Exploring mid-level administrators of allied health programs' leadership identity development through their career journey

by

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B.S., Texas Tech University Health Sciences Center, 2002
M.S., Texas Tech University Health Sciences Center, 2003

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

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Department of Educational Leadership
College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

2026

Abstract

The problem that this study investigated is the lack of support and training for mid-level administrators of allied health programs in the development of their leadership identity. The purpose of this study was to explore the factors to which mid-level administrators of allied health programs attribute the development of their leadership identity through their career journey. The purpose was also to explore the professional development, training, and mentoring that mid-level administrators experienced throughout their career journey. The findings indicated that mid-level administrators of allied health programs do not follow a single pathway toward development into educational leaders. Instead, participants described varied factors that shaped their leadership development, including clinical practice, teaching opportunities, mentorship, professional societies, accreditation-related professional development, and experiential learning. Most participants reported limited formal leadership preparation and instead relied on experience and self-directed learning to develop the knowledge and skills needed for their leadership role. The findings revealed that leadership identity development is a complex and evolving process influenced by preparation for the role, personal experiences, professional responsibility, and relationships. Many allied health educators enter educational positions as content experts with extensive clinical experience but limited formal leadership preparation. Participants reported that role attainment did not always correspond with leadership identity development. Although all participants occupied formal leadership positions, several viewed their role as one with additional responsibility rather than leadership. The findings highlight the need for intentional support, leadership development opportunities, and mentorship. By better understanding these experiences, institutions may be better positioned to prepare and support future allied health educational leaders.

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Dedication

I dedicate this dissertation to my husband, Caleb, and my daughters, Miranda and Naomi; thank you for your unconditional love, patience, encouragement, and understanding. You have been my greatest source of motivation, and your sacrifices throughout this journey have meant more than words can express. This accomplishment is as much a part of our journey as it is mine.

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Chapter 1 - Introduction

A critical position within the academic community that has received little attention by higher education leaders is the position of mid-level administrator (Clegg & McAuley, 2005). Clegg and McAuley reported mid-level administrators of allied health programs are an important part of community colleges because these administrators provide an essential link among senior leadership, faculty members, and the implementation of strategic plans (Clegg & McAuley, 2005). Gmelch (2013) described mid-level administrators as deans and department chairs. Gmelch (2019) noted that mid-level administrators, such as department chairs, occupy a critical position in universities because they advance disciplines, instruct students, produce graduates, and serve the professional community. In fact, Hetch et al. (1999) have suggested that chairs have "the potential of being one of the most powerful leaders in the institution" (p. 35). As a result, preparing mid-level administrators of allied health programs with professional development and training has become an important issue. Buller (2012) noted that "the issue of training and preparation of department chairs is particularly important because there are so many chairs at colleges and universities" (p. 4). Additionally, Buller and Cipriano (2015) indicated that "if you don't have the right team in place, your department won't achieve its goals" (p. 1).

One way that institutions can ensure that mid-level administrators of allied health programs achieve their potential is through proper development of leadership skills; however, according to the research literature, little has been done to help develop these "key administrative leaders" (Hecht et al., 1999, p. 7). Buller's (2012) research revealed that mid-level administrators "underestimate their leadership role" (p. 9). Because mid-level administrators often are accountable for implementing and maintaining a wide variety of programmatic and logistical responsibilities, their role as advocates is sometimes neglected: "They're expected to be the

leading advocates for their discipline and to strengthen their programs in any way they can. As a result, it's important for every department chair to develop in leadership" (Buller, 2012, p. 9). Unfortunately, as Gmelch (2013) noted, mid-level administrators, such as deans and department chairs, often assume these positions "without leadership training" (p. 26). Buller and Cipriano (2015) reported that the vast majority of mid-level administrators, such as department chairs, are unprepared to excel as leaders. More specifically, Gmelch (2013) reported that "scarcely more than 3% of department chairs came to their positions with preparations in the skills they needed to be effective leaders" (p. 26).

Training is important because, as Buller (2012) found, most mid-level administrators, such as deans and department chairs, "are given an administrative position that usually has absolutely nothing to do with their formal credentials and only then begin to seek training in the administrative work" (p. 3). This lack of training has consequences. For example, Buller (2012) has demonstrated that learning by trial-and-error is only partially effective because "you have to commit a significant number of errors" (p. 4). These errors could "damage someone's livelihood, reputation or future career" (p. 4). Researchers such as Gmelch et al. (2017) and others have suggested that without proper training and support, chairs and other mid-level administrators will "contribute to mediocrity and failure in colleges and universities" (p. 1). For example, Sirkis (2011) noted that "a department chair who fails to take action or who is dismissive of complaints could put the entire college at risk of costly legal action and unflattering publicity" (p. 49). On the other hand, Buller and Cipriano (2015) reported that "as a result, an effective, skilled, and well-prepared body of chairs can make or break the success of a university" (p. viii).

Statement of the Problem

The problem that this study investigated is the lack of support and training for mid-level administrators of allied health programs in the development of their leadership identity through the career journey. Browne and Collette (2023) suggested that when individuals experience a change that they are not ready for, the effects of this transition can result in denying, minimizing, or trivializing the new role. Schwinghammer et al. (2012) noted that along the career path from clinical practitioner to faculty member to mid-level administrator, a lack of leadership training is evident. Additionally, Smith and Stewart (1999) indicated that institutions have failed to provide support and professional development before mid-level administrators, such as department chairs, transition into these roles. According to Buller and Cipriano (2015), this failure has occurred because positions, roles, and responsibilities have not been defined clearly. The damaging effects of improper training include potential legal action against the institution (Hecht, 2004), loss of staff (Cheng et al., 2021), and stagnation that can result in "jeopardizing departmental and institutional effectiveness" (Wolverton & Ackerman, 2006, p. 15).

Two important considerations that have contributed to the problem provide the impetus for this study. The first consideration is the role of department-level leadership within the academic environment. Gonaim (2016) emphasized the important role of the department within the overall academic framework of colleges and universities: "The academic department is a fundamental unit for transforming the university's vision and goals into reality" (p. 272). Secondly, researchers have noted that it is important to have effective leadership for academic organizations to succeed. For example, DeRue and Myers (2014) have suggested that "leadership is one of the more important predictors of whether groups and organizations are able to effectively adapt and perform" (p. 832). Mid-level administrators of allied health programs

occupy critical positions within colleges and universities; however, the varieties and types of professional development, training, and support that these leaders have received on their career paths have not been fully explored. It is critical that mid-level administrators, such as deans and department chairs, enter their roles prepared to "lead their departments into the future" (Gmelch & Miskin, 2004, p. 105). To help understand the factors that shape leaders, it is important to explore the transitions they encounter through their career journey.

Background of the Problem

An essential skill that ostensibly develops over time among mid-level administrators of allied health programs at community colleges is the ability to provide effective leadership. This is especially true among leaders at higher levels within an organization. Day and Harrison (2007) pointed out that "leaders need more highly developed leadership skills the higher their position in an organization" (p. 370). They reported that the potential career path to educational leadership among individuals within allied health programs consists of "real-life experiences in the industry" (Day & Harrison, 2007, p. 203). According to Baruch (2013), this transition typically follows a path from clinical practitioner to faculty member to mid-level administrator—e.g., dean or department chair.

Leadership

This section provides a brief review pertaining to leadership as a context for the problem. The study of leadership has been a fruitful endeavor for scholars within a variety of domains and industries. The research literature suggests that leadership is a very popular topic, with hundreds of research articles and dozens of scholarly books published each year. Through this research, a great deal of knowledge and information has been produced on the topic of leadership. For

example, Fiedler (1996) noted that leadership is not only interpersonal but also contextual, depending largely on the task environment:

> The most important lesson we have learned… is that the leadership of groups and organizations is a highly complex interaction between an individual and the social and task environment. Leadership is an ongoing transaction between a person in a position of authority and the social environment. How well the leader's particular style, abilities, and background contribute to performance is largely contingent on the control and influence the leadership situation provides. (p. 243)

Much of this scholarship, however, has focused narrowly on "business leadership" (Howell, 2013, p. xi.) with minimal research conducted on "how leadership develops or how a leadership identity develops over time" (Komives, 2005, p. 593).

A brief review is provided about how leadership has been viewed over time. Theorists have proposed various definitions of leadership that focus on decision-making, organizational talent, organizational success, and the role of authority. For example, Burns (1978) indicated that to understand leadership, one must first understand power. Burns suggested that power consists of two parts: motivation and resources. He proposed that both are needed to achieve a goal and to sustain an action: "Lacking motive, resources diminish; lacking resources, motive lies idle. Lacking either one, power collapses" (p. 12). According to Burns, goals collapse if leaders lack motivation or fail to supply the resources needed to achieve a goal or objective.

Burns (1978) also has described the relationship between leaders and followers in terms of mobilizing both internal and external resources: "Leadership over human beings is exercised when persons with certain motives and purposes mobilize, in competition or conflict with others, institutional, political, psychological and other resources as to arouse, engage, and satisfy the

motives of followers" (p. 18). Burns illustrated that when leaders and followers experience a shared purpose, they will work together to achieve a common goal. Burns's views on power differ from those of other leadership theorists because he noted that the values of individuals who wield power are of primary importance in leadership. In other words, according to Burns, leadership ought to be relevant to the "power wielder's valued things" and relevant to the "recipient's needs or values only as necessary to exploit them" (p. 19). In other words, each side must get something out of it for the goal to come to fruition.

A second view of leadership reflects the belief that leaders express certain styles, traits, or behaviors that society interprets as leadership (Northouse, 2013). Northouse has proposed that leadership is a phenomenon that consists of several principles. More specifically, Northouse has noted that "(a) leadership is a process, (b) leadership involves influence, (c) leadership occurs in groups, and (d) leadership involves common goals" (p. 5). Based on these principles, Northouse has advised that leadership is more than a collection of traits or characteristics; rather, he has defined leadership as "a process whereby an individual influences a group of individuals to achieve a common goal" (p. 5). Northouse's process definition has been influential because of the widely held belief that it best characterizes the role of leadership in achieving organizational success.

A third view has been described by Yukl (2013), who defined leadership as "the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives" (p. 7). Yukl has suggested that leaders influence and facilitate both current and future tasks. This occurs through direct and indirect forms of influence from either a single leader or many leaders. According to Yukl, followers take primary guidance from leaders without regard for formal

authority; however, in his definition of "followers," Yukl excludes followers who do not approve of the leader.

As indicated in the research literature, the concept of leadership has been defined in a variety of different ways. According to several scholars, leadership includes interaction that requires some to lead and some to follow. For example, O'Toole (2019) reported, "The A-number-one fact of organizational life is that leadership is never a solo act. Leadership is always a social, or group, activity that involves getting other people to do the right things" (p. 8). Other researchers have suggested that leadership is more than traits and characteristics. Rather, leadership involves setting, communicating, and achieving goals with others.

As O'Toole (2019) suggested when he wrote about Barnevik, "He understood that he would need leaders at each level of the organization" (p. 10). In the field of higher education, it is important to review leadership at the department level because, as Day and Harrison (2007) pointed out, "leaders need more highly developed leadership skills the higher their positions in an organization" (p. 370). Raines and Alberg (2003) suggested that "the good higher education administrator is one who masters the knowledge and skills to perform necessary tasks with efficiency and effectiveness; the outstanding leader engages in reflective practice and continuous growth" (p. 38).

Leadership at the Department Level

As with all social organizations and institutions, the role of leadership within higher education has evolved according to changing circumstances. Tucker (1992) described the role of American college presidents before the 1700s as all encompassing; that is, presidents fulfilled a variety of roles. However, as institutions grew, so did the need to "improve the organization and management of the academic process" (Tucker, 1992, p. 15). Booth (1982) has described the

academic department as “the basic administrative unit of a college or university” (p. 4), which includes a specific area of teaching, research, and service knowledge. Tucker (1992) described the academic department as a place where goals are set that contribute to the mission of the department and the institution. He described departments as either “pure discipline” (p. 15) or mixed. Mixed departments are found at smaller colleges with too few faculty members to justify a department in which all faculty members instruct within the same discipline. Booth noted that departments were created to facilitate institutional goals and “to accommodate the fragmentation of coursework that came with the end of the prescribed classical curriculum, the development of new disciplines, and the need to create a manageable unit for faculty” (p. 4). Just as Nanus (1992) observed regarding the business sector, educational administration is no longer a centralized process. According to Nanus, leadership is important at the department level, and as a result, institutions must have department-level leaders with the ability to align their efforts with those of the organizational mission and respond to a changing environment:

> [Institutions require] visionary leaders at the lower levels of organizations who can establish a sense of direction for their own units that supports the overall organizational vision and enables those units to position themselves in anticipation of changes in their local circumstances. (p. 180)

According to Thomas and Schuh (2004), maintaining a reputation for effective leadership at the departmental level is essential within higher education institutions: “A department has little chance of external success if it is not well regarded on campus. In fact, departments that are not well regarded on campus may not survive. Thus, chairs must attend to the department's campus reputation vigorously” (p. 21).

Research has suggested that mid-level administrators, such as deans and department chairs, play the "most critical role" (Gmelch, 2019, p. 9) in administration. For example, Carroll and Wolverton (2004) indicated that "up to 80 percent of all administrative decisions made in colleges and universities are made by the department chairs" (p. 3). Senior administrators control resources and occupy positional authority, but these senior leaders need support from mid-level leaders (Cejda & Leist, 2013). Preparing mid-level leaders for success in their leadership positions is essential because, as Riggs (2009) indicated, mid-level administrators have a profound impact on the operations, organizational priorities, and academic functions within community colleges. As a result, the department chair position is an extremely important mid-level administrative position; however, individuals who accept chair positions typically have not received the leadership training they need (Filan, 1999). Green (1988) has noted that the character of individuals in mid-level administrative positions is essential to the success of community colleges. Green indicated that those attributes included "their dependability, their resourcefulness, their appreciation of academic values, and their insight into the ability to manage and lead" (p. 57). Departments rely on mid-level administrators, such as deans and department chairs, to lead their departments, develop strategies that refocus faculty efforts toward improving teaching performance, create plans and goals, secure adequate resources, facilitate collegial relationships, and foster departmental activities that recognize and promote effective teaching (Nwagwu, 1998).

As community colleges rely increasingly on adjunct faculty in response to mounting budget pressures, the role of mid-level managers has become important in supporting academic consistency among faculty members with diverse backgrounds and training. Sirkis (2011) has noted that "these cohorts [i.e., adjunct faculty members] can be a liability if they do not

understand the department's values, grading standards, and curriculum requirements. Chairs can help prevent problems from arising" (p. 49). Unfortunately, problems can and do arise when, as Tucker (1984) reported, faculty members with limited administrative experience assume mid-level administrator roles, such as the role of department chair. This situation becomes even more problematic because department chairs must navigate and negotiate multiple roles. For example, Tucker (1984) has proposed that the department chair is "both a manager and a faculty colleague, an advisor and an advisee, a soldier and a captain, a drudge and a boss" (p. 4). The department chair and other mid-level administrators are leaders who must balance "the desires of the students in the department, the personal and professional hopes and fears of the department faculty members," and "the goals and priorities of the college dean" (p. 5).

Allied Health Programs

In the healthcare industry, teams of medical professionals supply patient care. These healthcare professionals work in fields such as nursing, dentistry, radiologic technology, surgical technology, medical assisting, diagnostic medical sonography, and clinical/medical laboratory science, to name a few (College Factual, 2024). The Association of Schools Advancing Health Professions (2020) has estimated that 13,200,000 workers, or 60% of the United States healthcare workforce, are allied health professionals. They work closely with physicians and nurses to supply safe, prompt, fair, efficient, and effective patient care through various disciplines (Arena et al., 2011). Most of these individuals have graduated from allied health programs, and many have done so at the community college level; in fact, almost half of allied health professionals have earned an associate degree (College Factual, 2024b).

Some community college organizational structures include departments for health science majors. Comizio (2019) has suggested that health science "is for students interested in

understanding the underlying cause of disease, analyzing human behavior and sparking change, and promoting wellness to improve health outcomes" (para. 6). Students can earn an associate degree by graduating from one of these healthcare-related programs at a community college. Individuals who graduate from these types of programs pursue "health-related careers, such as health informatics, laboratory science, healthcare management and a variety of graduate-level programs across the healthcare field" (para. 6). These programs are important for communities because "many in this major want to make a difference in their community and aim to improve overall access and quality of care" (para. 6).

Career Path

Leadership development requires support at all stages in a career path. However, research by Schwinghammer et al. (2012) has indicated that although department chairs and other mid-level administrators "play vital administrative roles within their institutions" (p. 1), leadership skills training has been absent throughout their career paths. Further research has confirmed the absence of leadership skills training and has suggested that most department chairs and other mid-level administrators learn through experience while on the job. For example, Smith and Stewart (1999) reported the story of one individual who viewed this absence of training as a hazing ritual:

> Basically, I was thrown into the job with practically no training. If it had not been for relationships formed while I was a faculty member, I would have been totally lost. Thank goodness I don't mind asking hundreds of questions. I got most of my answers from administrative assistants. I would never want to go through what I went through. I think other department heads look at it as a form of hazing: 'I did it, so you have to do it too.' (p. 31)

The career path to a department chair position or other mid-level administrative position is most often through the rank of faculty member. According to Firestone (2010), many department chairs first serve for several years as faculty members before assuming the role of chair. Individuals choose to be department chairs for several reasons. For example, individual career goals, leadership aspirations, a desire for organizational change, and an inclination toward responsibility and influence affect whether faculty members and practitioners choose to pursue a chair position or other mid-level administrative position (Freeman et al., 2020). While some individuals are motivated primarily by external factors, Hecht (2004) has pointed out that internal motivation to pursue a department chair position leads to more positive outcomes. Hecht has suggested that individuals become department chairs based on internal motivational factors. That is, they become chairs...

> for intrinsic interests that include the opportunity to make a difference and the excitement of taking on a new challenge. Chairs who take the job for extrinsic reasons—their colleagues were insistent; the dean appointed them; the concept of prestige, course relief, and perhaps a bit more pay were compelling—are likely not to like the job and drop it as soon as feasible. (pp. 43-44)

In short, individuals who pursue department chair positions or other mid-level administrative positions for external reasons do not necessarily experience longevity in these positions.

In addition to the motivation of individuals to assume the role of department chair, the length of time that individuals serve as department chairs also varies, depending on a variety of factors. According to Smith et al. (2012), the length of time individuals serve as department chairs depends to a large extent on the institution they serve. Smith et al. (2012) reported that "department chairs most often serve designated terms (e.g., four years with the possibility of a

second and maximum service of eight, rotations among full faculty members for two years) and then return to the faculty to complete careers in higher education" (p. 55). Additionally, Armstrong and Woloshyn (2017) reported that when a department chair's role is temporary, this "tempers chair's willingness to address resistant colleagues and to establish stable professional identities as scholars, managers, or leaders" (p. 108).

Researchers have agreed that the role of department chair as a mid-level administrative position is a key step on the career path to higher education leadership. In large part, this is because the department chair plays a diverse role that includes many responsibilities and involves working with many people. For example, Aziz et al. (2005) reported that the mid-level administrative position of department chair occupies a position in higher education that involves "functioning simultaneously as faculty... and administrator, with responsibility for a wide variety of tasks and activities directed toward multiple constituencies" (p. 571). It is important to understand this career path because the individuals "filling the positions generally receive little or no formal preparation for the job. The individual assuming the role of a department chair is quite often under-prepared, overworked, and undertrained" (Seagren et al., 1994, p. vii).

Day and Harrison (2007) stated that leadership development and identity formation have not been adequately explored at different organizational levels. Day and Harrison further stated that "completely ignoring leader development in the rush for leadership development will likely result in placing individuals into challenging developmental contexts that they are not prepared to handle" (p. 364). Qualitative research at community colleges is required to explore leadership identity development at different organizational levels through the career journey.

