noted. The implications of the small sample size of leaders who rated themselves higher than their subordinates rated them, is addressed further in the discussion section.

There was a significant difference in LPI® scores for leaders who rated themselves lower than subordinates (N=54, M=6.51, SD=.68) and all other leaders in this sample (N= 243, M=7.81, SD=.79); t(295)= -11.14, p<.001. These results suggest that leaders who rated themselves lower than their subordinates on the LPI® also had an overall lower average of self-rating than all other leaders in the sample. Within this group, there was also a significant difference between subordinates who rated their leader higher than their leader rated themselves (N=54, M=8.58, SD=.70) and all other

subordinates in this sample (N= 243, M=7.97, SD=.81); t(295)= 5.12, p<.001. These results suggest that subordinates who rated their leader higher than their leader rated themselves also rated their leader higher than all other subordinates in this sample, on average.

There was a significant difference in LPI® scores for leaders who rated themselves the same as their subordinates (N= 235, M=7.79, SD=.79) and all other leaders in this sample (N= 62, M=6.75, SD=.90); t(295)= 8.93, p<.001. These results suggest that on average, leaders who rated themselves approximately the same as subordinates rated themselves higher than all other leaders in the sample. Within this group, there was also a significant difference in the average score for subordinates who rated their leader the same as their leader rated themselves (N=235, M=8.03, SD=.75) and all other subordinates in this sample (N=62, M=8.29, SD=1.04); t(295)= -2.22, p=.027. These results suggest that on average, subordinates who rated their leader the same as their leader rated themselves, rated their leader lower than all other subordinates not belonging to this group.

A one-way ANOVA was conducted to compare the effect of the difference between the three groups of leaders: leaders who rated themselves higher than subordinates, leaders who rated themselves the same as subordinates, and leaders who rated themselves lower than subordinates. First, an a priori power analysis was completed for the one-way ANOVA using the GPower 3.0 program (Faul, Erdfelder, Lang & Buchner, 2007). This was run to determine a significant sample size for the one-way ANOVA analysis. Two-tailed p = .05 values were employed. A large expected

difference, effect size f =.5 (Cohen, 1988) was estimated for the sample. Results from the power analysis showed 42 cases would be required. Again, pairwise deletion was employed to maintain the highest number of cases within each analysis. The T-test yielded usable groups of 8, 54, and 235 responses, thus the latter two groups meet the minimum requirements for the large effect size and the former does not (Cohen, 1988).

There was a significant effect on response type (which group the leader belonged to) on participants rated leadership skills at the $p<.05$ level for all three groups, $F[2, 294]= 64.63$, $p <.001$. Post hoc comparisons using Bonferroni correction revealed that the mean score for leaders who rated themselves lower than their subordinates (N=54, M=6.51, SD=.68) was statistically different from leaders who rated themselves the same as their subordinates (N=235, M=7.79, SD=.79, $p < .001$) and leaders who rated themselves higher than their subordinates (N=8, M=8.33, SD=.55, $p < .001$). However, the post hoc test showed that the mean score for leaders who rated themselves the same as their subordinates (N=235, M=7.79, SD=.79) were not as statistically different ($p = .149$) from leaders who rated themselves higher than their subordinates (N=8, M=8.33, SD=.55). Figure 3 displays the output generated from the Bonferroni correction post hoc analysis, which illustrates these findings. The number ones within the table represent leaders who rated themselves lower than their subordinates, the number twos within the table represent leaders who rated themselves the same as their subordinates and the number threes within the table represent leaders who rated themselves higher than their subordinates rated them.

Table 4

Bonferroni Correction Analysis for Leaders' Self-Report Groups

(I) Lead Combined	(J) Lead Combined	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1.00	2.00	-1.27327*	.11566	.000	-1.5518	-.9948
	3.00	-1.81606*	.29036	.000	-2.5152	-1.1169
2.00	1.00	1.27327*	.11566	.000	.9948	1.5518
	3.00	-.54279	.27555	.149	-1.2063	.1207
3.00	1.00	1.81606*	.29036	.000	1.1169	2.5152
	2.00	.54279	.27555	.149	-.1207	1.2063

*. The mean difference is significant at the 0.05 level.

Question I.c.

In order to address the answer to question I.c, a one-way ANOVA was conducted to compare the effect of the difference between the three groups of subordinate ratings: subordinates who rated their leader lower than their leader rated him or herself, subordinates who rated their leader higher than their leader rated him or herself, and subordinates who rated their superior the same as him or herself. There was a significant

effect on response type (which group the subordinate belonged to) on participant's ratings of leadership skills at the $p<.05$ level for all three group, $F[2, 616]= 80.89$, $p<.001$.

Post hoc comparisons using Bonferroni correction revealed that the mean score for subordinates who rated their leader higher than their leader rated themselves ($N=95$, $M=8.61$, $SD=.63$, $p<.001$) was statistically different from subordinates who rated their leaders the same as their leaders rated themselves ($N=508$, $M=8.06$, $SD=.78$, $p<.001$) and subordinates who rated their leader lower than their leader rated themselves ($N=16$, $M=6.06$, $SD=.64$, $p<.001$). Figure 4 displays the output generated from the Bonferroni correction post hoc analysis, which illustrates these findings. The number ones within the table represent subordinates who rated their leaders higher than their leaders rated themselves, the number twos within the table represent subordinates who rated their leaders the same as their leaders rated themselves and the number threes within the table represent subordinates who rated their leaders lower than their leaders rated themselves.