Roberts and Hyatt (2019) suggested that researchers explore the recommendations of other authors to identify a target for investigation. Gonaim (2016) indicated that most research

on leadership styles has been conducted through leadership surveys and that by "providing the participants the opportunity to express their views through using qualitative approaches will allow providing an authentic platform of relevant experience" (p. 284). Finally, Armstrong and Woloshyn (2017) stated that there is a "general consensus that understanding department chairs' role transitions benefits individuals and the university" (p. 100).

Purpose of the Study

The purpose of this study was to explore the factors to which mid-level administrators of allied health programs attribute the development of their leadership identity through the career journey. The purpose was also to explore the professional development, training, and mentoring experiences throughout their career journey.

Research Questions

The following research questions guided this study:

1. What are the factors that mid-level administrators of allied health programs attribute to the development of their leadership identity through their career journey?
2. What are the experiences of mid-level administrators of allied health programs regarding professional development, training, and mentoring through their career journey?

Theoretical and Conceptual Frameworks

This study used Schlossberg's (2011) transition theory as the theoretical framework. Schlossberg's research focused on understanding how transitions alter individuals. Schlossberg's transition theory identifies three factors and four systems that explain the transition from practitioner to leader. Schlossberg's three factors that influence transition include (a) the nature of the transition, (b) the characteristics of pre- and post-transitional environments, and (c)

characteristics of the individual. Next, Schlossberg suggested that one must understand the four systems of transitions, which include (a) situation, (b) self, (c) supports, and (d) strategies. Both portions of Schlossberg's frameworks were used to explore transitions made by allied health mid-level administrators and how these transitions influence or contribute to leadership identity development. Schlossberg noted that "it is not the transition per se that is critical, but how much it alters one's roles, relationships, routine, and assumptions" (p. 159).

In addition to applying Schlossberg's (2011) transition theory as the theoretical framework, this study employed Komives et al. (2005) Leadership Identity Development (LID) model as the conceptual framework. Komives et al. concluded that leadership identity occurs when transitioning through six stages of leadership identity: (a) awareness, (b) exploration/engagement, (c) leadership identified, (d) leadership differentiated, (e) generativity, and (f) integration/synthesis. Transitioning through the first five stages ultimately leads to the final stage as the leader integrates their own leadership identity. Komives et al. suggested that in the integration/synthesis stage, participants "acknowledge the personal capacity for leadership in diverse contexts and claim their identity as a leader without having to hold a positional role" (p. 14). Furthermore, Komives et al. have indicated that important influences on leadership identity include "adult influences, peer influences, meaningful involvement, and reflective learning" (p. 596).

Alignment Table

An alignment table is helpful in coordinating the various components of a research study. In this study, the alignment table has been designed to align the problem and purpose statements, the methodology, the research design, the research questions, and the corresponding interview (see Appendix A, Alignment Table).

Methodology

This study employed a generic qualitative research design. Percy et al. (2015) have described generic qualitative research as an inquiry that "investigates people's reports of their subjective opinions, attitudes, beliefs, or reflections on their experiences" (p. 78). This design was appropriate in this setting for two reasons: (a) because the researcher explored the opinions that individuals have about their experiences navigating their career paths, and (b) because the researcher explored the factors to which they attribute the development of their leadership identity. Through semi-structured interviews, participants described their career journey from healthcare practitioners to educational leaders, the experiences they believed shaped their leadership and their experiences with professional development, training, and mentoring. The analysis focused on identifying patterns and themes within participants; accounts.

Delimitations

This generic qualitative study has been delimited in four ways. The first delimitation is that the study was restricted to the experiences of mid-level administrators of allied health programs because this study sought to add to the body of knowledge regarding allied health leaders. The second delimitation is that the study focused on community colleges instead of universities because community colleges focus on a different population of students than universities do. A third delimitation is that the study was limited to community colleges with at least two allied health programs. The final delimitation is that this study was conducted within one year of Institutional Review Board approval—i.e., during the spring of 2025 and the spring of 2026.

Assumptions

This study was founded on two assumptions. The first assumption was that participants will provide an honest account of events. The ability of participants to share their experiences honestly and openly was a critical component of qualitative research.

The second assumption was that participants possess the ability to reflect deeply on their past experiences, thoughts, and feelings. Through that process, participants would communicate with the researcher about what happened at specific points in time. These abilities help ensure that the data collected is accurate and reliable, thus providing an increased level of understanding about career path transitions and leadership identity.

Significance of the Study

This study was designed to contribute to the body of knowledge regarding the development of leadership identity of mid-level administrators' of allied health programs. It is important to gain insight into factors that shape leadership identity through the career journey and the professional development and training that was received. The constituent groups likely to benefit from knowing the findings of this study consist of mid-level managers of allied health programs at community colleges, deans, college presidents, and faculty members. This study can help these constituent groups develop institutional policies and practices related to professional development for allied health community college faculty members as they potentially transition into mid-level leadership positions. Ultimately, the research value of collecting and analyzing this data is the potential contribution it makes to the knowledge base related to leadership identity, including the support, training, and professional development participants had found helpful in developing their leadership identity.

Definition of Terms

The following definitions apply for the purposes of this study:

- *Academic Department* refers to an organizational unit consisting of "faculty and support staff who engage in the multifaceted activities of an institution, such as providing courses for students, enhancing and developing scholarly knowledge, and providing service to the campus and the communities external to the institution" (Seagren et al., 1993, p. 2).
- *Allied Health* refers to health professions, excluding nursing and medicine, that focus on "the identification, diagnostic evaluation, and treatment of acute and chronic diseases and disorders; provision of dietary and nutrition services; rehabilitation services; and the management and operation of health systems" (Association of Schools Advancing Health Professions, 2015, para. 4).
- *Allied Health Professionals, Clinicians, and Practitioners* refers to allied health professionals “involved with the delivery of health [services] or related services pertaining to the identification, evaluation, and prevention of diseases and disorders; dietary and nutrition services; and rehabilitation and health systems management, among others" (Association of Schools Advancing Health Professions, 2020, para. 1).
- *Community College* refers to "any not-for-profit institution regionally accredited to award the associate in art or the associate in science as its highest degree" (Kisker et al., 2013, p. 5).
- *Department/Division Chair* refers to the "the chief administrator of a programmatic unit (e.g., department, division) representing one or more disciplines" (Association of Schools Advancing Health Professions, 2022, para. 13).

- *Generativity* refers to the stage where individuals “became actively committed to larger purposes and to groups and individuals who sustained them.” (Komives et al. 2005, p. 607).
- *Leader Identity* refers to the “sub-component of one's identity that relates to being a leader or how one thinks of oneself as a leader” (Day & Harrison, 2007, p. 365).
- *Leadership* refers to the "process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2013, p. 3).
- *Mentoring* is defined “To efficiently and effectively develop the knowledge, talents, and skills of a less experienced person through individualized attention from someone with more experience and knowledge in a given area of expertise” (Newby, T. J., & Heide 2013 p. 141).
- *Mid-Level Administrator* The definition of a mid-level administrator can vary among institutions. For this study, mid-level administrators refer to leaders below the senior level of an institution. Examples of mid-level administrators include allied health program chairs, program directors, and deans.
- *Professional Development* refers to the development of competence or expertise in one's profession; the process of acquiring the skills needed to improve performance in a work environment (“Oxford English dictionary”, 2000).
- *Training* refers to the formal process of learning the skills initially required to perform a specific workplace task (“Oxford Advanced American Dictionary,” n.d.).
- *Executive Coaching* is a process in which an individual that has the skills a leader needs and can participate in one or more one-on-one interactions to provide

leadership development for an individual wanting to learn those skills during a finite period of time (Stern, 2004).

Chapter Summary

Chapter 1 introduced the study and included the following sections: the statement of the problem, the background of the problem, the purpose of the study, the research questions, the theoretical and conceptual frameworks, the alignment table, the significance of the study, and the methodology. Chapter 1 also included delimitations, assumptions, and the definitions of essential terminology for this study.

Organization of the Study

This dissertation consists of five chapters. Chapter 1 introduced and provided an overview of the study. Chapter 2 provides a summary, synthesis, and analysis of the relevant research literature that informs this study. Chapter 3 describes the research methodology used for this study. Chapter 4 presents the findings of the study. Chapter 5 presents a discussion of the findings along with recommendations for further research and recommendations for practice.

Chapter 2 - Literature Review

Research has suggested that for organizations to be successful, they need knowledgeable leaders. Unfortunately, leadership training for mid-level administrators at community colleges specifically for allied health mid-level administrators has been inconsistent at best and non-existent at worst. More specifically, regarding the leadership role of mid-level administrators, Gmelch and Buller (2017) reported that there is a "scarcity of sound research on the training and development of leaders" (p. 18). Based on this observation, the purpose of this study was to explore the factors to which mid-level administrators of allied health programs attribute the development of their leadership identity through the career journey. The purpose is also to explore the professional development, training, and mentoring experiences throughout their career journey.

This literature review begins with a description of the search protocol used to identify relevant research conducted on the topic of mid-level administrators' experiences related to their career journey as well as the professional development process that shaped their leadership identity. The chapter presents an overview of theoretical and conceptual frameworks related to leadership identity and transition of clinical practitioners to faculty members to mid-level administrators. These frameworks provide a set of concepts that guided the exploration of this topic. This chapter further provides a description of prior research, organized by topic, that identifies relevant themes within the literature and ends with a clear statement of the research gap and a chapter summary.

Literature Search Process

This chapter presents information gathered from a variety of databases, including the Educational Resources Information Center (i.e., ERIC), ProQuest Central, EBSCOhost

Educational Full Text, ProQuest Ebook Central, and ProQuest Dissertations. Literature sources include peer-reviewed journals, books, doctoral dissertations, reports, and websites. Keywords and phrases used in the literature search protocol included the following: *community college chair, allied health chair, mid-level administrators, chair, leadership, leadership identity, transitions, pathway, identity theory, 2-year colleges, professional development, and mentors.*

Theoretical Framework

This study used Schlossberg's (2011) transition theory as the theoretical framework. Schlossberg developed the transition model to analyze any transition, whether voluntary or involuntary, to help determine if the 4 S framework can support the change. Schlossberg's 4S framework consists of four transition systems: (a) situation, (b) self, (c) supports, and (d) strategies (Table 1).

Table 2.1 Schlossberg (2011) Transition Framework

Transition Factors	**Transition Systems**
Nature of the Transition	Situation
Characteristics of Pre- and Post-Transitional Environments	Self
Characteristics of the Individual	Support
	Strategies

Several research studies have used Schlossberg's transition theory to explore and evaluate the transition process of individuals from clinical disciplines to academic disciplines. For example, Browne et al. (2018) applied Schlossberg's Four S framework because the researchers felt it was important for individuals to "make a conscious transition into a new identity" (p. 216) when they transitioned from clinician to medical educator. The purpose of Browne et al.'s study was to use the framework to help individuals identify the factors that aided the transition process as well as barriers that inhibited it. Their study identified organizational

support, effective networking, and information-seeking as factors that supported a successful transition.

A second study by Sueningrum et al. (2022) used Schlossberg's transition theory to explore factors that influenced the development of professional identity when transitioning from practitioner to teacher. Sueningrum et al. concluded that self-efficacy and peer support play important roles in the transition period from clinician to educator as well as in the development of professional identity. Ultimately, these researchers concluded that the lack of professional identity development of the educator could affect how their students developed their professional identity.

A third study by Soemantri et al. (2023) explored the factors that lead to the professional identity development of professors in Indonesian medical schools using Schlossberg's 4S framework. The researchers identified these educators as playing a "critical role in medical education" (p. 170). Soemantri et al. suggested that two components of the 4S framework (self and situation) prompted the basic health faculty to become professional faculty and that their professional identity was enhanced by support from mentors, peers, and the institution. Soemantri et al. further indicated that professional development and support systems facilitated the process of identity formation among the study's participants.

Conceptual Framework

In addition to applying Schlossberg's (2011) transition theory as the conceptual framework, this study employed Komives et al. (2005) leadership identity development model as the conceptual framework. Komives concluded that leadership identity occurs when transitioning through six stages of leadership identity: (a) awareness, (b) exploration/engagement, (c) leadership identified, (d) leadership differentiated, (e) generativity, and (f) integration/synthesis.

The developing leadership identity cycle Komives et al. created also featured five categories that influence leadership: (a) developmental influences, (b) developing self, (c) group influences, (d) changing view of self with others, and (e) broadening view of leadership (Table 2.2).

Table 2.2 Komives et al. (2005) Leadership Identity Development Model

Six Stages of Leadership Identity	**Five Categories that Influence Leadership**
Awareness	Developing Self
Exploration/Engagement	Group Influences
Leader Identified	Changing View of Self and Others
Leadership Differentiated	Developmental Influences
Generativity	Broadening Views of Leadership
Integration/Synthesis	

In developing the leadership identity development model, Komives et al. (2006) conducted a study involving 13 students from diverse backgrounds. To gather data from these students, Komives conducted three interviews. The first interview required students to reflect on influential factors that they believed helped them grow into the person they had become. The second interview required the students to reflect on experiences in which they worked with others and describe their experiences with leadership. The last interview required students to describe the influences that affected how their view of leadership changed over time.

Several doctoral candidates' research studies have used Komives et al. (2005, 2006) leadership identity development model. For example, Wagner (2011) sought to "confirm or disconfirm the stages" (p. 101) of the leadership identity development model using Q methodology factor analysis. Wagner (2011) confirmed stages three and four of the leadership identity development models but also suggested that the stages in the model might need to be adjusted. However, Bryant (2021) "did not support the notion that leadership experiences and interactions alone were directly related to a leader's identity" (p. 104). Bryant (2021) further

reported that “females have likely experienced less support in their development as leaders than their male peers” (p. 101) and that “individuals who have fewer opportunities to engage in leadership roles are less likely to claim or be granted an identity of a leader” (p. 103). Bryant also identified that “Black participants placed greater importance on mentorship than White participants, with Black males particularly wanting mentoring relationships” (p.110).

In another study, McKenzie (2018) confirmed that leadership was a process that could be differentiated into phases. McKenzie reported that themes formed a four-phase process of leadership identity: (a) awareness, (b) leader identified, (c) leadership differentiated, and (d) generativity. According to McKenzie, “Phase 1 acknowledged that leadership was a possible aspect of their own identities and marked the transition of these students to Phase 2: leader identified. This transition often occurred in college when a student was first elected to a leadership position” (p. 6). McKenzie further noted that “as students moved through Phase 2, leader identified, and transitioned to Phase 3, leadership differentiated, they moved away from the idea of needing to control every aspect and became more open to others’ views and ideas, recognizing the value of including everyone in a process” (p. 8). According to McKenzie, “The confidence that students developed during Phase 3 encouraged them to believe that they could address issues and make a positive difference that led some of them to transition into Phase 4: generativity” (p. 10). Komives et al. (2005) described generativity as a point at which individuals focused on enhancing the leadership of others by enabling and empowering them. The four phases that the study by McKenzie identified confirmed four of the six phases that Komives et al. identified.

Roberts’ (2023) research confirmed some of the stages of the leadership identity development model. For example, in stage four, Roberts’ study agreed that participants “viewed

leadership as an inclusive process where group members could participate and contribute equally by offering guidance and direction" (p. 148). In addition, in stage five of Roberts' study, generativity, the participants continued to refine their individual leadership philosophies through a period of introspection that gave them permission to reframe their leadership and professional goals" (p. 150). In stage six, integration/synthesis, "the participants internalized a confident view of themselves as senior-level leaders, regardless of their mid-level leader roles, and believed in their ability to effectively work with others toward shared goals" (p. 151).

Research on the leadership development model has supported the need for mentoring, support, and professional development. Bryant reported that women might not get the support they need to develop as leaders. McKenzie suggested that the lack of support in the early phases of leadership identity delays leadership identity development. McKenzie also indicated that "one-size-fits-all programs do not often address the multiple identities students bring to their leadership roles and instead focus specifically on traits and characteristics needed to be successful leaders" (p. 14). Research by Roberts (2023) on the leadership identity development model "underscored the importance of formal mentoring as an important strategy for preparing and equipping future women leaders in higher education" (p. 141).

Pathways to Leadership

Researchers have reported that multiple pathways can lead to a mid-level administrative position within an allied health department at a college or university. For example, Carroll (1991) reported that whether by design or happenstance, the vast majority of chairs and other mid-level administrators begin their journey within the academic environment: "Although it remains unclear if the department chair is part of an administrative career track or that of a faculty career pattern, chairs uniformly start their careers within disciplines as graduate students,

become faculty in those disciplines, move through faculty ranks in a similar manner, and eventually become department chairs" (p. 671). Nearly two decades later, Firestone (2010) confirmed Carroll's (1991) findings, reporting that faculty members or clinical practitioners fill most mid-level administrative positions. Firestone reported that out of 117 questionnaire responses, "58% indicated they had been a faculty member prior to becoming a chairperson" (p. 37).

In the same study, Firestone (2010) reported that other pathways exist for individuals within allied health programs. According to Firestone, participants indicated that they also had held other positions, such as education coordinator and academic fieldwork coordinator, prior to becoming a mid-level administrator. Despite a common career trajectory for most mid-level administrators of allied health programs, Carroll (1991) also reported that "the normative career path of department chairs (assistant professor, associate professor, full professor, department chair) may not be true for both men and women" (p. 676). In addition, the path to higher education leadership among chairs and other mid-level administrators of allied health programs does not always terminate with the chair position. In fact, according to Gmelch (2019), one in five mid-level administrators transition from the faculty level into higher positions.

Implied in the transition from clinical practitioner to faculty member to chair or mid-level administrator is the requirement of a shift not only in perspective but also in identity. Komives et al. (2005) found that participants reported having different experiences at different ages. These experiences influenced them in ways that increased their awareness of themselves as leaders (e.g., working in groups, participating in structured leadership opportunities, and experimenting with new attitudes toward leadership).

According to Miller (2014), practitioners working in the field, while also teaching, experience a dual identity. The way practitioners view themselves is influenced by the positions they hold (Sarastuen, 2020). Some researchers have suggested that a shift in identity from practitioner to mid-level administrator must take place; however, this shift to mid-level administrator must occur without sacrificing the perspective of a practitioner or faculty member. For example, Sarastuen (2020) reported that several types of shifts must occur, including social adaptation, changes in physical settings, adaptation from one way of knowing to another, and transition of identity. Sarastuen (2020) has stated that these transitions can be challenging in a variety of ways: "The identity transition from occupational practitioner to vocational educator challenges the trainee teachers' established ways of knowing and being as an occupational practitioner, and those challenges emerge in the transition itself, in the movement from one world and position to another" (p. 12).

In addition, other researchers have reported findings that describe the transition from faculty member to mid-level administrator. For example, Wolverton and Gmelch (2002) have described this transition time as an opportunity for individuals to grow and discover novel aspects of their new role. Gmelch and Miskin (2011a) have suggested that for transitions to be successful, individuals must, at least partially, relinquish their previous professional identity and role. Filan (1999) has proposed that this process of relinquishing roles can be characterized in three challenges:

> Three of the most difficult aspects of the job are learning how to shift one's loyalty from a specific discipline to the institution as a whole, developing the skills to resolve conflicts, and knowing how to build an effective team whose members respect one another and appreciate differences. (p. 48)

Even before individuals transition from clinical practitioners to faculty members or mid-level administrators, the absence of training is evident. In the process of developing their leadership skills and identities, clinical practitioners learn early on that much of their on-the-job training is *ad hoc* and trial-and-error. Clinical practitioners only sometimes receive the support they need to instruct students at their clinical sites. One participant in a study conducted by Klipa (2018) reported flatly that "no one trains you" (p. 134), and in another study, Lee (2015) also reported that many clinical practitioners feel unprepared to instruct students as a result of inadequate training. In some instances, practitioners have requested a teaching assignment or been appointed to instruct students in the role of clinical preceptors. However, Lee stated many, if not most, of these clinical practitioners have not received prior training in pedagogical principles or learning styles before transitioning from practitioner to clinical instructor. As a result, Sarastuen (2020) has recommended that more training and support are needed to develop students' occupational practitioner competence.

While researchers have reported that multiple pathways are available leading to a mid-level administrator position within an allied health program, and that a shift in perspective/identity is required, Gmelch and Buller (2017) found that there is a "scarcity of sound research on the training and development of leaders" (p. 18). When individuals are promoted from practitioner to faculty member, it is common across many industries that these individuals receive little, if any, additional training. For example, Miller (2014) reported that laboratory practitioners typically require additional training before working as instructors in the clinical setting of health education programs. Similarly, Lee (2015) reported that radiologic technologists who transitioned into the role of clinical instructors, although experts in their field, also required additional training in student instruction and evaluation. Overall, research has

suggested that individuals advancing in their career path from clinical practitioner to faculty member to chair or mid-level administrator need to receive adequate training.

Barriers to Leadership Advancement

Researchers have indicated that various barriers can hinder healthcare professionals from pursuing career opportunities and advancement in leadership positions. For example, clinicians can easily become discouraged as they pursue career advancement through academic pathways. More specifically, Hayes and Ingram (2021) reported that "poor working conditions, the often undesirable geographical location of universities, loss of clinical skills, and the lack of a clear career pathway" (p. 344) can result not only in discouragement but also barriers to the academic careers of clinicians. In addition, Zimmerman (2020) reported that concerns about workload and time demands have prevented healthcare professionals from pursuing administrative and leadership roles. Zimmerman (2020) identified three additional barriers that were a concern for individuals wanting to become mid-level administrators: "lack of experience, lack of mentoring, and lack of opportunity for advancement" (p. e30).

Researchers have identified numerous barriers to leadership positions that were especially problematic because mid-level administrators, such as department chairs, play a crucial role in the success of universities. For example, Weaver et al. (2019) reported that mid-level administrators "have a very strategic and challenging position since a great deal of work at universities is completed at this level" (p. 175). However, in a recent study, Iannuzzi (2020) found that most participants reported that they did not receive formal leadership development training before, during, or after being appointed to a mid-level administrative position. Likewise, Weaver et al. (2019) reported that a large majority of participants were not provided opportunities to participate in leadership training at the university before being appointed to a

mid-level administrative position; however, they also reported that if they had been offered the opportunity, “69% would have attended” leadership training (p. 180). Weaver et al. further reported that once they became mid-level administrators, only a few participants engaged in leadership training within the university or outside the university.

Researchers have further reported that barriers also consist of training deficits in a number of additional areas. For example, Freeman et al. (2020) reported that one barrier to leadership is that mid-level administrators need help keeping up with faculty and student development issues more than they need help with the administrative components of the position. Rosser (2000) reported that mid-level administrators valued the quality of their work-life balance and that to retain these individuals in mid-level administrative positions, universities need to “provide support for their professional activities and career development; recognize their skills, competence, and expertise; emphasize the importance of fostering positive relationships with faculty members, students, senior administrators, and the public; and minimize the effects of bureaucratic and political intervention” (p. 334). Gmelch (2013) reported that chairs and other mid-level administrators entered their positions without leadership training or executive experience. According to Gmelch, they needed to understand their position as well as the changes the new position would bring to their academic and personal lives. However, in the focus groups Gmelch (2013) conducted, participants reported little academic leadership training before accepting a mid-level administrative position.

In conclusion, multiple barriers, including workload concerns, lack of experience, inadequate mentoring, and limited advancement opportunities, have inhibited healthcare professionals from pursuing leadership roles (Hayes & Ingram, 2021; Zimmerman, 2020). In addition, insufficient preparation of leaders, both before accepting mid-level administrative

positions and during their tenure, has hindered effective administrative leadership (Iannuzzi, 2020; Weaver et al., 2019). These barriers highlight the urgent need for comprehensive support and recognition of the leadership skills and expertise required to fill mid-level administrative positions and other leadership roles (Freeman et al., 2020; Gmelch, 2013; Rosser, 2000).

Expectations and Importance of Mid-level Administrators

Researchers have identified the importance of researching the role of mid-level administrators—specifically, departmental chairs within community colleges. Faculty members look to department chairs and other mid-level administrators for leadership, and institutions count on the impression that chairs make on students and their parents through their status as mid-level administrators (Rosser, 2000). Paape et al. (2021) reported that faculty members are looking for chairs not only to understand the technical aspects of their departmental operations but also for leadership. Miller and Smith (2022) reported that "faculty want a champion to represent their interests to the broader college and senior administrators. They want to feel positive about where they are and what they do. They want someone in touch with their lives and practical challenges and demands, and they want more than a technical manager for their units--they want a leader" (p. 372). Institutions look to their chairs and other mid-level administrators for leadership because the role and responsibilities of chairs influence every facet of the institution:

> Department chairs have the power and responsibility to influence institutional policies and procedures; recommend faculty for appointment, promotion, and tenure; control budgets; control class and teaching schedules; affect student interactions with the institution; and establish or maintain a department culture. They are leaders in establishing departmental goals and objectives. They are the

> predominant representative of their faculties to the rest of the institution, selected professional organizations, and client groups outside of the college or University. (Carroll, 1991, p. 686)

More than 15 years following Carroll's (1991) study, research by Armstrong and Woloshyn (2017) confirmed that department chairs within universities play a significant role in the development of quality programs. As a result, these researchers recommended that institutions provide resources that address the need for training and support.

According to Firestone (2010), faculty members and mid-level administrators often have different ideas about what they consider to be appropriate for leadership. Zimmerman et al. (2020) suggested that depending on the role within the institution, each department chair or other mid-level administrator may hold different perspectives and different values. For example, Zimmerman found that professors and associate professors focused more on budgeting and conflict management, whereas assistant professors and instructors focused more on accreditation and teaching responsibilities. Brinkley-Etzkorn and Lane (2019) also reported that expectations among various academic professionals about leadership roles and responsibilities also varied.

Researchers have identified that personal integrity, and a teachable attitude are essential and more critical than raw knowledge in a mid-level administrative position. In other words, it is difficult to teach someone how to work well with others. For example, Brinkley-Etzkorn and Lance (2019) reported that positive "behaviors and actions matter more than knowledge" (p. 581). Firestone (2010) reported that the behavior of the chair was essential to faculty members and staff members. As a result, faculty members and staff members were willing to help their department chairs and were satisfied with them as leaders. Freeman et al. (2020) agreed with Firestone's observations that for department chairs to achieve their goals, they must have good

relationships with their colleagues, including faculty members, staff members, and deans. Gmelch (2013) agreed with Firestone and Freeman et al. that leadership requires positive interactions with others and that, ultimately, department chairs and other mid-level administrators must "work and interact with others" (p. 32) to be successful.

Responsibilities, Challenges, and Competencies of Allied Health Department Mid-Level Administrators

Researchers have noted that department chairs within allied health programs assume a variety of important responsibilities and challenges. For example, Schwinghammer et al. (2012) reported that pharmacy chairs spent most of their time with personnel management/development and emails/memos. Schwinghammer et al. further reported that chairs spent little time on writing reports, budgetary planning, program planning, representing their department at meetings, leading department meetings, reading administrative materials, and implementing public relations efforts, nor did they spend much time on facilities management, fundraising, or scheduling classes. Furthermore, Schwinghammer et al. reported that regarding management, the most important activities among chairs were conducting effective meetings and overseeing faculty promotion, tenure, and termination decisions.

Regarding leadership, Schwinghammer et al. reported that the most important priorities among department chairs included understanding the roles and responsibilities of the chair; recruiting, retaining, and developing faculty members; and cultivating positive working relationships with the administration. Schwinghammer et al. reported that the most important skills among chairs included time management and the ability to achieve a successful work-life balance. Finally, Schwinghammer et al. reported that challenges among chairs included working

with faculty and administrators, time management, budgetary/financial concerns, and maintaining a work-life balance.

Schwinghammer et al. (2012) findings mirrored Rodriguez et al. (2016) findings that chairs spent most of their time reading and responding to emails and memorandums, teaching, and managing department personnel. The least amount of time was spent on facilities management, developing partnerships/fundraising, scheduling classes, writing grants, and conducting research. However, unlike Schwinghammer et al., Rodriguez et al. reported that the most significant challenges among department chairs included workload management, faculty recruitment, and retention. Similar challenges included budget and fiscal concerns, managing faculty members and staff members, and developing faculty members. Rodriquez reported that the competencies of department chairs identified as important were related to managing the department; understanding how to oversee faculty promotion, tenure, and termination policies; understanding how to conduct effective meetings; and being well-versed with accreditation processes. Regarding leadership, Rodriguez et al. emphasized (a) the need to understand the roles and responsibilities of the department chair position; (b) the ability to recruit, retain, and develop faculty members; (c) time management; and (d) the ability to work effectively with senior administrators.

Importance of Career Development Training

Management training, development, and support are essential in all industries (Rosser, 2000, p. 330) because mid-level administrators are forced to resolve various problems and issues, such as staff turnover (Rosser, 2000). According to Stogdill (1974), leaders must display a variety of motivational characteristics:

> The leader is characterized by a strong drive for responsibility and task completion, vigor and persistence in pursuit of goals, venturesomeness and originality in problem solving, drive to exercise initiative in social situations, self-confidence and sense of personal identity, willingness to accept consequences of decisions and actions, readiness to absorb interpersonal stress, willingness to tolerate frustration and delay, ability to influence other persons' behavior, and capacity to structure social interaction systems to the purpose at hand. (p. 81)

For example, Armstrong and Woloshyn (2017) reported that managers experienced challenges in their middle-management positions and needed support to manage these challenges. Within the healthcare profession, Iannuzzi (2020) found that most department chairs strongly believe that leadership development training is essential. More specifically, Seagren (1994) found that leaders at community college campuses need customized internal and external professional development activities to maintain and improve their leadership skills. Steward and Smith (1999) reported that training is essential: "Formal training should be provided by the institution. There are administrative requirements, policies, rules, business procedures, and so on, including budgeting issues that are generic to the institution. Receiving training in these areas and receiving an operations manual will assist tremendously in getting acclimated to the position" (p. 31). In fact, Aziz et al. (2005) found that department chairs within the field of education valued professional development opportunities related to faculty issues and found them essential in learning how to provide more effective support. Not surprisingly, Freeman et al. (2020) reported that department chairs found quality leadership training improved their job performance. Additionally, Sapna (2022) suggested that institutions that encourage opportunities for leadership preparation and exploration foster a more inclusive culture.

Unfortunately, research has indicated that preparation for leadership roles has been widely overlooked. For example, Lee (2013) reported that in radiology programs, technologists who lacked sufficient training and experience in teaching were providing instruction for students. Therefore, if these technologists were to move into mid-level administrative positions, they then suffer a double lack of training–that for an educator role and then for an administrative role. Iannuzzi (2020) reported that even though academic department chairs had not received leadership development training when appointed or hired into the chair position, they believed leadership development training was necessary. Ultimately, the multifaceted challenges mid-level administrators face across various industries have been underscored by the need for ongoing management training and support (Armstrong & Woloshyn, 2017; Rosser, 2000).

Taken together, these studies over time have consistently emphasized the importance of tailored leadership development programs (Aziz et al., 2005; Iannuzzi, 2020; Seagren, 1994). Filan (1999) also suggested that "chairs need training that can provide them with the skills needed to serve the growing number of first-generation college students, the under-prepared students, and the increasing number of adult students" (p. 47). Due to this need, faculty members and practitioners require training to prepare them for leadership roles, emphasizing the importance of investing in comprehensive leadership preparation (Lee, 2015; Sapna, 2022).

Support and Professional Development

Riggs (2009) has recommended that a variety of areas "be explored regarding how community colleges can improve the quantity and quality of available leaders at all levels" (p. 3). Riggs further recommended that community colleges accomplish this goal by "incorporating best practices that already exist in professional development for new administrators" (p. 3). Wheeler (2002) has noted that without proper support, ideas do not get implemented. Unfortunately,

researchers have noted that rather than through training, development, and support, department chairs are typically developed through their personal experiences (both positive and negative). More realistically, Hecht (2004) reported that most department chairs and other mid-level administrators gain experience through "on-the-job-training" (p. 28). Additionally, Schwinghammer et al. (2012) reported that "chairs had no formal orientation and learned solely by 'on the job' (p. 3) experience. Furthermore, Rodriguez et al. (2016) reported that most chairs "had not received any formal training for the position but rather had on-the-job training exclusively" (p. 369).

Aziz et al. (2005) reported that chairs are hungry for training related to faculty issues. They desire training related to department-specific problems, professional development, and communication. Professional development programs and organizations have been created to meet the needs of department chairs and other mid-level administrators, such as the American Council on Education (ACE); Harvard Graduate School of Education Management Development Programs, which are open to chairs; Kansas State University's Academic Chairpersons Conference; the Chair Academy at Maricopa Community College, which features regional academies and annual conferences; and campus-specific chair development programs (Wolverton & Ackerman, 2006). Wolverton and Ackerman (2006) noted that along with these sponsored activities, publications are also available to department chairs and other mid-level administrators, such as the *Academic Leader* and *The Department Chair,* along with books that focus on the legal aspects of managing a department, team building, conflict management, and effective communication.

Importance of Mentors

Several researchers have highlighted the importance of mentoring as a support for community college chairs and other mid-level administrators. For example, Weaver et al. (2019) reported that new department chairs found it essential to be mentored by the previous chair; however, Weaver et al. also reported that the previous chairs in their study mentored only slightly more than 50% of the new chairs. In a similar study, Person and Yao (2021) reported that engineering department chairs navigated what they called the academic labyrinth. Still, they did so successfully only with the help of mentors and by participating in leadership experiences or professional leadership training. Freeman et al. (2020) described the department chair's role as a dual role consisting of both faculty responsibilities as well as leadership responsibilities. As such, Freeman et al. suggested the chair position is a role that requires support from several stakeholders within the institution. Through a multilevel support system, Freeman et al. found that department chairs performed at a higher level when they were able to access institutional support, support from their deans, and peer support from other faculty members. These three studies illustrate the importance of mentoring department chairs within the allied health profession as well as the willingness of chairs to participate in mentoring programs and available opportunities.

In addition to general mentoring and leadership training, researchers have identified more specific areas where mentoring might be most helpful. For example, some mid-level administrators have indicated the need for mentoring focused on (a) how to support faculty members, (b) how to foster a positive team/department culture, and (c) how to address mental health/wellness issues (Pape et al., 2021). Participants in Pape et al.'s study reported that the need for mentoring in these specific areas was based on the importance of developing future

leaders, mentors, and well-trained faculty members. Gmelch (2013) reported that providing mentors and support networks that offer guidance and reflection allowed leaders to work in an environment that facilitates their personal and professional growth. Gmelch and Miskin (2011) also reported that experienced mentors working with new department chairs provided a safe environment--more specifically, a "critical friend" with which new chairs were able to candidly discuss essential issues in ways that contributed to their growth. Like Gmelch and Miskin, Sublett (1999) suggested that in its most basic form, an essential element of leadership development is the ability to access mentors who can communicate effectively and help others on their specific and unique career paths.

The need for mentoring applies not only to department chairs but also to all healthcare professionals as they navigate the pathway from clinical practitioner to faculty member and from faculty member to mid-level administrator. For example, Graczkowski (2010) found that participants required appropriate guidance and assistance during their transition from clinical practitioner to faculty members to mid-level administrators. However, Miller (2014) reported that laboratory practitioners rarely experienced guidance or mentoring before assuming instructional roles.

Researchers have indicated a need for support, mentoring, and professional development as healthcare professionals navigate the pathway from clinicians to faculty members to mid-level administrators. Unfortunately, this support typically has not been provided throughout the distinct stages along this pathway. For example, Graczkowski (2010) reported that none of the participants received mentoring during their first year of teaching. For example, Lee (2013) reported that in radiology programs, technologists who lacked sufficient training and experience in teaching were providing instruction for students. Therefore, if these technologists were to

move into mid-level administrative positions, they then suffer a double lack of training–that for an educator role and then for an administrative role. Hayes and Ingram (2021) reported that 35% of participants were unsure whether mentors were available and accessible during their journey from clinicians to faculty members, and in fact, 32% believed they were not. Ultimately, even though Lee (2015) reported that some clinical instructors received support during their transition to clinical instructors, making the transition easier, Sapna (2022) has nevertheless recommended that higher education administrators prioritize mentorship and professional development to build a pathway to leadership.

Current Training Efforts

Many researchers have pointed to the importance of training chairs and other mid-level administrators, including orientations, training seminars, and workshops. For example, Weaver et al. (2019) found that most new chairs were not provided with an opportunity for orientation; however, more than half of those chairs who were denied an opportunity for orientation reported that they would have attended if one had been available. More importantly, Weaver et al. found that the majority of chairs who attended an orientation found it helpful. In a similar study conducted by Prentice and Guillaume (2021), fewer than half of the participants reported that they received training before becoming chairs, and only half of the participants reported that they had received training after becoming chairs.

Firestone (2010) reported that additional forms of support have been helpful, including education and/or training for incoming chairs and other mid-level administrators, mentoring, the opportunity to enroll in college courses for credit, and continuing education. Weaver et al. (2019), like Firestone, reported that while most participants had attended an orientation, they would rather have had leadership training before being appointed to a chair position. According

to Brinkley-Etzkorn and Lane (2019), when it comes to training, department leaders prefer in-person training but also reported that they would access online resources when needed.

Content of Leadership Training Efforts

In 1991, Filan (1999) distributed a questionnaire to explore the opinions of chief instructional officers. More specifically, Filan wanted to understand what they perceived to be the greatest leadership training need among chairs. Filan reported that chief instructional officers perceived the following as important leadership training areas: "faculty evaluation, strategic planning and managing budgets, curriculum planning, conflict management, complexity of academic and administrative roles, communication skills, legal issues, time management, and implementing educational technology" (p. 50).

Researchers have provided recommendations to institutions about the content of leadership training. For example, Paape et al. (2021) recommended implementing training that is "focused on organizational behavior issues" (p. 44), which includes leadership; guiding philosophy; culture development; and the personality of students, along with training on how to understand the technical paperwork at an institution. Participants in Armstrong and Woloshyn's (2017) study reported the need for an ongoing discussion with leaders at all university levels to provide advanced leadership training, management training, and support for department chairs and other mid-level administrators. Zimmerman et al. (2020) found that participants also experienced challenges understanding budgets and finances.

While a variety of content areas can serve as the focus of leadership training efforts, researchers have suggested that the content for such training efforts be based on the known needs of department chairs and other mid-level administrators. For example, Brinkley-Etzkorn and Lane (2019) reported that department chairs needed training to develop managerial skills,

leadership skills, and knowledge of leadership—the most important of which are leadership skills and knowledge of leadership. Brinkley-Etzkorn and Lane reported an especially high need for skills training and knowledge training focused on fiscal policy and practice. Freeman et al. (2020) noted that even though department chairs sometimes receive educational leadership training, this training is not specific to the role of the chair. Freeman et al. (2020) further reported that department chairs believed professional experience is vital in successfully managing roles and responsibilities in ways that lead to achieving department goals. Finally, Gmelch (2013) suggested that a leadership program must contain a system with "continual, progressive, and sequential development and constructive feedback" (p. 33).