Table 5

Bonferonni Correction Analysis for Subordinates' Rating Groups

(I) Lead	(J) Lead	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1.00	2.00	.55292*	.08454	.000	.3500	.7559
	3.00	2.55553*	.20437	.000	2.0649	3.0461
2.00	1.00	-.55292*	.08454	.000	-.7559	-.3500
	3.00	2.00261*	.19203	.000	1.5416	2.4636
3.00	1.00	-2.55553*	.20437	.000	-3.0461	-2.0649
	2.00	-2.00261*	.19203	.000	-2.4636	-1.5416

*. The mean difference is significant at the 0.05 level.

Chapter 5

DISCUSSION

A review of the literature indicates that relationships between leaders and subordinates are significantly impacted by the perceptions each group holds, regarding leadership effectiveness (Kouzes & Posner, 2007). The present study sought to identify how these perceptions of effective leadership differ across groups of leaders and their subordinates within the disabilities field. In order to answer this question, sub questions which look into the statistical differences between the possible pairings of ratings between leaders and subordinates were developed. Discussion of the research findings follows.

Question I.a.

An independent samples T-test was conducted to compare the average LPI® scores for leaders and subordinates to see if there is a significant difference between the two groups. The average scores for each of these groups were significantly ($p<.001$) different, with leaders' scores having a lower average than subordinates. These findings suggest that on average, leaders rated themselves significantly lower than their subordinates rated them. While this T-test does show that the two groups are different in that leaders have a lower average self-rating than subordinate ratings, it does not provide

information beyond this. More statistical analyses were required to draw greater inferences from the data.

Question I.b. and I.c.

Three separate independent sample T-tests were run to compare the following groups: leaders who rated themselves lower than their subordinates, leaders who rated themselves the same as their subordinates, and leaders who rated themselves higher than their subordinates rated them. Ratings considered the "same" or different are based on Kouzes and Posner's assumption that a rating difference of less than 1.5 between leader and subordinate is not significant, while a difference greater than 1.5 between leader and subordinate rating is significant and therefore should be addressed by the leader.

The first independent samples T-test, comparing leaders who rated themselves higher than subordinates and all other leaders in the sample showed a significant difference ($p = .017$) between these groups. There was also a significant difference ($p < .001$) between the ratings of subordinates within this group who rated their leaders lower than their leader rated themselves and all other subordinates. This T-test suggests that leaders who rated themselves higher than their subordinates on the LPI® also had an overall higher average of self-rating than all other leaders in the sample and that subordinates who rated their leader lower than their leader rated him or herself also rated their leader lower than all other subordinates in this sample. However, according to the a priori power analysis, the sample size of leaders within this group (N=8) is not large enough to be considered statistically valid. Consequently, inferences drawn from this T-

test should be approached with caution. Because small sample size increases the chance of making a type II error, or in this case accepting that there is no difference between ratings when there is in fact a difference, this finding should be explored further. Future research based on a large enough sample of leaders who rate themselves higher than their subordinates on the LPI® may yield highly valuable information regarding characteristics and demographics of the professionals within this group. That type of work would shed light on the types of professionals who are highly self-confident.

The second independent samples T-test comparing leaders who rated themselves lower than their subordinates and all other leaders in the sample suggested that leaders who rated themselves lower than their subordinates also rated themselves lower than all other leaders in the sample. Furthermore, subordinates within this group also rated their leader higher than all other subordinates in this sample. This suggests a significant discrepancy between leader and subordinate perceptions of leadership effectiveness.

The third independent samples T-test comparing leaders who rated themselves the same as their subordinates showed that on average, leaders within this group rated themselves higher than all other leaders in the sample and subordinates within this group rated their leaders lower than all other subordinates not belonging to this group. However, the post hoc Bonferroni correction analysis showed that even though these leaders had an average rating that was higher than the overall average, the average of these leaders was lower than those who rated themselves higher than subordinates.

Two one-way ANOVAs, using Bonferroni correction post hoc analyses, were run to assess the differences between subordinate ratings and leaders' self-ratings between

the six groups, or pairings of rating combinations (leaders who rated themselves higher than their subordinated rated them, leaders who rated themselves the same as their subordinates rated them, leaders who rated themselves lower than their subordinates rated them, subordinates who rated their leader lower than their leader rated him or herself, subordinates who rated their leader the same as he or she rated themselves, and subordinates who rated their leader higher than their leader rated him or herself.) Comparison of the results from these ANOVAs and their post hoc Bonferroni correction analyses show that overall, leaders rated themselves lower than their subordinates rated them, and there is a statistically significant ($p<.001$) discrepancy between these ratings. Specifically, leaders who rated themselves lower than their subordinates ($M = 6.51$) rated them also rated themselves significantly lower ($p<.001$) than the other two groups of leaders within the sample. Furthermore, subordinates who rated their leader higher than their leader rated themselves ($M = 8.61$) had a significantly higher ($p<.001$) average than the other two groups of subordinates in the sample. This means that leaders who rated themselves lower than their subordinates rated them also rated themselves significantly lower than the other leaders in the sample and their subordinates rated them higher than the other subordinates rated their leaders in the sample. This shows a negative relationship between the variables of self-perceptions of leadership behaviors and subordinate's perceptions of their leaders' behaviors.