Development of Leadership Practices

According to various researchers, professional development practices must be established for department chairs to be successful leaders. More specifically, Aziz et al. (2005) reported that university department chairs identified knowledge, skills, and abilities (KSA) as areas of leadership training that would have the most impact. Similarly, Sapna (2022) also indicated that professional development opportunities are important and advised that training must provide department chairs with the knowledge and skills required to effectively manage crises. To develop leadership skills, Brinkley-Etzkorn and Lane (2019) reported that participants developed effective leadership practices during their first year, which included working with a mentor and discussing challenges. Receiving support from other department chairs, discussing shared issues, and learning about their "own leadership, management, and communication styles" was also helpful in improving their job performance (Brinkley-Etzkorn & Lane, 2019, p. 578). In addition, Miller and Smith (2022) reported that the most essential skills for chairs to possess are sensitivity, leadership, and judgment. Ultimately, according to Freeman et al. (2020),

professional leadership training helps chairs and other mid-level administrators not only complete their job requirements but also succeed in meeting their workplace responsibilities.

While most researchers have indicated the need for leadership development training, Prentice and Guillaume (2021) reported that leadership skills did not rank in the top five necessary requirements according to community college chairs. Rather, Prentice and Guillaume (2021) reported that community college chairs described leadership more as listening, implementing a consistent decision-making process, being reliable, displaying fairness, being a visionary, communicating effectively, and implementing problem-solving skills that inspire the team to achieve the educational goals of the college. However, Paape et al. (2021) reported that the community college chairs in their study identified visionary leadership as a primary area in which training and development were needed. Paape et al. (2021) further reported that while previous research has focused on faculty/student issues and technical training, Paape et al.'s study identified training in leadership as the most important need. In addition, Paape et al. (2021) described a variety of fundamental areas in which leadership training was necessary, including resolving student issues, resolving conflict, managing interpersonal communication, and mentoring/coaching faculty members. Gmelch (2019) pointed out that mentoring is a key factor in leadership development. Gmelch (2013) reported that institutions benefited from campus leadership programs that create connections between all stakeholders within and throughout the institution.

Instead of receiving professional development opportunities to learn how to teach, Lee (2015) found clinical practitioners in radiography developed their leadership style and teaching style based on the lessons they learned from making mistakes or based on how their clinical practitioners taught them. Gmelch (2019) suggested that chairs were "doomed from the

beginning" (p. 16) if it takes "10,000 hours of practice to become an expert" (p. 16). Likewise, Ericsson et al. (1993) demonstrated that expert performance develops over time and that it requires 10 years of preparation to achieve. Combined with the fact that only 3% of colleges and universities provide leadership training, this situation becomes even more discouraging.

Leadership Identity Formation

According to most research, leadership identity development is a process that evolves with time. For example, Baruch (2013) noted that individuals seeking administrative positions in an institution generally have more experience and have been employed longer within that institution. As individuals learn and grow through the various stages in their leadership identity formation, Komives et al. (2005) found that leadership identity is facilitated through transitions, a process "which signal[s] leaving [one] stage and beginning the next stage" (p. 606). As a leadership identity develops, department chairs make use of their new skills. Freeman et al. (2020) recommended that department chairs must rely on their leadership qualities to achieve departmental goals. Bridges (2016) suggested that companies must help employees manage transitions to new roles because transitions involve endings and losses, which are difficult for people to handle independently.

Research has revealed that leadership identity development is a process that evolves with experiences over time. Wegner (2010) has described this evolution as an accretional process that incorporates individual as well as community experiences:

> Identity is a trajectory. Over time, it reflects our journeying within some communities as well as transitions across communities. It incorporates the past and the future into the experience of the present. Over time it accumulates memories, competencies, key formative events, stories, and relationships to people and places. It also provides

> directions, aspirations, and projected images of oneself that guide the shaping of the trajectory going forward. (p. 185)

The idea that leadership is an identity that follows a trajectory over time applies across all domains of leadership, including allied health. Researchers have suggested that leadership identity formation occurs throughout the journey of allied health leaders, beginning when clinical instructors first encounter challenges. For example, Sueningrum et al. (2022) reported that participants used institutional resource training from their institution to improve their leadership skills as faculty. Similarly, Klipa (2018) reported that when participants identified a barrier to course design or teaching, they sought workshops at their institutions. In other words, allied health professionals seek ways to develop their skills, which leads to their identity formation as educators and leaders. Miller (2014) proposed that when medical laboratory scientists settle into their teaching roles, they also incorporate a teacher's identity into their professional identity. In developing a professional identity, Sueningrum et al. (2022) indicated that peer support is essential for clinical faculty Indeed, faculty members need mentorship and support, but Sueningrum et al. (2022) reported that faculty members also need "a community of practice" along with "formal faculty development programs… peer feedback processes… and reflective practice skills, all of which can be honed through the development of a teaching portfolio" (Sueningrum et al., 2022, p. 16). In short, leadership identity formation requires many types of support, including new tools, space, and mentorship (Sapna, 2022).

Summary

This chapter provided an overview of the research literature regarding leadership and mid-level administrators in higher education. Day and Harrison (2007) indicated that leadership development and identity formation have not been adequately explored at different

organizational levels. This literature review also identified research by Armstrong and Woloshyn (2017) that suggested the need to understand mid-level administrators. By exploring positions of mid-level administrators of allied health programs, this study may help community colleges design support and faculty development opportunities for current and potential department chairs.

Chapter 3 - Methodology

In response to the research problem, Chapter 3 presents the methodology and research design used in this study. This chapter first presents the purpose of the study and research questions. Next, this chapter reviews the theoretical and conceptual frameworks that were used to guide the study, followed by a description of the alignment table, research design, site selection, study participants, and instrumentation. The chapter then presents the data collection methods, data analysis process, limitations, ethical considerations, reflexivity statement, study quality, and a chapter summary.

Purpose of the Study

The purpose of this study was to explore the factors to which mid-level administrators of allied health programs attribute the development of their leadership identity through the career journey. The purpose was also to explore the professional development, training, and mentoring experiences throughout their career journey.

Research Questions

The following research questions guided this study:

1. What are the factors that mid-level administrators of allied health programs attribute to the development of their leadership identity through their career journey?
2. What are the experiences of mid-level administrators of allied health programs regarding professional development, training, and mentoring through their career journey?

Theoretical and Conceptual Frameworks

This study used Schlossberg's (2011) transition theory as the theoretical framework. This theory states that there are three factors that influence transitions: (a) the nature of the transition, (b) the characteristics of pre- and post-transitional environments, and (c) characteristics of the individual. In addition, Schlossberg's four transition systems include (a) situation, (b) self, (c) support, and (d) strategies. Several research studies have used Schlossberg's transition theory to explore a variety of topics, including how individuals cope with loss (Varga et al., 2021), how individuals identify challenges for academically underprepared students (Yadusky et al., 2020), and the processes involved in professional identity formation (Browne et al., 2018; Soemantri et al., 2023; Sueningrum et al., 2022). In exploring the ways in which individuals transition into leadership positions, this framework allowed for the researcher to understand the experiences of individuals transitioning from one environment to another as well as the behaviors, attitudes, and relationships they encountered throughout the process.

This study employed Komives et al. (2005) leadership identity development model as the conceptual framework. The leadership identity development model states that there are six leadership identity stages: (a) awareness, (b) exploration/engagement, (c) leader identified, (d) leadership differentiated, (e) generativity, and (f) integration/synthesis. The model also identifies five categories that influence leadership: (a) developing self, (b) group influences, (c) changing view of self and others, (d) developmental influences, and (e) broadening views of leadership. Several research studies have used Komives et al.'s (2005, 2006) leadership identity development model to explore a variety of topics, including the reliability of the model (Roberts, 2023; Wagner, 2011), female student leadership identity development (McKenzie, 2018), first-year college student leadership development (Shehane et al., 2012), and leadership identity

development of college students (Yamanaka & Owen, 2023, p. 11) Komives et al.'s leadership identity development model was appropriate for this study because it provides a framework that allowed the researcher to identify the different stages of leadership identity development from healthcare practitioner to educational leader. This conceptual framework informed the literature review and the development of the interview questions.

Alignment Table

An alignment table can sometimes be helpful in coordinating the various components of a research study. In this study, an alignment table was designed to align the problem statement, the purpose statements, the methodology, the research design, the research questions, and the corresponding interview protocol (see Appendix A).

Research Design

A generic qualitative research design was used for this study. Percy et al. (2015) described this type of research as one in which researchers inquire about participants' opinions, attitudes, beliefs, or reflections about their experiences. A generic qualitative research design explores the opinions that participants hold about the factors that contribute to their life experiences and how they reflect those experiences (Percy et al., 2015). A generic qualitative research design allows the researcher to use pre-knowledge/pre-understandings about the topic to describe the participants' perspective to expand knowledge (Percy et al., 2015).

Site Selection

The setting for this study included institutions within the following Carnegie Classifications: Associate's Colleges: High Career & Technical-High Nontraditional, Associate's Colleges: Mixed Transfer/Career & Technical-High Traditional, Associate's Colleges: High Career & Technical-Mixed traditional/Nontraditional, Associate's Colleges: High Transfer-High

Traditional, Associate's Colleges: Mixed Transfer/Career & Technical-High Nontraditional, Associate's Colleges: High Career & Technical-High Traditional, & Associate's Colleges: Mixed Transfer/Career & Technical-Mixed Traditional/Nontraditional.

Study Participants

Study participants included professionals from seven Texas community colleges who transitioned from clinical practitioners to mid-level administrators of allied health programs. This study used purposeful sampling to identify the colleges that participated. Etikan et al. (2016) noted that purposeful sampling techniques are useful and practical because they are nonrandom techniques that are deliberate and do not require a specific number of participants. Purposeful sampling ensured that participants shared a similar career path and allowed the researcher to gather a sample that represents a broad range of experiences, demographic characteristics, and geographic locations. Based on the recommendation of Creswell (2007), "data [were] collected from the individuals who experienced the phenomenon" (p. 61). Percy et al. (2015) indicated that "generic qualitative data collection typically uses large samples"; however, Percy et al. suggested that "occasionally a small, non-representative, but highly informed sample can provide rich information about the topic" (p. 79). Peoples (2021) suggested conducting interviews with eight to 15 participants is usually enough to achieve saturation. The researcher identified mid-level administrators of allied health programs at community colleges through the public access faculty webpages. The participants included mid-level administrators, such as allied health program chairs, and program directors who transitioned from clinical practitioners to educational leaders.

The researcher conducted semi-structured interviews via the virtual platform Zoom with 12 mid-level community college administrators of allied health programs who had served or currently serve as educational leaders for their programs. The researcher received IRB approval

from Kansas State University prior to sending recruitment material. The colleges and participants were anonymized, and all names were replaced with codes, ensuring that no study findings can be traced to individual participants or the institutions at which they work.

Instrumentation

For this study, the researcher conducted semi-structured interviews through the platform Zoom. The interview questions were developed based on the six stages of Komives et al. (2006) Leadership Identity Development Model (see Appendix H). The interview questions were field-tested by an allied health expert for consistency and clarity. Appropriate modifications to the participant's background information and interview questions were made following the pilot test.

Data Collection

To recruit participants, the researcher identified them through each institution's allied health program webpages. After participants were identified, an introductory email (see Appendix D) was sent. Those who were interested received an informed consent form (see Appendix F) and were invited to participate. Participants then submitted a signed informed consent form, background information sheet, resume or curriculum vitae, and job description. The researcher further collected data by conducting semi-structured interviews. Participation consisted of one-on-one semi-structured interviews via the virtual platform, Zoom. Participants shared their thoughts, perceptions, opinions, and reactions about leadership and support throughout their career journey by responding to the semi-structured interview questions with the researcher (see Appendix H). The interview sessions were digitally recorded and transcribed with the permission of each participant. The interviews lasted up to 60 minutes. The researcher reviewed the transcripts for accuracy. Transcribed documents were shared with the participants to ensure accuracy.

Data Analysis

The researcher analyzed the data using a generic qualitative inquiry approach guided by the procedures outlined by Percy et al. (2015). Consistent with Percy et al., the data analysis began with an inductive examination of the transcripts from participant interviews to identify patterns and themes. Following the identification of initial themes, the data were further analyzed to identify subthemes. Subthemes were developed by examining the patterns and relationships within each broader theme and comparing that data across all the participants. This process resulted in five themes: (a) personal transformation that occurred along the career path, (b) professional development pathways, (c) personal circumstances shaping career choice, (d) experiences that led specifically to a career in higher education and (d) professional experiences (see Table 3.1).

After inductively identifying themes and subthemes, a deductive analysis was conducted using the Leadership Identity Development Model Komives et al. (2011) to examine whether and how the findings aligned with the stages in Komives's model. This inductive-deductive approach allowed the researcher to remain open for themes to emerge from the data (inductive) while also providing a clear structure for examining the data through the lens of the Leadership Identity Development Model (deductive). Table 3.1 presents the final thematic structure (including the 5 themes and 17 sub-themes) and identifies the participants whose comments contributed to each theme and subtheme.

Table 3.1 Summary of Themes, Sub-themes and Participant Contributions

Theme	Sub-themes	Contributing Participants
Personal Circumstances Shaping Career Choice	• a desire to help • life-changing events • general interest in an allied healthcare field	1, 3, 4, 5, 6, 7, 9, 10, 11, 12

Experiences that Led specifically to a Career in Higher Education	• experiences with prior teaching • encountered career opportunities to teach	2, 3, 4, 6, 7, 8, 10, 11, 12
Personal Transformation that Occurred Along the Career Path	• considered alternative careers • experienced a lack of self-identification as a leader • transitions throughout the professional journey • change in perception.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Professional Experiences Shaping Leadership Development	• worked as a clinician or manager • performed tasks beyond what was required of the position • mentors.	1, 3, 4, 8, 9, 10, 12
Professional Development Pathways	• limited professional development • learning through practice • education as professional development • professional development through professional societies • professional development through continuing education credits.	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

The researcher used the student version of the NVivo software to assist with the organization and management of the qualitative data. NVivo was chosen for its ability to store, organize, and code data. The coding software did not replace the researcher's analytical expertise (Saldaña, 2009; see Appendix C).

Limitations

This study was subject to several limitations. First, although the study was designed with the belief that the findings would be transferable and provide insights into the field, the study's findings may not be applicable in all settings or to all mid-level administrators as the study was limited to Texas Community Colleges. Second, the participants were subject to recall bias, which may have resulted in the inability of participants to accurately remember specific events or details from their experiences. Finally, social desirability bias may have influenced participants' responses, as participants may have been reluctant to share negative experiences and instead may have emphasized more positive aspects of their experiences.

Ethical Considerations

This study followed the standards of ethics to protect participants as suggested by Lochmiller and Lester (2017), which "are foundational to the entire research process" (p. 68). Participation in the study was voluntary. Prospective participants were informed of the purpose and procedures of the study and were provided with sufficient information to make an informed decision regarding participation. Participants were advised that they could decline to answer any question and could withdraw from the study at any time without penalty. All participants were assured that their responses would be used solely for research purposes and that their identities would remain confidential. To protect participant privacy, identifying information was removed from all data prior to analysis. Each participant was assigned a unique numerical identifier that bore no connection to their identity.

The researcher has implemented multiple safeguards to ensure secure storage of data. Electronic files, including recordings and transcripts, were stored on a password-protected computer accessible only to the researcher. Consent forms and other study-related documents were maintained in a locked office. All research data will be retained for 5 years following the completion of the study and subsequently destroyed. Only the researcher will have access to the data throughout the retention period.

To minimize bias, steps were taken to enhance the trustworthiness of the study. Interview questions were designed to avoid suggestive language that might influence participant responses. The researcher used member checking, triangulation, and external auditing of interview questions to eliminate bias in data analysis. Triangulation included the examination of participants' resumes or curriculum vitae, job descriptions, and participant background information in conjunction with interview data. According to Lochmiller and Lester (2017),

reflexivity is “the process of intentionally accounting for your assumptions, biases, experiences, and identities that may impact any aspect of your research study” (p. 95).

Reflexivity Statement

I am a tenured faculty member and program director for an allied health program. I have taught as a full-time faculty member for the last 4 years, and before that, I served as an adjunct faculty member for 3 years. Prior to becoming the program director, I attended the Clinical Laboratory Educators Conference to attain professional development. After becoming a program director, I attended the National Association of Clinical Laboratory Science to learn about accreditation for my program. At my institution, I have participated in advising workshops, summer academy, and the professional development days at the beginning of fall and spring semesters. I work under the supervision of a chair who oversees my program. These experiences have led my desire to study leadership identity development and the types of professional development and support that would benefit anyone who would one day want to become a chair. I may share some of the same experiences as the participants with different reactions to the same events.

Study Quality

The researcher used Tracy’s (2010) eight “big tent” criteria model to ensure the quality of this qualitative research: (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethical, and (h) meaningful coherence. According to Tracy, understanding and addressing these criteria help to “practice excellent qualitative work” (p. 837) and can aid in communicating “value for our work to a variety of audiences” (p. 838).

The research literature helped to guide the need for further exploration of mid-level administrators’ leadership identity development and their perceptions of support and professional

development, providing a relevant, significant, and interesting topic. To create rigor, the researcher attended to “sufficient, abundant, appropriate, and complex theoretical constructs; data and time in the field; samples; contexts; and data collection and analysis processes” (Tracy, 2010, p. 840). Sincerity was demonstrated by being transparent through self-reflexivity. The credibility of the research is marked by providing thick descriptions, by diving deep into the issues, and by ensuring multivocality through different participant points of view. Resonance refers to the transferability and use of generalizations from participants. Finally, by ensuring ethical standards and meaningful coherence through aligning the research elements, this study provides meaningful contributions to the understanding of how to provide support and professional development for chairs as they progress through their careers.

Chapter Summary

This chapter began by presenting the purpose of this study and research questions. The purpose was to explore the factors to which mid-level administrators of allied health programs attribute the development of their leadership identity through the career journey. The purpose was also to explore their professional development, training, and mentoring experiences throughout their career journey. Next, the chapter explored the theoretical and conceptual frameworks, followed by the alignment table and research design. This chapter also described the site selection process, the study participants, the instrumentation, the data collection method, and the data analysis process. The chapter concluded with a discussion of the study's limitations, ethical considerations, reflexivity statement, and study quality.

Chapter 4 - Findings

This chapter presents the research findings from semi-structured interviews with mid-level administrators of allied health programs who transitioned from clinical practitioners to educational leaders. The chapter begins with participant demographic and institutional demographic information, followed by a review of the findings from the inductive-deductive analysis of the data. The chapter concludes with a summary of the key findings.

Participant Demographics

Twelve participants agreed to participate in this study. Study participants included professionals from selected Texas community colleges who have transitioned from clinical practitioners to mid-level administrators of allied health programs (see Table 4.2). Most participants consisted of females (n = 10), while males (n = 2) comprised a much smaller minority (see Table 4.1). Participants ranged in age from 30 to 81 years old. Their experience as practitioners ranged from 3 to 36 years, their experience as educators ranged from 1.5 to 44 years, and their leadership experience in their current positions ranged from less than 1 year to 18 years (see Table 4.1).

Table 4.1 Participant Demographics

Participant Number	Gender	Age	Years as Practitioner	Years as Educator	Years as Program Leader
P1	Female	50	10	18	9
P2	Female	55	15	17	6
P3	Female	54	15	4	2
P4	Female	66	22	29	4
P5	Female	49	10	11	8
P6	Female	44	5	10	5
P7	Male	57	36	29	10
P8	Female	30	7	1.5	0.5
P9	Female	56	20	17	7
P10	Female	47	20	5	2

P11	Male	81	3	44	18
P12	Female	53	15	25	8

Institutional Characteristics

Table 4.2 summarizes the institutional characteristics of the study participants. The participants held a variety of administrative titles: program director (n = 7), program coordinator (n = 1), director (n = 2), and department chair (n = 2). Each participant was a member of an allied health program at their respective institution. The programs represented included department chair (n = 2), respiratory care (n = 2), surgical technology (n = 3), medical laboratory technician and phlebotomy (n = 1), medical laboratory technology (n = 1), medical laboratory technology and histotechnician program (n = 1), medical assisting (n = 1), and physical therapist assistant (n = 1). Participants were selected from a variety of types of colleges based on each institution's Carnegie Classification: Associate's Colleges: High Career & Technical-High Nontraditional (n = 1), Associate's Colleges: Mixed Transfer/Career & Technical-High Traditional (n = 1), Associate's Colleges: High Career & Technical-Mixed traditional/Nontraditional (n = 1), Associate's Colleges: High Transfer-High Traditional (n = 2), Associate's Colleges: Mixed Transfer/Career & Technical-High Nontraditional (n = 1). Associate's Colleges: High Career & Technical-High Traditional (n = 5), Associate's Colleges: Mixed Transfer/Career & Technical-Mixed Traditional/Nontraditional (n = 1). All participants were responsible for performing administrative duties and teaching didactic and laboratory courses. Participants reported to supervisors who held a variety of titles: dean of health sciences (n = 4); dean of health professions (n = 1); dean of health career and technical education, math and science (n = 1); department chair (n = 4); dean of the division of business, entrepreneurship, and health sciences (n = 1); and dean of the division of health sciences (n = 1) (see Table 4.2).

Table 4.2 Institutional Characteristics

Participant	Carnegie Designation	Responsibility	Reports To	Administrative Title	Program
Participant 1	Associate's College: High Career & Technical-High Nontraditional.	Perform administrative duties, and teach didactic and laboratory courses as required	Dean of Health Sciences	Program Director	Respiratory Care
Participant 2	Associate's Colleges: Mixed Transfer/Career & Technical-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Dean of Health Professions	Program Director	Respiratory Care
Participant 3	Associate's Colleges: High Career & Technical-Mixed Traditional/Nontraditional	Perform administrative duties, and teach didactic and laboratory courses as required	Dean of Health Sciences	Director	Surgical Technology
Participant 4	Associate's Colleges: High Transfer-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Dean Health Career and Technical Education, Math & Science	Program Coordinator	Surgical Technology
Participant 5	Associate's Colleges: Mixed Transfer/Career & Technical-High Nontraditional	Perform administrative duties, and teach didactic and laboratory courses as required	Department Chair	Program Director	Medical Laboratory Technician/Phlebotomy
Participant 6	Associate's Colleges: High Transfer-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Dean of Health Sciences	Program Director	Medical Laboratory Technician/ Histotechnician
Participant 7	Associate's Colleges: High Career & Technical-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Dean of the Division of Business, Entrepreneurship, and Health Sciences	Chair	Allied Health
Participant 8	Associate's Colleges: Mixed Transfer/Career & Technical-Mixed Traditional/Nontraditional	Perform administrative duties, and teach didactic and laboratory courses as required	Dean of Health Sciences	Director	Medical Laboratory Technology
Participant 9	Associate's Colleges: High Career & Technical-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Department Chair	Program Director	Medical Assistant
Participant 10	Associate's Colleges: High Career & Technical-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Department Chair	Program Director	Physical Therapy Assistant
Participant 11	Associate's Colleges: High Career & Technical-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Dean of the Division of Health Sciences	Chair	Allied Health
Participant 12	Associate's Colleges: High Career & Technical-High Traditional	Perform administrative duties, and teach didactic and laboratory courses as required	Department Chair	Program Director	Surgical Technology

Findings

The following section presents the themes and subthemes that emerged from the analysis of participant interviews. The findings are organized to reflect the progression of participants' experiences, beginning with the personal circumstances shaping their career choice, followed by the experiences they encountered, aspects of personal transformation, and professional experiences throughout their professional journeys, and concluding with the role of professional development. Each theme is supported by quotations obtained from the participants' interview

transcripts. Participants' experiences were also examined in relation to the six stages of the Leadership Identity Development (LID) model (Komives et al., 2005).

Personal Circumstances Shaping Career Choice

Personal circumstances shaping career choice was the first theme that participants reported. Ten of the twelve participants reported that personal circumstances shaped their career choices. However, they did not all describe the same personal circumstances. Some described a desire to help people, while others described how life-changing events led them to their field of study, and still others described a general interest in an allied healthcare field. Ultimately, three subthemes were identified: (a) a desire to help people, (b) life-changing events, and (c) general interest in an allied healthcare field.

A Desire to Help People

A desire to help people was the first subtheme that participants reported. This theme was reported by participants as being a circumstance that led them into the field. Two participants reported a desire to help people as a reason for wanting to be in the medical field. They found that they could satisfy their desire to help people. Participant 3 reported, "I loved helping people. And so that's what took me into the medical field and assisting in surgery." Participant 7 reported, "And I had an interest in finding ways to help people. A week after I graduated [high school], I was in class in summer in the surgical tech program." For these participants, the desire to help others served as an important motivation for entering a healthcare-related profession. They viewed the medical field as providing a practical way to act on this desire by working directly with individuals who needed care. Their comments suggest that helping others was not merely a general personal value but something they wanted to incorporate into their professional lives.

Life-Changing Events

Life-changing events were the second subtheme that participants reported. This subtheme was reported by participants as being a circumstance that led them into the field. Four participants reported that because of a life-changing event they found themselves in the healthcare field. Participant 4 reported that she had been divorced and found herself in the role of a single parent responsible for taking care of her family: "I was a single parent of two kids at the age of 20, living with my parents on welfare, and had a grant to go to school. I had tried to get into the nursing program at that time, but they were filled and so they asked me to speak to the coordinator for the surgical tech program. And I did, and she had openings, and so I started into the program."

Participant 6 reported that she had experienced a life-changing event that led her to believe that the next natural move was to enter the nursing field. Specifically, she had given birth and had a desire to finish quickly. She was a single mother who was admitted into the nursing program, but she found an allied health career instead. Participant 6 reported, "I got accepted into a nursing program, and as I was walking out, I saw the little door under a staircase. I don't know, an impulse made me go in there, and it was the Medical Lab Technician Program. She [the advisor] started talking to me about my options, especially with a degree in biology, and she told me, you know, what would be a good fit for [me]--a bridge program to a CLS degree. You can complete it in 2 years. I immediately walked out, withdrew from the nursing program, and went into the clinical lab sciences."

Participant 9 reported that both her dad and brother became disabled. As a result of these life-changing events, she was unable to attend medical school. Instead, even though she wanted to be in the medical field, she needed a quicker route. Participant 9 reported, "My dad and my

brother both became disabled—my dad from a stroke, my brother from a car accident. So, there… it just wasn't realistic at the time for me to go to medical school. It was just too long and too expensive; it just wasn't realistic. I just wanted to be in the medical field. But I needed a quicker route. So, that's kind of how I did that."

Participant 10 reported that a couple of individuals from her family had suffered strokes, and the treatment methods they received included physical therapy. She enjoyed participating in their treatment, and that is what led her to discover her allied health career path. Participant 10 reported, "Physical therapy kind of followed that path as I went to her treatment sessions and saw what they did. It's always seemed like play to me. It's never seemed like a real job. I've always had fun with it."

For these participants, life-changing events played an important role in shaping or influencing their entry into allied health careers. Changes in family circumstances, financial responsibilities, personal encounters, and the health experiences of family members caused participants to reconsider or redirect their original educational and career plans. In several cases, these circumstances led participants to seek a more practical or immediate pathway into the healthcare field, ultimately introducing them to allied health careers they had not initially planned to pursue.

General Interest in an Allied Healthcare Field

A general interest in an allied healthcare field was the third subtheme that participants reported. The theme that participants reported as being a circumstance that led them into the field was a general interest in an allied healthcare field after learning about it. Four participants described how through career exploration, program flyers, and word of mouth. They learned about the program they ultimately chose and decided to pursue these programs as career paths.

Participant 1 reported her interest in the field after visiting the career center at her local university. Despite her interest in the program as described in the brochures and informational materials, it was not until she completed the program that she fully understood the role and responsibility of a respiratory therapist. Participant 1 reported, "I didn't even know what a respiratory therapist was whenever I went to respiratory school. I don't have a great story. I was just in the career center at the college I was attending, and I was looking through things that sounded really interesting. So, that's what I did."

Participant 5 reported learning about the clinical laboratory science program through a flyer: "The way that I found clinical lab science was through a mailer. I got something, a flyer, in the mail about clinical lab science when I was actually pre-med at the time, and I decided that I did not want to go to school for another million years. I was working at a vet hospital, and I really liked the lab work, and so that's how I got into... or that's how I was aware of clinical lab science." Participant 11 reported that he was finishing his biology degree when a friend told him about the laboratory science program. Participant 11 reported, "I was in undergraduate school and majoring in biology, and I had a year left to go, and a friend of mine said, 'Hey, there is a program for medical laboratory scientists.' Well, at that time, it was MTs [Medical Technologist], but now it's MLSs [Medical Laboratory Scientist]. So, I inquired, and when I did, there was no room. It was all full. The class was full. They took 12 students, and they had all 12. So, I said OKAY, and they wanted me to apply the next year. Well, evidently, a student dropped out, and I got a call right away saying, 'Hey, we've got one slot open. Would you like to...' you know, so I said sure, so I did." Participant 12 reported that her boyfriend brought home a brochure, and she thought it would be interesting. Participant 12 reported, "I had a boyfriend at the time, and he brought me... back in the day, the brochure was like a little catalog. And so I

flipped through, and it opened up to surgical technology, and I was, like, 'You know what? This sounds interesting.'"

The findings suggest that an initial interest in an allied health profession often developed through exposure to information, opportunities, or recommendations rather than through long-standing career aspirations. Participants described discovering their chosen fields through career exploration, informational materials, or conversations with others.

Experiences that Led Specifically to a Career in Higher Education.

Experiences that led specifically to a career in higher education emerged as the second theme that participants reported. This theme of experiences that specifically led to a career in higher education emerged from reports by nine of the 12 participants. Participants described how they had obtained experiences or opportunities to teach that allowed them to discover their desire to be educators and prepared them for being part of the higher educational world. Ultimately, two subthemes were identified: (a) experiences with prior teaching and (b) entry into higher education through teaching opportunities.

Experiences with Prior Teaching

Experience with prior teaching emerged as the first subtheme that participants reported. Eight participants described teaching opportunities that they encountered before they entered formal educational leadership roles. These opportunities included teaching in the classroom, teaching in a clinic, training staff members, and mentoring students in clinical settings. Participants frequently identified these early teaching opportunities as important experiences that helped prepare them for careers in higher education.

Participant 1 described working in a hospital while she also served as a part-time clinical instructor at the college where she is currently employed. Participant 1 discovered the joy of

teaching through part-time clinical instruction and Participant 1 reported, “I subbed for some faculty when they were out on maternity leave. I was, like, you know, I really like this education thing.”

Participant 2 described two experiences that contributed to her preparation for teaching in higher education. Participant 2 engaged in formal education and taught in a hospital. Participant 2 reported, “Honestly, my intent was to teach secondary science, and so I'd completed all of the education requirements for a bachelor's in education to teach secondary education, but at the last minute I changed my mind right before student teaching.” Once she began working in a hospital, she encountered a different type of experience—teaching her peers. This experience helped her feel confident teaching in a higher-education setting. Participant 2 reported, “At the hospital, I taught pediatric advanced life support, a neonatal resuscitation program, and ACLS. So, I had several different roles in which I would already teach in the hospital setting, so I felt comfortable coming over to the college.”

Participant 7 described prior experience teaching in a high school, while Participant 8 reported mentoring and guiding medical laboratory technician students during their clinical rotations. Participant 8 reported, “Pretty much any MLT students that would come along, they'd [other laboratory personal] send them to me because I had a good attitude with them [MLT students], and I had been one recently, so I'm, like, I know how it is, you know? So I was, like, okay, give me the students. And so, I would help them with their rotations.”

These findings indicate that prior teaching experiences occurred in several forms and that participants entered higher education with different kinds of instructional preparation. Through

these varied experiences, participants reported that they developed confidence, interest, and familiarity with teaching protocols before moving into a higher-education environment.

Entry into Higher Education Through Teaching Opportunities

Entry into Higher education through teaching opportunities was the second subtheme reported by participants. This subtheme was reported by participants as being the teaching experience that led to a career in higher education. Seven participants described experiences in which they encountered career opportunities to teach. Participants 2 and 8 were asked by coworkers who were teaching at a higher education institution if they wanted to teach. Participant 2 reported being asked, “Do you want to come and teach” Because teaching was an activity that she had envisioned doing, she “jumped at the chance.” Participant 8 reported that she was told, “Hey, there's gonna be an open position; you should really apply for a faculty position.”

Participants 3, 6, 10, 11, and 12 had experience with teaching and eagerly accepted the opportunity when it arose. Participant 3 reported that when an opportunity presented itself, she applied to be an educator. Participant 6 reported that the previous program director retired and that she was suddenly the only one qualified to be the new program director. Participant 10 reported that the previous supervisor planned for her to be the new program director. Participant 11 reported, “He [the program director] needed some help in the afternoon classes to teach parasitology, and he asked me if I would do that. And I said, 'Sure. So, I did, and I really, really, enjoyed it.” Participant 12 reported, “I got asked by the program director at the time if I would like to be an adjunct instructor. And so, I thought about it, and I thought, no, and she was, like, well, you already do it when you have the students over there at clinicals who are learning their program. It's the same job. So, I went ahead and applied.”

The findings suggest that entry into higher education was often facilitated by opportunities to teach that emerged throughout participants' careers. Whether through encouragement from colleagues, recruitment by program directors, succession planning, or the recognition of their teaching abilities, participants frequently entered higher education after others identified their potential as educators. These opportunities provided avenues for participants to transition from clinical practice into education and later into educational leadership roles.

Personal Transformation that Occurred Along the Career Path

Personal transformation along the career path was the third theme that was reported by all participants. Some participants described situations in which they had considered a different career path before ultimately choosing their current path. Other participants described how even though they are leaders, they do not view themselves as leaders. All participants described a transition that they experienced when moving from one position to another. Other participants described how through their career journey they experienced a change in perception and how this change led to encouragement about the growth they had experienced as a leader. The four subthemes that led to this first theme were: (a) considered alternative careers, (b) experienced a lack of self-confidence, (c) transitions throughout the professional journey, and (d) change in perception.

Considered Alternative Careers

Considered alternative careers was the first subtheme that participants reported. Six participants described strongly considering alternate career paths that ultimately resulted in personal transformation that helped set their path to education and educational leadership. Participant 1 enjoyed education and decided at that point to pivot because prior to education,

they had intentions to do something else. Participant 1 reported, “You know, I really like this education thing, and I decided at that point that I was gonna pivot because I had been planning on doing something else.” Participant 2 intended to become a secondary science teacher but changed her mind right before entering the student teaching stage of her academic program. Participant 2 reported, “I was pursuing a bachelor's in education for secondary education, but at the last minute, I changed my mind right before student teaching and just graduated with a bachelor of science degree.”

Participant 5 had decided to be a middle school or high school teacher, but when she participated in an interview for the Medical Laboratory Technician (MLT) program, she was hired as the program director. Participant 5 reported, “I had decided that I was going to be either a middle school or a high school science teacher, and I honestly just did this interview as kind of a practice interview, because I knew I was going to have to be doing more interviews in the future, and suddenly I was program director.”

Participant 7 considered attending medical school but because of his love for helping people, he decided to become a surgical technician. Participant 7 reported, “And so, this was a way for me to get a look at a real unvarnished... what does a day in the life of a surgeon look like? And what I learned really quickly was that I didn’t want to be a surgeon. But I loved the idea of being actively involved in helping improve and heal patients. And so, surgical tech stuck for me.”

Prior to becoming a program director, Participant 10 had applied for a position as a director of rehabilitation but was not selected for the position. Participant 10 reported, “I felt like I applied for the job as Director of Rehab. At that time. Because I felt like I could steady the ship, the company already knew me. the… that would also calm the fears of the people that, like,

the PTAs and the assistants that were below me that were worried about their jobs. and so I felt like that was something…that, that I… that I could do, and so I did apply for that. the company went in a different direction."

Participant 12 had considered being a mortician. Participant 12 reported, "I wanted to be a mortician. Yeah, I want to be a mortician, but back in the day, in the 90s, the closest school was in Houston. And financially, I couldn't afford to move to Houston, support myself, and go to school."

Overall, this theme suggests that leadership pathways were not always the result of deliberate career planning. Instead, many participants initially considered alternative professions or career directions before encountering experiences and opportunities that redirected them toward allied health education and, ultimately, educational leadership.

Experienced a Lack of Self-identification as a Leader

Experienced a lack of self-identification as a leader was the second subtheme that participants reported. Five participants reflected their feelings of lack of self-identification as a leader during different points in their career journey. Participant 1 reported having many adjuncts and helping with the programs on the noncredit side. She described how she takes time to communicate with them to make sure everything is going smoothly. She described building trust with these individuals Yet, participant 1 reported, "You know what's weird, I don't feel like a leader."

Participant 2 reported that twice in her career journey she had experienced a lack of self-confidence. She reported, "I still have imposter syndrome." First, when she was a leader in the respiratory department, despite having a title of coordinator, she saw herself as a regular person—i.e., not a leader. She saw herself simply as someone who held a little more

responsibility because she was expected to think and respond at a higher level than others. She did not necessarily see herself as the boss. She reported that employees would come to her and say, “You’re the coordinator now,” and she would respond by saying, “I’m just tougher blood gases.” Even as a program director she reported that people come to her for help and while she acknowledges that that makes her a leader she “still struggles with the title.” She additionally reported,” It's still hard for me to see myself as a leader.”

When asked when she first started to see herself as a leader, Participant 6 reported, “never.” “People would tell me that I was a natural leader. They always saw me in leadership positions. I would always impulsively react, which was interpreted as taking lead.” Participant 10 reported that initially “I did not see… I did not feel like a leader at all. it felt very much like, uh, jumping out of an airplane with a parachute that did not open, and it just felt like, there was no, leadership.”

Participant 12 reported, “I never see myself as a leader.” She reported that individuals “point it out” and they tell her but she doesn’t see herself as a leader. She sees herself as someone that “I’m told to do something, I just do it.” She felt that as part of her role as adjunct she was a leader in that she “showed them how to do it and they come to me for advice or suggestions.”

The findings suggest that participants experienced self-doubt, uncertainty, and impostor syndrome. Despite holding formal leadership positions, some participants struggled to view themselves as leaders. Being recognized as a leader by others did not always translate into self-identification as a leader.

Transitions Throughout the Professional Journey

Transitions throughout the professional journey was the third subtheme that participants reported. All participants reflected on the theme of transitions throughout the vocational journey. Participant 1 spoke about the transition into teaching. The participant identified the transition as difficult. Participant 1 reported, “I think it is a very difficult transition, and I see that even with people that I hire. They're great clinicians. They know a lot. That they're great at what they do, but they are not always equipped with the tools they need to share that knowledge with other people.” Participant 1 described transitioning into the administrative role as easier because the participant had a good mentor that guided them prior to leaving. Participant 1 reported, “Moving into an administrative role was not as difficult. Probably because I had such a good mentor to, you know, that showed me things and helped me learn before she left. It is a big change, and some people can't. They find that they don't like it.”

Participant 2 described the transition into education as one in which she experienced depression. Participant 2 reported, “I went into a depression after I moved over into this role.” Participant 2 described the change in schedule being difficult. Needing to work at home on the weekends and evenings and wondering if she had made the right decision.

Participant 3 described the transition into education as one that resulted in fear. The fear of not knowing what education entailed. Feeling like they had been “thrown into the fire... Here you go. Figure it out.” The participant described frustration over not having someone to turn to for help. Feeling like “everyone else had their job to do, and nobody had time to train me.” Participant 4 had a unique experience that none of the others shared.