Comparison of these ANOVAs provide a major finding in regard to the significant discrepancy between leaders' perceptions of their leadership effectiveness and subordinates perceptions of their leader's effectiveness. Specifically, leaders have a lower

self-perception of their own leadership skills, when compared to their subordinates. Given the predictions of the Johari Window (Luft, 1961) and Kouzes and Posner's (2007) claim that any discrepancies between leader-subordinate perceptions of leadership effectiveness can be detrimental to a working relationship, the need for additional research exploring the explanations for this discrepancy is implied.

A valuable first step in working to understand the reasons why leaders have a lower self-perception of effectiveness would be to assess variations in demographic information. For example, Kay and Shipman (2014) focus on the differences between men and women in confidence styles and discuss many studies which show that men tend to possess much higher confidence and worry less than women about the way their confidence is perceived by others. If LPI® leader-subordinate rating relationships can be linked to gender, or any other demographical identifier, many possibilities for exploring perceptions of leadership and the ways in which these perceptions can be aligned, will be discovered. According to the Johari Window (Luft, 1961) and Kouzes and Posner's research (2002), the need for aligning perceptions of leadership among superior-subordinate relationships is vital to the success of the work these groups have come together to achieve; in this case, the provision of progressive self-directed supports for people with disabilities.

Limitations

First, given that the sample within the present project is a sub-sample of participants of a leadership training, limitations associated with this project must be

addressed. Though leaders within this sample were not influenced by having participated in the NLCDD Leadership Institute prior to completing the LPI, there is still a selection process associated with the types of leaders who choose to apply to the NLCDD Leadership Institutes, as well as the types of leaders who are chosen by the directors to attend. The implications of this selection process should be kept in mind, and thus, reported findings are not generalizable to all leaders within the field of disabilities support services, outside of Leadership Institute graduates.

Second, even though findings throughout the T-test analyses showed that the three groups of leader-subordinate ratings were significantly different from each other, the 1.5 assumption held by Kouzes and Posner, regarding what they claim to be the threshold for significantly different ratings or what is to be considered "same" ratings, has not been proven to be a statistically justified assumption, rather, it is explained as a general rule of thumb. Therefore, it can be justified that future research using the LPI® to determine perceptions of leadership effectiveness should test the 1.5 assumption published by Kouzes and Posner before proceeding with data analysis.

As detailed in the discussion section, the sample size (N=8) of leaders who rated themselves higher than their subordinates rated themselves, according to the a priori power analysis, was not large enough to draw inferences from this group considered to be statistically valid. Therefore, this limitation should be noted and future research obtaining a large enough sample size of this population should explore characteristics of these leaders' relationships with their subordinates in order to draw more statistically valid inferences.

In conclusion, the present study found that leaders in the disabilities field seeking professional development through the NLCDD Leadership Institutes, on average, had lower self-ratings of their effective leadership behaviors when compared to how their subordinates rated them. The findings from this project justify a need for further research seeking to understand why this sample of leaders have seemingly low self confidence in their abilities to lead effectively within their organizations.

The low self-rating of effective leadership behaviors calls to question whether these perceptions are a result of these leaders being hypercritical or modest in regard to their leadership, or, perhaps it is a matter of personal characteristics that encourage low self confidence, modesty or even self-criticism. If the latter is true, one would ask: are these personal characteristics correlated with any demographic information, such as gender, race, age, time spent in the field of disability services, etc.? For example, one could argue, based on previous research and the resultant literature that because the present project's sample was comprised of seventy percent women, there is no mystery as to why, on average, the self-ratings were lower than subordinate ratings. Specifically, Kay and Shipman (2014) argue that while men generally are convinced of their own abilities to perform in professional capacities, women tend to ruminate on the many situational influences that may or may not influence their performance on a day to day basis. Furthermore, Kay and Shipman (2014) discuss that women are more likely than men to worry about how others perceive their self-confidence by talking about their strengths, or in this case, giving themselves high ratings across behaviors on the LPI. The

gender disparity within this sample could be considered a predicting variable and would have significant implications for inferences drawn from this project's findings.

The implications for exploring the answers to these questions have the potential to inform, in a groundbreaking way, leadership effectiveness within the disabilities field. Having a better understanding of leaders' perceptions of their effectiveness, and how those perceptions influence, or are correlated with, their actual ability to perform as an effective leader will support improvements among professional development initiatives. In considering the interconnected systems within the disabilities field, depicted in figure 1, improving leadership development will influence organizations as a whole, street level bureaucracy and consequently, the supports and services people with IDD and their families receive.

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