Participant 4 reported that the transition from clinician to program director “was a long progression. It will be 30 years next, or in January that I've been teaching.” This participant had become a private scrub for a physician. After the physician retired, and entered higher education

as a medical school professor, she learned from him for four years before accepting a teaching position herself. Then she was in the educational field for a long time prior to becoming the program director.

Participant 5 applied for the medical laboratory technician and phlebotomy program director position by chance. Not expecting to receive the position she had applied for. She reported, “suddenly I was program director. It was just kind of and at that point, it was just kind of trial by fire.” This participant reported that they had been given a flash drive and told here is what we have for you and that they had a self-study due in a few months and by the way “your class starts in 30 minutes.” The participant also reported, “I had no idea what a self-study was. Or how to teach.”

Participant 6 described the transition into education as an event in which soon after becoming a faculty member suddenly found herself serving as the program director because the previous program director retired. She mentions that the transition into the program director as “meetings and responsibilities I really don't want.”

Participant 7 described the different transitions that took place throughout his career journey. He reported working as a surgical tech, going to college trying to decide what he wanted to do with his future, becoming a high school teacher and working in both before accepting the full-time role at the college and having to stop working out in the field. Throughout the different transitions, participant 7 reflected on the differences in working with various groups of people. Participant 7 reported, “Okay, there was a little bit of a transition of the audience. You know, with high school, you have to capture the attention; half of them aren't excited to be there that morning. They stayed up too late playing video games, or they were out with friends, and. You've gotta wake them up, grab their attention, and hold that attention at the college.”

Participant 8 described the process leading to education. Working in the field, being encouraged to take a faculty position, the program director is taking the dean position, becoming the new program director with the help of the dean. Participant 8 reported, “I mean, my dean; he was very, very helpful since he was the previous MLT director. He guided me through everything, like, oh, okay, here's the things you gotta keep up with each year, and. you know, show me how to order supplies, POs, that kind of stuff. It's kind of tedious stuff.”

Participant 9 reported that the transition into the program director role at her current institution was smooth. “Partly because I already had some experience.” She “started the program here, so I built it. the classes and the program up, and ordered supplies, and the whole bit.” She described that transition as easy, but she reported that she understands that it would be “hard if somebody doesn't get any training.” She identified that “I kind of knew some of the things, but I didn't know anything about a community college, so that was the thing I had to learn.”

Participant 10 reported the transition into the program director position. The participant reported, “it was bumpy.” The participant was not sure if it was because the transition had happened in the middle of the semester. As a result, she had not attended the college orientation. She described the administrative portion of the role as difficult, particularly learning institutional terminology and determining where to seek support. Even after identifying available resources, she often did not know whom to contact for assistance.

Participant 11 reported that he worked on the bench for 3 years, obtained his graduate degree transitioning to a hospital-based program, and then moved that program to a college-based program. He described that transition as, “It was very eye-opening to see the difference between a hospital-based program one year to a full two-year associate degree program.”

Participant 12 described her transition as one that she did not seek. Participant 12 reported, “That came about only because at the time, the program director moved up in administration. So, they needed somebody to fill in that spot, because that person couldn't fill both roles of being a chair and program director. So, that's how I came into that role.”

The data suggest that career transitions were a component of participants' professional journeys. While the nature of these transitions varied, participants frequently described challenges associated with adapting to new responsibilities and learning unfamiliar processes. Participants who experienced mentoring or a gradual role of progression often reported smoother transitions than those who were required to learn through trial and error.

Change in Perception

Change in perception was the fourth subtheme reported by participants. Three participants reported that their view of leadership had changed over time. Participants reported that their leadership development was a result of learning to trust their acquired professional skills and abilities. Participant 1 reported that she had learned from her mistakes. She described always questioning if the decisions she was making were the right ones. She reported, “I've learned to trust myself more.” She also reported that “I didn't have the experience.” But now, “I have learned from my own mistakes and then me being able to mentor other program directors, I think that I find that it's you know it's a lot easier.”

Participant 2 spoke about how she didn't want to mess anything up and being self-conscious about what the old program director thought, but after the previous program director retired, she reported, “I have become more confident. And more confident in the decisions that I make.” Participant 4 described how experience helped her feel confident instead of fearful about the decisions and choices she made. She spoke about how she went from being impulsive to

caring and taking time to think about the decisions she was making. Participant 4 reported that, “I feel as if I have enough experience under my belt that not every day feels like it's a threat to my survival.”

Participant 6 reported, “I went from being completely impulsive to actually, taking a beat. Before making a decision, trying to analyze all angles. To see what the potential consequences can be of every decision I make.” Participant 8 reported, “So, I've slowly refined over time.” Participant 9 reported, “I'm much calmer. I've learned to relax a lot more, believe it or not, and realize what actually is important and how to prioritize.” Participant 11 emphasized the importance of guiding individuals so they could learn through experience rather than being told what to do. Participant 11 reported, “I think the more you become a leader as you go on, the more you realize to influence people. In a way that they think or they're wanting to do themselves. So, you're encouraging them to be their own leader. Rather than tell them what to do or, you know, say, hey, this is what… so if you say, this is what we have to do, but then let them decide, let them make the decisions with some guidance from me if I felt like, well, maybe we ought to be going in a different way. Let's think about another way to do this, if that doesn't seem to be successful. So it's encouraging them to develop their own way of thinking on approaching a topic. You know, whether it's curriculum, students, [or] other educational opportunities so that they are generating their own ideas with a little focus from me.”

The data suggest that participants' perceptions of themselves and their role changed over time as they gained experience and confidence in their abilities. Participants reported a shift from self-doubt, fear, and impulsive decision-making to greater trust in their judgment. Participants reported becoming more thoughtful, reflective, and confident in their professional responsibilities as their experience increased.

Professional Experiences

Professional experiences was the fourth theme reported by participants. Some participants described that working as a clinician or manager helped them develop as leaders. Other participants described how they performed tasks beyond the requirements of the position and how that helped them develop as leaders. While still others described how mentors helped them learn to be leaders. Ultimately the subthemes that comprised this theme included (a) worked as a clinician or manager, (b) performed tasks beyond what was required of the position, and (c) mentors.

Worked as a Clinician or Manager

Worked as a clinician or manager was the first subtheme that participants reported. Three participants described their experiences working as a clinician or manager. Participant 1 reported starting to see themselves as a leader after taking the opportunity to work as a clinical instructor 4 years after beginning to work in the hospital as a clinician at the community college. During that time, they gained experience and taught as a substitute for a faculty member who went on maternity leave. Participant 2 recalled being told, “You're the coordinator now in the department.” Participant 2 reported feeling like a “regular therapist” just doing “tougher blood gases.” Participant 9 reported that six months into her first job she was promoted to front-office manager. Eight years later she considered herself more of a leader because she was a manager over many locations.

The data suggests that prior experiences as clinicians or managers provided participants with opportunities to assume responsibilities beyond their primary job duties. Through roles such as clinical instruction, departmental coordination and management positions, participants gained experience working with and guiding others while taking on increasing levels of responsibility.

Performed Tasks Beyond what was Required of the Position

Performed tasks beyond what was required of the position was the second subtheme that participants reported. Three participants reported experiences with leadership that were a result of taking part in tasks beyond what was required of the position. Participant 4 reported that as a private scrub, she had to be sure to call ahead and make sure things were done. Then when they moved into teaching at the medical school, they didn't have an administrator in the department and therefore they had to take on those roles, including creating student rotation schedules for the different specialties. Participant 8 described the supervisor's role as one in which one person could not do it on their own. She saw the need to help and take on additional responsibilities, including ordering supplies. Participant 12 wanted to learn everything that she could to the point that those around her would come to her for help. Participant 12 reported, "So I became pretty much the go-to person of the hospital."

These findings suggest that participants assumed responsibilities beyond those formally required of their positions. Participants described taking initiative, addressing organizational needs, and becoming trusted resources for their colleagues when additional support was needed.

Mentors

Mentoring was the third subtheme that participants reported. Three participants reported experiences with mentors that helped shape their development as leaders. Participants described mentors as individuals who provided guidance, support, and assistance during their transition into leadership roles.

Participant 1 reported gaining experience from her previous program director who had served as her mentor. "Probably because I had such a good mentor to, you, know, show me things and help me learn before she left." Participant 1 also described how because they had a

mentor who showed them how to do the administrative duties, they transitioned easily into the program director position. Participant 3 described receiving support from both a former supervisor and institutional leadership during the transition into educational leadership. Participant 3 reported, “I was really on my own, as well with the fact that I did call, and my old boss mentored me through this process. You know, the dean was there to support me and answer any questions to help me.” Participant 10 also described mentorship as an important source of support. Participant 10 reported, “The previous program director had mentoring programs that she had developed, like continuing education, that I took from her. That was very helpful for me.”

The data suggest that mentors served as an important source of guidance and support during participants' transitions into educational leadership roles. Participants described mentors as individuals who provided knowledge, answered questions, and helped them navigate unfamiliar responsibilities. This guidance was provided by former supervisors or institutional leaders who offered guidance during the periods of transition.

Professional Development Pathways

Professional development pathways was the fifth theme that participants reported. When it comes to professional development, training, and mentoring, each participant reported having a different experience. Participants were asked about professional development, training, and mentoring throughout their career journey. Participants identified three points along the career path in which they experienced professional development, training, or mentoring. Interestingly, none of the participants reported professional development occurring before they became clinicians. This led to five sub-themes: (a) limited professional development, (b) learning through practice, (c) education as professional development, (d) professional development

through professional societies and (e) professional development through continuing education credits. Professional development at different stages of the career journey involved different levels and types of professional development.

Limited Professional Development

Limited professional development was the first subtheme that participants reported. In the first subtheme, it was reported by nine participants that they had no experience with professional development prior to becoming clinicians or educators. Professional development involved learning about products that they would be using or what was required and provided by professional societies and continuing education to maintain their credentials.

Participant 1 described no experience with professional development prior to becoming a clinician. Participant 1 when asked about her experiences with professional development that led her to be a leader, she reported that “I don't know that I've really had a lot of professional development. For leadership per se.” She attended a required professional development regarding leadership that was paid for by the institution. When it came to the professional development, training, and mentoring provided by the institution Participant 1 reported, “I didn't get any training from the college, every...all the training I got came from the previous program director.”

Participant 3 reported, “Prior to being an educator, I had no experience whatsoever.” Once she became an educator, she reported that she had “four years of professional development. Being in education, we have to take professional development every single year, which I believe was a good thing.”

Participant 5 reported that prior to going into her field, “it was mostly hands on type of training.” She reported that once in her field of study, “the only professional development that

we had was like, just the required training that you have to do as an employee in the laboratory." She reported getting "zero" professional development training or mentoring from the college before becoming an administrator.

Participant 7 reported that he has been a surgical technologist with professional development, training, and mentoring that included monthly or quarterly staff meetings that contained training on new equipment coming online and "It wasn't much on leadership, it was for knowing how to use what you're going to have in the field." Later, he added a high school teaching role in which he participated at a teacher's convention. He reported, "was not as much tailored to leading other adults, but it was more polishing your skills and the teaching styles and developing you know, pedagogy and things like that." Once he was in higher education, he reported that the college offered individuals to travel to one event and that he would "usually go to our national convention." He further reported that the college allowed for a second online event and that he would attend training events for the surgical tech area.

Participant 8 reported her first experience with professional development, training, or mentoring was training. She helped train employees at their hospital with their initial and annual competencies and "any MLT students that would come along; they'd send them to me." Later, she reported that professional development involved her continuing education activities to maintain her certification. When asked about the professional development provided by the college, she reported, "so, nothing really particular to being a program director." She did further report that "My dean, he was very, very helpful."

Participant 9 reported that prior to going into the field "not professional development so much." Once she started practicing when asked about professional development, training, or mentoring, she mentioned that she was responsible for helping to hire and train. When asked

about the college providing professional development, training or mentoring, she reported, “they didn't train me. Partly because I already had some experience doing it.”

Participant 10 when asked about what the college she worked at provided for professional development, training, or mentoring, she reported that they took the learning management system training, and FERPA. She reported a 2-week mentoring from the previous program director and not participating in the college's new employee orientation right away because she came in during the middle of the school year. Participant 10 reported, “It doesn't seem like, even though I had my mentor right there, it didn't seem to matter how much. She sort of offered me the mentoring. Until you're in that role, you don't know what you don't know until you need to know it.”

Participant 11 reported that the college provided “none” professional development. “To be honest, none, because I came right into the administrative position from being at the hospital program director.”

Participant 12 reported not having professional development exposure prior to getting into the surgical tech program. Once she graduated as a surgical technologist, she experiences professional development through hospital provided annual sessions. Exposure brought in from product representatives. Professional development by the college included things like professional development for advising.

The data suggest that participants had limited exposure to professional development focused on leadership prior to assuming educator or administrative roles. Most participants reported professional development as discipline-specific training; continuing education for required credential or license maintenance, or instruction related to clinical practice rather than leadership development.

Learning Through Practice

Learning through practice was the second subtheme that participants reported. The second subtheme emerged after reviewing responses by participants regarding professional development training or mentoring that helped shape their description of a leader. Instead of speaking about specific instances regarding professional development training or mentoring like the other participants, three participants reported how it was not necessarily any of these but rather learning through practice that shaped their description of a leader. Participant 3 reported, "I think it was more personal situations. Watching leaders throughout my life and learning the things that I would want to be like, and things I would not want to be like." She goes on to say that, "professional development in the way of education, you know, it helps you, but it doesn't help you as far as I've experienced in being a leader and a good leader. I think that comes with who you are as a person. Who you want to be. And then from personal experiences throughout your life." When asked about professional development provided by the college, Participant 3 reported, "the dean was there to support me and answer any questions that he may be able to answer to help me." And further reported, "I started this program here. I was really, on my own. With the fact that I did call, and my old boss mentored me through this process."

Participant 4 reported an untraditional route after graduation from the surgical tech program. She became a private scrub. Through this experience she learned many skills while on the job, skills such as transcription, surgery scheduling, coding, sterilization, budget, and medical school student scheduling. Prior to becoming an educator, she reported, "formalized professional development type of training. No. You kind of learn by doing." When asked about what type of professional development, training, or mentoring helped shape her description of a leader, she reported, "no, because I really didn't have that. I didn't have that training.

Participant 9 reported, “I don't think somebody just comes right into the medical field [as] a good leader.” I think it really takes a lot of training as far as just on-the-job training. I think you can go to a school. But that's not going to teach you how to do it. It takes just a lot of work.”

The data suggest that some participants viewed leading as a process that occurred through experience rather than through formal professional development, training, or mentoring. Participants described learning leadership skills by observing others, reflecting on personal experiences, assuming new responsibilities, and navigating challenges encountered throughout their careers.

Education as Professional Development

Education as professional development was the third subtheme that participants reported. The third subtheme that emerged from the descriptions of participants was how education played a role as part of professional development, training, or mentoring. When participants were asked regarding professional development training or mentoring that helped shape their description of a leader, these individuals reported about how education helped shape them as educators.

Participant 1 reported that she first learned what was required of an educator by attending graduate school. Participant 1 reported, “When I was in grad school, when I was doing the degree in education, because I didn't know about pedagogy. “Participant one also spoke about how important it was to obtain further education to learn the additional material that would be required of her as an educator. Participant 1 reported, “I knew all about respiratory care, but I didn't know about all of these other things.”

Participant 4 reported her professional development, training, and mentoring as occurring on the job and as part of her bachelor’s degree education. Once she started working as an educator, she reported; the institution provides “faculty development every semester and

throughout the year as well." She reported that, "being an educator and developing a program probably came through my schooling with my bachelor's [degree] I got in Occupational Career Training and Development."

Participant 6, 8, 10 and 11 reported their professional development, training, and mentoring as occurring as part of their higher education attainment. Participant 6 reported prior to going into her field she had experience "working as a certified nurse's aide." She reported that her "master's in education" shaped her perceptions of a leader and that the institution provided "none" professional development training or mentoring prior to becoming a program director. Participant 8 reported, "And also, in the bachelor's program, I'm trying to remember exactly what it was called. It was, like, professional, education methods, or something like that. We did a program for that. I had a program, a course for that. If we were to want to teach in the future, that would kind of prepare us, and so that was good for me. And then in the master's program, did another course in… let me see what that one was called. Clinical Lab Sciences management skills. I mean, it is real basic stuff, like validations, verifications learning how to work with FTEs, that kind of stuff." Participant 10 reported her professional development, training, and mentoring as part of a school project. Participant 10 reported a book that she was required to read as part of her higher education program of study to help her. Participant 11 mentioned that his graduate degree had a component that taught them to be leaders. Participant 11 reported, "My classes were directed not only at pedagogical, but also about how to be a leader too."

The data suggest that formal education served as a source of professional development for several participants. Some participants described undergraduate and graduate coursework as providing knowledge related to pedagogy, management, educational practice, and leadership.

These experiences, rather than clinical training, helped participants develop the skills needed to navigate educational and leadership roles.

Professional Development through Professional Societies

Professional development through participation in professional societies emerged as the fourth subtheme that participants reported. Participants described professional organizations as important sources of training, mentoring, networking, and role-specific professional development. Many participants sought involvement in professional societies to gain a better understanding of accreditation standards, obtain guidance from experienced colleagues, access educational resources, and develop competencies needed for the leadership roles. Participants consistently described these organizations as valuable sources of support throughout their transition from clinical practitioner to educational leader.

Participant 1 described becoming involved in professional organizations after encouragement from the previous program director, who advised her to become more familiar with accreditation standards they needed for their program. She reported that the previous program director had encouraged her to be a site visitor for their accreditor. Although she initially resisted additional involvement because of competing responsibilities, she later recognized the value of the professional development opportunities offered through the professional society. She reported, “I didn't want to, because I was busy doing other stuff.” She reported, “We have the American Association for Respiratory Care Summer Forum AARC, meeting every summer, which is for educators and managers, in the profession. That also was very helpful and enlightening with my professional development.”

Participant 2 indicated that she originally planned to be a secondary science teacher, therefore her experience with professional development, training, and mentoring happened when

she worked at the hospital, she taught a couple of educational programs to provide training for those that worked in the hospital. Once she became a program director she started to attend the American Association for Respiratory Care conference every summer. This professional development was specific for managers and educators. It was at these meetings that she reported, “That is honestly my biggest, professional development for my current position.” And she further reported that “I will reach out to them with a question, and they're always very willing to call me back and help me work through a problem.”

Participant 5 reported that she found support and help learning how to be an educator and program director through her professional society and at their annual conference, the clinical laboratory educators conference. Participant 5 reported, “I am incredibly thankful, thankful for CLEC because I've learned so much from all of the meetings at CLEC.”

Participant 10 reported that their program accreditor required professional development and that she completed it within her first year. This training was provided through the accreditor as well.

Participant 11 reported, “I was new in the profession, but I immediately joined the Texas Society for Clinical Laboratory Science. At that time, it was TSMT, Texas Society for Medical Technology, and then it transitioned to TACLS Texas Association for Clinical Laboratory Science.”

Participant 12 reported program specific professional development was provided by the surgical technology association. These opportunities helped support ongoing professional growth and leadership development within the field.

Participants viewed professional societies as valuable resources that provided networking opportunities, and role-specific training. These organizations contributed to participants'

understanding of educational leadership responsibilities and supported their continued growth as allied health educational leaders.

Professional Development through Continuing Education Credits

Professional development through continuing education credits emerged as the fifth subtheme that participants reported. Continuing education is an important component of many allied health professions because practitioners and educators are often required to maintain professional certifications and meet accreditation requirements. Four participants discussed continuing education as a primary form of professional development that contributed to maintaining professional competence and supported their growth as educational leaders.

Participant 8 described continuing education as a requirement for maintaining professional certification and staying current in the field. Participant 8 reported, "I would say my continuing education activities for my MLT ASCP certification, which I had to get 36 every 3 years to maintain the certification with ASCP. So, um, of course that, uh, helped. With, um, maintaining my competency in all the departments, and medical ethics, some stuff like that."

Participant 10 discussed continuing education requirements associated with serving as a program director. Participant 10 reported, "our accreditor makes the program directors have 60 hours of continuing ed and, instructional design analysis, research, and, like, one other, like, qualitative, assessment, or something like that. We have to have 60 hours in order to be a program director, and we have 2 years to complete that. I completed that in my first year, just by going to a CSM and our annual convention."

Participant 11 described involvement in professional organizations as an early source of professional development and continuing education. Participant 11 reported that their first experience with professional development was when they were new in the profession, and he

joined the state and national organizations that provided continuing education units. Participant 11 reported, “So I joined right away and participated in continuing education by going to our state meetings, and I also went to the national meetings as well.”

Participant 12 reported engaging in professional development through participation in continuing education activities required to maintain professional certification. Participant 12 reported professional development through “continuing education credits to keep up with certification.”

These findings suggest that continuing education served not only as a certification and accreditation requirement but also as an avenue for ongoing professional growth and leadership development among participants.

Leadership Identity Development Model

The Leadership Identity Development (LID) model (Komives et al., 2005) served as the conceptual framework for this study. The stages of the model include: (a) awareness, (b) exploration/engagement, (c) leader identified, (d) differentiated, (e) generativity, and (f) integration/synthesis. Participant interview responses were examined through the lens of the LID model to better understand how the participants described their leadership development experiences. Analysis of participant interviews indicated experiences consistent with most stages of the model. The following sections present findings organized according to the six stages of the LID.

Awareness

The first stage of the LID model is awareness. During this stage, individuals recognize the existence of leaders and begin to develop an understanding of leadership. Participant responses reflected two primary perspectives. Six participants saw themselves as leaders while

they did the job even before they had the title, whereas four participants minimized their leadership role even while in positions of leadership. Some identified themselves as leaders while in college, others while in informal or semiformal positions. Two participants reported discovering that they might be leaders while in college. Participant seven reported, “I had a professor pull me aside one day near the end of the course, and she said, ‘I hope you're taking this stuff seriously, because you’re the best type of teacher high school kids could ask for. You really will connect with them.’ And… the light bulb went off, you know.” Participant 8 reported, “While getting my Bachelor of Science in Clinical Lab Science, I was really, really motivated to just try to be the best tech slash lab scientist I could be. And I was very willing to take on additional responsibilities.” Four participants reported that they saw themselves as leaders while in informal or semiformal positions. Prior to their academic leadership position, Participant 4 reported, “I was responsible when I was a private scrub for making sure everything was ready to go. I had to take the lead.” Participant 3 reported, “I was kind of leading the education for the students in the laboratory. I would say probably a couple years before I interviewed for this position.” Participant 11 started to see himself as a leader when the program director needed some help teaching and asked him if he would teach.

Four participants reported that they did see themselves as leaders but minimized their leadership role. Participant 1 reported, “You know what's weird is I don't really feel like a leader most of the time because I have such a small department.” Participant 2 reported, “I still have the imposter syndrome.” Participant 7 reported that “people would tell me that I was a natural leader. They always saw me in leadership positions. I would always impulsively react, which was interpreted as taking the lead.” Participant 12 reported, “I never see myself as a leader. It's when people point it out, and they tell me, because I don't [see myself as a leader].”

Awareness of leadership emerged through varied participant experiences. Some participants recognized their leadership potential through personal experiences and increased responsibilities, while others became aware of their leadership potential through external validation, including encouragement from faculty, supervisors, colleagues, and others who identified leadership qualities in them.

Exploration/Engagement

The second stage of the LID model is exploration/engagement. As participants moved through their career journeys, they began engaging in leadership-related activities. All 12 participants reported exploration through leadership engagement. Most engaged in leadership-related activities by participating in what they considered informal leadership roles--three through the acknowledgement of others and two by pursuing graduate-level course work. Responsibilities include teaching students, performing managerial tasks, and helping with supervisory duties. These experiences were reported to be completed without formal recognition. Six participants reported informal roles that included teaching co-workers and students as clinical practitioners. Participant 1 reported realizing that they needed to get their master's degree to be able to be a program director. Participant 1 also reported that they decided to get a master's degree in allied health education and administration because "I was, like, you know, I think I would like to take this path, and so I thought maybe one day I would want to be the program director." Participant 2 reported, "I had several different roles in which I was already teaching in the hospital setting, so I felt comfortable coming over to the college." Participant 3 reported, "And it's my job to keep in touch with the students, make sure they're on the right path, make sure they're doing okay, and answer any questions they may have—things of that nature." Participant 4 reported, "I did the clinical coordination, even though I didn't have the title, but I

was the clinical coordinator." Participant 5 started to see themselves as a leader when they started being responsible for students. Participant 5 reported, "They kind of put me… not officially, but, kind of in charge. I was kind of leading the education for the students in the laboratory." Participant 8 reported that they just wanted to try to be the best that they could be, and so they sought additional responsibilities to help. Participant 9 reported that they started to see themselves as a leader early on when they first got hired. They were only 6 months into their new job when they were made the office manager. Participant 10 reported feeling like a leader "when I'm working alongside of someone, and I'm kind of guiding and coaching and mentoring that way."

Two participants did not realize their engagement/exploration of leadership until it was acknowledged by others. Participants 6 and 12 shared the same view, one of them reporting that "people would tell me that I was a natural leader. They always saw me in leadership positions. I would always impulsively react, which was interpreted as taking the lead." Participant 12 reported, "I never see myself as a leader. It's when people point it out, and they tell me, because I don't [see myself as a leader]." Participant 11 reported that they started seeing themselves as a leader once the program director's position was approved.

Exploration/Engagement was reflected in participants' involvement in leadership-related activities throughout their career journeys. Participants described engaging in responsibilities such as mentoring colleagues, coordinating clinical experiences, supervising others, and assuming managerial duties, often before holding formal leadership titles. Some participants intentionally pursued graduate educational preparation for future leadership opportunities, whereas others assumed leadership-related responsibilities as opportunities emerged within their

workplaces. Several participants also reported that their leadership was first recognized by others before they personally identified themselves as leaders.

Leader Identified

The third stage of the LID model occurs when individuals identify themselves as leaders (i.e., leader identified). All 12 participants spoke about their identity as leaders. Participants entered this phase at different points in their career journey. Three participants identified their leadership role as one in which the transition to the leadership role happened suddenly. They had joined the academic field in a teaching role, and then they found themselves suddenly leading those allied health educational departments as the program director. Participant 1 reported, “I transitioned to being faculty, and then my program director suddenly retired, and I was the only one qualified.” Participant 5 reported, “Oh, that was a pretty sudden transition. I had decided that I was going to be either a middle school or a high school science teacher, and I honestly just did this interview as kind of a practice interview because I knew I was going to have to be doing more interviews in the future, and suddenly I was program director. It was just kind of... at that point; it was just kind of trial by fire. I was suddenly in charge.”

Other participants identified themselves as leaders prior to their academic leadership role. Five participants identified as leaders before they became full-time educational leaders. Participant 4 reported, “I didn't supersede the staff in the operating room or the staff in the office, but my requirements and my objectives and the expectations of me were very clear. I had to take a lead role with that and call ahead and make sure things were done, and for that very, very limited capacity--that was leadership.” Participant 7 reported developing leadership while he was a high school teacher. Participant 7 reported, “It allowed me a chance to kind of develop that leadership and some of those skills that we bring as college educators.” Participant 8 reported

that once they had completed their bachelor's [degree] they felt like a leader: "I was very willing to take on additional responsibilities." Participant 9 reported, "I was about 28. And I was working for a gastroenterologist that made me more of a manager, and I really felt more leadership responsibilities." Participant 10 reported feeling like a leader "when I transitioned to more full-time. Then I was more in a supervisory role over them, and I would be looking at their notes, analyzing their notes."

Four individuals had unique experiences once they were recognized as leaders or once they saw themselves as leaders. Participant 2 accepted that she had additional responsibilities, but she did not fully identify with the leadership title. Although she had been appointed coordinator of the department, she viewed her role primarily as an extension of her technical expertise rather than as a position of leadership. Participant 2 rejected/minimized their leadership: "They told me I was the coordinator now in the department, and I was like, no, I'm just tougher blood gases." A second participant identified themselves as the leader once in their academic role but felt alone. Participant 3 reported, "I started this program here. I was really on my own as well." Participant 11 reported transitioning from a certificate program to an associate's program. Participant 12 did not see themselves as a leader, yet they performed in a way that was seen as leadership. Participant 12 reported, "I was working at the hospital--you know, I precept students. So that was part of the role of being a leader because I'm showing them how to do it, and they come to me for advice or suggestions on how they're doing. So, I guess the leader has been there since I've been working in the field."

Ultimately, participants reported that they identified themselves as leaders at different points in their career journeys. Some described a sudden transition into leadership when they unexpectedly assumed responsibility for their academic program, often after initially entering

higher education as faculty members. Although participants occupied leadership roles, several participants reported that they did not see themselves as leaders but rather continued to view themselves primarily through their technical expertise. The process of identifying oneself as a leader was not always immediate, and for some, remained incomplete despite holding formal leadership positions.

Leadership Differentiated

The fourth stage of the LID model is leadership differentiated. In this stage, participants start to view leadership as a collaborative process. Three participants reported becoming mentors for other individuals in their departments, and they started to use their experience to help others and offer guidance. Participant 1 reported, “I've served as a mentor to other program directors just because I'm the most experienced in our division, but when we get a new program director, I've been asked to kind of pair up with them and show them the things that are expected of them from the college standpoint, not necessarily their individual discipline.” Participant 2 reported that after starting to attend her professional society's symposium or conference each summer, she started to see “how I could help my colleagues, how I could help my students.” Participant 7 reported that “occasionally, someone will come to me from the department and say, ‘Okay, I'm having a hard time. When I'm trying to do a presentation in class of this type, [it gives] me some ideas on what would work. And I can do that.” Participant 10 reported, “I have asked the new faculty member to be a part of the new faculty workshop.”

Seven participants reported a collaborative process that involves maintaining a sense of responsibility for individuals, being open and transparent, and creating a sense of family. Participant 2 reported, “So I'm responsible for all of these people to go out and to practice safely and conscientiously.” Participant 3 reported, “I'm very transparent with my job, with their job. I

include them in any conversations that I have with students because someday, the goal is, they're going to want my job." Participant 4 reported that they were "open and collaborative." Participant 5 reported they were "very supportive of each other." Participant 8 reported, "And, we have a very good relationship; we're good friends outside of work." Participant 6 reported, "Oh, family." Participant 7 reported, "I tell them at meetings that I want us to be a family." Participant 9 reported, "And you're kind of the person that… they know that they can come to with questions and things like that." Participant 11 spoke about how part of their graduate studies involved leadership training. As a result, it helped him to get students to take part in scientific assemblies. Participant 12 reported, "I, you know, I didn't have a life then, so I would just take call, and I would take advantage of every opportunity I could to learn and pass on that knowledge to others."

Participants reported experiencing the leadership differentiated stage as a collaborative process centered on supporting, guiding, and developing others. Participants reported mentoring colleagues, sharing their knowledge and experiences, and helping others navigate their responsibilities. Participants also reported fostering positive relationships through transparency, support, open communication, and mutual trust. In this stage, participants viewed leadership as an opportunity to help others learn, grow, and succeed, rather than simply directing the work of others.

Generativity

The fifth stage of the LID model is generativity. In the generativity stage, leadership is no longer about the tasks but about the higher purpose of sustaining the organization long after they leave. Five participants reported a need to help others develop their leadership abilities. They saw individuals as capable of sharing leadership roles to prepare them for taking on leadership

roles in the future. Participant 1 reported taking over the healthcare programs on the non-credit side of their academic program. “I've had to take a lot of time to really, like, meet each one of those instructors, communicate with them, and find ways to make sure that their job goes smoothly. “Participant 2 reported encouraging others not only to seek out continuing education credits required by the accreditor but also to "continually keep learning.” Participant 3 recommended "teaching everything you know to anyone that's below you.” Participant 4 reported, “I want them [individuals in my department] to be able to learn because I'm looking towards retirement in two years. I want to be able to help them transition.” Participant 6 reported, “I encourage them to take on or exercise my responsibilities in the event that something similar happens.” Participant 11 reported, “And I tried not to be authoritarian. I let people who were hired do their job, and I try not to micromanage them. You know we'd have our faculty meetings, and we would discuss things that are going on in the college, things that need to be done budgetary wise. But I was [trying to] make sure that I let the people who had volunteered for different activities do their thing. So that's enjoyable to watch--people do their own thing rather than you having to tell them what to do.”

Participants reported experiencing the stage of generativity through their commitment to developing others and preparing them for future leadership roles. Participants reported sharing knowledge, encouraging continued learning, delegating responsibilities, and creating opportunities for others to gain experience and confidence so that future leaders of their programs would be more equipped for leadership than they had been. Several participants discussed preparing colleagues to assume future responsibilities and ensuring that programs would continue to function effectively beyond their own tenure. Reflecting on the difficulty of

their own transitions into leadership roles with limited preparation, participants emphasized supporting others so they would have a smoother transition into leadership.

Integration/Synthesis

The final stage of the LID model is integration/synthesis (Komives, 2005). Even though all the participants are educational leaders, not all participants have progressed to what Komives has described as the final stage of leadership identity development. During this stage, leadership becomes integrated into an individual's identity and is no longer solely viewed as a role or position. Of the 12 participants, three described leadership as an ongoing process of self-growth and influencing others.

Participant 1 reported learning from experiences and using those experiences to mentor others while continuing to seek new leadership challenges. Participant 1 reported, “I've been doing this for a while and have learned from my own mistakes. And now, I’m able to mentor other program directors. I find that it's, you know, it's a lot easier, and I'm finding myself. I’m looking for ways to challenge myself—maybe become dean.” Participant 3 reported that leadership is a transparent and inclusive process. Rather than relying on positional authority, Participant 3 involved others in conversations and decision-making opportunities so they could learn through experience. Participant 3 reported, “I include them in conversations that I have with students because someday, the goal is... They’re going to want my job. That's the goal. And if I'm transparent, and by teaching, when that day comes, they'll be ready.”

Participant 11 described a shift in how leadership was viewed, emphasizing influence rather than authority. Participant 11 reported, “I think the more you become a leader as you go on, the more you realize the need to influence people in ways that they think. So, you're encouraging them to be their own leader rather than telling them what to do. So, you say, ‘This is

what we have to do,' but then you let them decide, let them make the decisions with some guidance from me, especially if I felt like we ought to be going in a different way. Let's think about another way to do this if that doesn't seem to be successful. So, it's encouraging them to develop their own way of thinking about approaching a topic--whether it's curriculum, students, other educational opportunities--so that they are generating their own ideas with a little focus from me."

Participants reported experiencing the stage of integration/synthesis emerged as they integrated aspects of their identity as leaders rather than viewing leadership simply as a role or a position they held. Participants described leadership as extending beyond formal authority and positional responsibility. Their responses reflected an understanding of leadership as influence, guidance, and empowerment rather than authority alone.

Chapter Summary

This chapter presented the findings from the interviews with mid-level administrators of allied health programs. Participant and institutional demographic information are presented, followed by the results of the inductive and deductive analysis.

Chapter 5 - Conclusion and Recommendations

This chapter reviews the statement of the problem that guided the study, the purpose of the study, the research questions, and the theoretical and conceptual frameworks guiding the study. These sections are followed by a description of the study methodology and data collection, and analysis. The chapter ends with findings from the research, implications of the study, recommendations for future research, and a summary.

Purpose of the Study

The purpose of this study was to explore the factors to which mid-level administrators of allied health programs attribute the development of their leadership identity through the career journey. The purpose was also to explore their professional development, training, and mentoring experiences throughout their career journey.

Research Questions

1. What are the factors that mid-level administrators of allied health programs attribute to the development of their leadership identity through their career journey?
2. What are the experiences of mid-level administrators of allied health programs regarding professional development, training, and mentoring through their career journey?

Discussion Related to the Research Questions

A discussion of the findings related to each research question follows.

Research Question 1

The findings indicated that mid-level administrators of allied health programs attributed the development of their leadership identity to several factors throughout their career journey. These factors included personal circumstances, career experiences, professional transitions, and

workplace learning opportunities encountered throughout their career journey. Leadership identity was not attributed to a single event or a formal leadership preparation process. Instead, it evolved gradually across time.

These factors emerged when participants encountered career opportunities. Participants frequently described teaching students, training coworkers, providing clinical instruction, or being invited to teach. These events helped them to recognize their ability to guide and influence others as well as providing entry points into education. During these times, they were able to impress others and were provided with opportunities that led them into the educational role prior to their leadership roles.

Leadership development was not easy for all participants. Some experienced a lack of self-confidence, and one participant experienced depression. Personal transformation occurred for participants as part of the career journey. Participants described clinical experiences that included holding leadership positions and performing tasks beyond what was required. Participants reported that leadership development occurred through practice rather than formal training. This leadership practice included learning through trial and error, observing others, solving workplace problems, and increasing responsibility over time. These practices provided participants with opportunities to change their perceptions. At first, they questioned everything they did; however, participants reported that they later learned to trust their acquired professional skills and abilities. Over time, professional experience led them to become more confident, reflective, and intentional in their leadership practices. These experiences establish the values and motivations that lead to their leadership development.

Research Question 2

The findings revealed that mid-level administrators of allied health programs encountered a variety of experiences regarding professional development, training, and mentoring through their career journey. Across interviews, a common pattern emerged in which participants received limited formal leadership preparation prior to assuming educational or administrative positions. Most participants described receiving little or no leadership-specific training as educators or newly appointed administrators of their educational programs. Before participants transitioned from clinical practitioners to faculty members or mid-level administrators, their focus was on completing educational milestones that were required by their professional societies to obtain certification and maintain licensure. In the process of developing their leadership skills and identities as leaders, some clinical practitioners prepared themselves through higher-education degree programs, and some learned what was needed on the job through trial-and-error and by asking their mentors. Research conducted by Klipa (2018) and Lee (2015) indicated similar findings. Mentoring relationships further contributed to leadership identity development by offering guidance and providing support.

Discussion Related to Conceptual Framework

The findings of this study support and extend the Leadership Identity Development (LID) model developed by Komives et al. (2005). Participants described experiences consistent with all six stages of the model, suggesting that leadership development among allied health program leaders occurs as a progressive process. Similar to Komives et al. (2005), participants identified experiences such as teaching others, assuming increasing responsibility, engaging in professional development, and receiving encouragement from mentors as important influences in the development of their leadership identity.

Participants demonstrated characteristics associated with the awareness stage through early recognition of leadership abilities, often before holding formal leadership titles. Several participants described becoming aware of their leadership potential through feedback from professors, supervisors, or colleagues. These findings support Komives et al.'s (2005) assertion that leadership identity development begins when individuals recognize leadership in themselves and others.

Participants' experiences also reflect the exploration/engagement stage through involvement in informal leadership activities, including mentoring students, coordinating clinical experiences, and accepting additional workplace responsibilities. These experiences provided opportunities to practice leadership behaviors before entering formal academic leadership positions. This finding demonstrates that experiential learning is important in leadership development. These experiences also suggest that clinical work environments may serve as early leadership training grounds for future educational leaders.

The leader identified stage was evident as participants assumed formal leadership positions and began viewing themselves as responsible for leading programs, faculty members, and students. However, several participants reported experiencing impostor syndrome, or reluctance to identify themselves as leaders despite serving in leadership roles. This finding suggests that formal leadership appointments do not automatically result in a fully developed leadership identity, and that identity development may continue well after an individual assumes a leadership position.

The leadership differentiated stage was where participants viewed leadership as a collaborative process rather than an individual responsibility. Participants emphasized transparency, teamwork, mentoring, and creating supportive department cultures. These findings

align with Komives et al. (2005), who described leadership as shifting from a position-based understanding to a relational and collaborative process.

Evidence of generativity was observed when participants discussed preparing others for future leadership roles. Many participants intentionally mentored faculty and shared knowledge with colleagues to ensure program continuity. These findings suggest that participants viewed leadership more as a responsibility to develop others than simply a process to manage organizational tasks.

A few participants demonstrated characteristics of the integration/synthesis stage. These participants described leadership as an integrated component of their personal and professional identity and focused on empowering others to become leaders themselves. While all participants occupied leadership positions, only a portion demonstrated the characteristics associated with this final stage. These findings suggest that occupying a leadership role does not necessarily correspond with achieving the highest level of leadership development proposed by Komives et al. (2005).

The findings indicate that the leadership journey of allied health educational leaders closely reflects the developmental progression described in the leadership identity development model. The results further suggest that leadership identity developed through a combination of professional experiences, mentoring relationships, and educational preparation.

Discussion Related to Literature

The findings of this study both complemented and extended the existing literature on leadership development, professional development, training, and mentoring among allied health educational leaders. While several findings were consistent with previous research, other findings revealed unique experiences that broadened the understanding of how allied health

program leaders developed their leadership identity throughout their career journey. These relationships to the literature are discussed in the following sections.

Pathways to Leadership

Various studies (Caroll, 1991; Firestone, 2010; Gmelch, 2019) have reported that mid-level administrators often begin their careers within the academic environment. However, all participants of this study transitioned from clinical practitioners to educators and subsequently assumed program leadership positions. For some participants, these transitions occurred unexpectedly and with little preparation. Consistent with Prentice and Guillaume (2021), participants described entering leadership through varied career pathways and often relied on experiential learning rather than formal leadership preparation. Participants frequently described the transitions into educational leadership as challenging. Difficulties included learning through trial and error; uncertainty about responsibilities; administrative demands; and, in some cases, significant emotional strain. In contrast, participants who reported strong mentoring relationships or prior leadership experience generally described smoother transitions. One participant described obtaining their master's degree and how that academic program provided foundational knowledge regarding leadership practices as part of the course work and how that helped prepare them for future leadership responsibilities.

Barriers to Leadership Advancement

Gmelch (2013) has reported that the “socialization of academic leaders appears to be left to chance” (p. 26). The findings support this statement in that none of the participants received substantial leadership training from their institutions. However, the absence of leadership training did not prevent any of the participants from obtaining their leadership role. Several participants described relying on professional experience as a primary source of leadership

learning. These participants viewed leadership development as a process that occurred through trial and error, reflection, and accumulated experience over time.

Support and Professional Development

Researchers (Hecht, 2004; Rodriguez et al., 2016; Schwinghammer et al., 2012) have reported that most department chairs and other mid-level administrators gain experience through "on-the-job-training" (Hecht, 2004, p. 28). The findings of this study support this research. Six of the 12 participants reported developing leadership skills through workplace experiences rather than through formal leadership preparation. For some participants, leadership development began when they assumed supervisory or managerial responsibilities in prior clinical positions. Leadership development also occurred when participants accepted responsibilities beyond the requirements of their formal positions. The research findings of this study suggest that leadership development among mid-level allied health administrators occurs through increasing responsibilities and experiential learning. Consistent with the literature, participants developed leadership skills while performing leadership functions through workplace experiences. The research findings indicated that some participants developed their leadership identities not only through experience but also through mentors.

Importance of Mentors

Consistent with findings of Pape et al. (2021), Gmelch and Miskin (2011), Gmelch (2013), and Weaver et al. (2019) participants in this study reported that having mentors and support networks facilitated their personal and professional growth. Participants described mentors as providing guidance, encouragement, and practical knowledge that eased their transition into educational leadership roles. One participant attributed their relatively smooth transition into the program director's position to the support of a mentor who taught them the

administrative responsibilities associated with the role. Reflecting on their own experience, they emphasized the importance of mentorship for new leaders. Their comments suggest that mentoring may help reduce the challenges associated with early stages of leadership development and provide support during difficult career transitions. The findings extended the literature by highlighting the role of supportive workplace relationships beyond formal mentoring. Two participants described leadership as creating an environment in which colleagues feel supported in both their professional and personal lives.

Development of Leadership Practice

While most researchers have indicated the need for leadership development training, Prentice and Guillaume (2021) reported that leadership skills did not rank in the top five necessary requirements, according to community college chairs. Rather, Prentice and Guillaume reported that community college chairs described leadership more as listening, implementing a consistent decision-making process, being reliable, displaying fairness, being a visionary, communicating effectively, and implementing problem-solving skills that inspire the team to achieve the educational goals of the college. The findings indicate that some participants already knew what to do in their leadership roles because they had prior experience with a program, yet one participant reported that they sought support from a previous supervisor and current dean while starting a new program. This finding suggests that leadership development occurs not only through formal training but also through relationships.

Leadership Identify Formation

Klipa (2018) reported that when participants identified a barrier related to course design or teaching, they sought professional development opportunities (such as workshops) at their institutions to address those deficiencies. The findings from this study support this conclusion.

All 12 mid-level, allied health professionals found ways to develop their skills, which led to their identity formation as educators and leaders. All 12 participants described engaging in some form of professional development to address the perceived gaps in their knowledge and skills, which contributed to their development as educators and educational leaders. Participants demonstrated a commitment to self-directed learning by seeking professional development opportunities through education, professional societies, continuing education activities, and mentors. Several participants noted that they entered educational leadership positions with little or no formal preparation for teaching or administration and therefore sought external opportunities to develop the competencies needed for their roles. Professional associations, accreditation workshops, conferences, and continuing education activities were frequently identified as valuable sources of knowledge, guidance, and support. These findings suggest that participants actively engaged in self-directed learning to acquire skills that were not provided through their institutions and that these experiences contributed to the formation of their leadership identities.

Implications for Practice

The findings of this study suggest several implications for practice related to the preparation and support of allied health mid-level administrators. Institutions need to recognize leadership potential among faculty members, establish structured mentorship programs, provide opportunities for early leadership development, and support experienced professionals who contribute to the development of future leaders.

First, institutions need to establish structured mentorship programs that begin at the faculty level and continue as individuals transition into mid-level administrator positions. The findings of this study revealed that all participants transitioned from clinical practitioners into faculty positions before eventually becoming mid-level administrators. Therefore, mentorship

should not be limited to individuals who have already been appointed to leadership positions. The findings of this study revealed that several participants relied on mentors for guidance, encouragement and practical knowledge as they navigated unfamiliar leadership responsibilities. Institutions should consider pairing new faculty with experienced mid-level administrators who understand the responsibilities and challenges associated with these positions. Law et al. (2014) emphasized the importance of providing institutional resources, recognizing mentoring contributions, and addressing the time commitments associated with faculty mentorship programs. Additionally, institutions need to recognize the time and commitment required by individuals who serve as mentors. Institutions should consider providing a stipend or other form of compensation to mid-level administrators who voluntarily agree to serve as mentors. Providing financial recognition demonstrates that institutions value the time, experience, and contributions of those individuals while encouraging participation in formal mentorship programs.

Second, institutions need to establish intentional leadership development initiatives that prepare allied health professionals for educational leadership responsibilities before they assume formal leadership roles. An important first step in this process is to clearly define leadership within the context of mid-level administrators. Although participants occupied formal leadership positions, several described uncertainties regarding their leadership identity and struggled to view themselves as leaders. Participants frequently described transitioning from clinical practice into educational leadership roles with limited formal preparation for leadership responsibilities. The findings suggest that without a clear understanding of what leadership entails, institutions may find it difficult to effectively prepare individuals for these leadership roles. Establishing a

shared definition of leadership may provide a foundation for more intentional mentorship, support, onboarding, and leadership development.

Finally, institutions need to establish policies and practices that support ongoing leadership development for both potential and current mid-level administrators. Participants reported limited access to leadership-specific training despite occupying positions that required leadership responsibilities. Participants were often expected to lead before they were prepared to lead. Many relied on workplace experiences, trial and error, and guidance from others to develop the skills necessary to fulfill their roles. Institutions may benefit from incorporating leadership development into faculty development initiatives, providing opportunities for emerging leaders to gain experience.

Recommendations for Future Research

The findings of this study point to several opportunities for future research. First, this study was delimited to participants employed at community colleges in Texas. Future research could examine whether similar findings emerge among allied health educational leaders in other states and regions of the United States. Exploring the experiences of educational leaders in different geographic locations may help determine whether the factors influencing leadership identity development and leadership transitions are consistent across varying institutions and regions.

Second, this study was delimited only to individuals who had transitioned from allied health clinicians to educational leader positions. Further research could examine leadership identity development among educators in other academic disciplines, such as business, mathematics, technology, liberal arts, and other sciences. Comparing findings across disciplines

may help determine whether the experiences are unique to allied health education or represent broader patterns among other academic leaders.

Finally, future researchers may consider conducting a large-scale national survey of allied health educators and program leaders. A quantitative study could examine the prevalence of the themes identified in this research and provide additional insights into experiences related to leadership identity development, leadership preparation, mentoring, and professional development.

Conclusion

The purpose of this generic qualitative study was to explore the factors to which mid-level administrators of allied health programs attributed the development of their leadership identity through the career journey. Additionally, this study explored professional development, training, and mentoring experiences throughout their career journey. The findings indicate that mid-level administrators of allied health programs do not follow a single pathway toward development into educational leaders. Instead, participants described varied factors that shaped their leadership development, including clinical practice, teaching opportunities, mentorship, professional societies, accreditation-related professional development, and experiential learning. Most participants reported limited formal leadership preparation and instead relied on experience and self-directed learning to develop the knowledge and skills needed for their leadership role.

The findings revealed that leadership identity development is a complex and evolving process influenced by preparation for the role, personal experiences, professional responsibility, and relationships. Many allied health educators enter educational positions as content experts with extensive clinical experience but limited formal leadership preparation. Participants reported that role attainment did not always correspond with leadership identity development.

Although all participants occupied formal leadership positions, several viewed their role as one with additional responsibility rather than leadership. The findings highlight the need for intentional support, leadership development opportunities, and mentorship. By better understanding these experiences, institutions may be better positioned to prepare and support future allied health educational leaders.

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Appendix A - Alignment Table

Literature Findings	Research Questions	Conceptual Framework	Methodology	Interview Questions
Raines and Alberg (2003) suggested, "the good higher education administrator is one who masters the knowledge and skills to perform necessary tasks with efficiency and effectiveness; the outstanding leader engages in reflective practice and continuous growth" (p. 38).	RQ1: What are the factors that mid-level administrators of allied health programs attribute to the development of their leadership identity through their career journey?	Leadership Identity Development Model (LID). Komives et al. (2006)	Generic Qualitative, Semi-structured interviews	1,3,5,7,9, 11 (see Appendix H, Interview Protocol)
Armstrong and Woloshyn (2017) suggested a need to understand mid-level administrators.	RQ2: What are the experiences of mid-level administrators of allied health programs regarding professional development and training through their career journey?	Leadership Identity Development Model (LID). Komives et al. (2006)	Generic Qualitative, Semi-structured interviews	2,4,6,8,10,12(see Appendix H, Interview Protocol)

Appendix B - IRB Approval

KANSAS STATE UNIVERSITY | Office of Research Integrity, Compliance and Security

TO: Sandy Robinson
Educational Leadership

Protocol Number: IRB-12633

FROM: Lisa Rubin, Chair
Committee on Research Involving Human Subjects

DATE: 05/01/2026
RE: Approval of Your Proposal Entitled, "Exploring mid-level administrators of allied health programs leadership identity development through their career journey."

Federal regulations stipulate that human subjects protocols can be approved by IRB's for only one year, and require "continuing review" and approval to continue past the expiration date.

On the basis of the IRB "continuing review," your project is classified as follows:

Active. The activity is pending or in progress, and there have been no changes that have occurred or are contemplated that would affect the status of human subjects.

EXPIRATION DATE: 04/08/2028

If the activity persists, it will be eligible for continuing review several months prior to the new expiration date.

Electronically signed by Lisa Rubin on 05/01/2026 4:02 PM ET

Appendix C - Data Analysis Methods

Research Questions	Komives et al. (2005) Stages of Leadership Identity Development	Interview Questions
RQ1: What are the factors that mid-level administrators' of allied health programsattribute to the development of their leadership identity through their career journey?	Awareness	1
	Exploration/Engagement	3
	Leader Identified	5
	Leader Differentiated	7
	Generativity	9
	Integration/synthesis	11
RQ2: What are the experiences of mid-level administrators' of allied health programsregarding professional development and training through their career journey?	Awareness	2
	Exploration/Engagement	4
	Leader Identified	6
	Leader Differentiated	8
	Generativity	10
	Integration/Synthesis	12

Appendix D - Email or Phone Request for Potential Participants

Dear _____,

My name is Leonor Crumley, and I am currently a doctoral candidate at Kansas State University (KSU) in the Community College Leadership Program. This dissertation research focuses to explore the factors to which mid-level administrators' of allied health programsattribute the development of their leadership identity through the career journey. The focus is also to explore the professional development, training, and mentoring experiences throughout their career journey.

For this study, I plan to meet with faculty, program directors, and department chairs who transitioned from healthcare practitioners to educational leaders. These include program directors, chairs, and deans from the following departments: *****. The KSU IRB has permitted me to conduct my study. I found your name on the faculty webpage for your program. I am requesting your assistance in participating in this study. You will be asked to fill out a participant background information sheet, provide a resume, and job description.

The data collection process for the study will be through semi-structured interviews. The interview is planned to take about 60 minutes to complete. Interviews will be conducted on the virtual platform Zoom. You will be provided with a copy of the transcript to review and provide any edits or additional information. If you would be willing to participate in this study, please respond to this email identifying your willingness to participate. Participation in this study is voluntary, and you can skip any questions that you do not wish to answer or withdraw at any time. For more information about this research study, please contact me at leonorc@ksu.edu or by telephone at (830) 563-7535. I appreciate your time and consideration in participating in this

study. Your participation will provide insight into leadership identity development throughout the transition from clinical educator to educational leader. I look forward to hearing from you.

Sincerely,

Leonor Crumley

Appendix E - Description of Study

Title of Study: Exploring mid-level administrators' of allied health programsleadership identity development through their career journey

What is the research project about?

This dissertation research focuses to explore the factors to which mid-level administrators' of allied health programsattribute the development of their leadership identity through the career journey. The focus is also to explore the professional development, training, and mentoring experiences throughout their career journey.

What would you do if you participated?

Participants will be asked to fill out a participant background information sheet, provide a resume, job description and will participate in one 60-minute interview. The researcher will propose times to each participant and then select a time the participant agrees upon. The researcher will conduct interviews through the virtual platform, Zoom. The interview date and time will be set after you have formally expressed an interest in participating in the study. The researcher will use your college email address to communicate with you throughout this process. The interview will follow a semi-structured interview approach and will be digitally recorded. You will be able to review your interview transcript to ensure you approve your documented responses.

How long will my participation take?

Interviews should last no more than 60 minutes.

Can I quit if I become uncomfortable?

Yes, you can quit the interview if you become uncomfortable. The researcher and the Kansas State University Review Board have reviewed the questions included for the interview and

perceive that you can answer them comfortably. Participation is voluntary, and it is your choice to participate in this study. You are free to stop answering questions at any time, refuse to answer any questions but still continue with further questions, and discontinue the interview if at any time you feel necessary.

How are you protecting my privacy?

All participants will be assigned a random number for the study, and all study data will be secured in locked storage. Electronic files will be saved on a computer that requires a password to log on. The researcher will be the only individual privileged to view data. The consent documentation, recordings, and transcriptions will be shredded or deleted after 5 years.

I have some questions about this study. Whom can I ask?

If you have any questions about this research study, contact Leonor Crumley at (830) 563-7535 or email her at leonorc@ksu.edu.

How will I benefit from participating in this study?

There is no monetary compensation for your participation in this study. However, participants will benefit from the knowledge that they contributed to a study that aims to broaden the understanding of factors and experiences of faculty transitioning from practitioner to mid-level administrator.

How can I participate in the study?

If you would like to participate in this study, please email Leonor Crumley (leonorc@ksu.edu) stating your willingness to participate or contact her by phone at (830) 563-7535.

Appendix F - Consent Form

PROJECT TITLE:

Exploring mid-level administrators' of allied health programsleadership identity development through their career journey

PROJECT APPROVAL DATE:		**PROJECT EXPIRATION DATE:**		**LENGTH OF STUDY:**	1 hour

PRINCIPAL INVESTIGATOR:	Dr. Sandy Robinson
CO-INVESTIGATOR(S):	Leonor Crumley
CONTACT DETAILS FOR PROBLEMS/QUESTIONS:	Dr. Sandy Robinson slrobins@ksu.edu
IRB CHAIR CONTACT INFORMATION:	Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224 Brad Woods, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224
PROJECT SPONSOR:	Not applicable.

PURPOSE OF THE RESEARCH:

You have been invited to participate in a research study. The purpose of this research study is to explore the factors to which you, as a mid-level administrator of an allied health program, attribute the development of your leadership identity throughout your career journey. The purpose is also to explore the professional development, training, and mentoring experiences you've encountered throughout your career journey.

PROCEDURES OR METHODS TO BE USED:

As a participant, you will be asked to (a) fill out a participant background information sheet; (b) provide a resume and job description; and (c) participate in a one-on-one, 60-minute, semi-structured interview via the Zoom videoconferencing platform. You will be discussing the factors to which you as a mid-level administrator of an allied health program attribute the development of your leadership identity throughout your career journey. You also will be asked to describe the professional development and training experiences you've encountered throughout your career journey. During the interview, your identity will be protected by removing your name from the display screen. You will be

able to review your interview transcript to ensure you approve your documented responses. You can withdraw from the study at any time and for any reason without repercussions.

RISKS OR DISCOMFORTS ANTICIPATED:

There are minimal anticipated risks involved in this research. The potential risk includes breach of confidentiality. However, care will be taken to ensure the privacy and confidentiality of any personally identifiable information as well as all your interview responses. Some questions may evoke a desire not to answer. However, if this occurs, you may choose to skip that question or withdraw at any time without repercussion. In addition, you will be provided the phone number for Kansas State University's counseling center. The phone number is 785-532-6927.

BENEFITS ANTICPATED:

As a participant in this study, you will receive no direct benefit. However, your participation may contribute to the body of knowledge regarding the development of the leadership identity of mid-level administrators of allied health programs.

EXTENT OF CONFIDENTIALITY:

The information that will be collected as part of this research will not be shared with any other investigators. Care will be taken to ensure the privacy and confidentiality of all personally identifiable information and your interview responses. In the final research report, pseudonyms will be used to represent participants (e.g., "Participant 1," "Participant 2," etc.) as well as institutions (e.g., "Institution 1," "Institution 2," etc.). All hardcopy data (e.g., background information sheets, interview transcripts, etc.) will be stored in a locked filing cabinet to which only the graduate student has the key. All electronic data will be stored on a password-protected computer to which only the graduate student has access. Data will be stored and maintained for a period of five years in a locked office. After five years, the electronic files will be deleted, and the hardcopy documents will be shredded.

The information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

Terms of participation: I understand that I am participating in a research study and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time and stop participating at any time without explanation, penalty, loss of benefits, or loss of academic standing to which I may otherwise be entitled.

I verify that my signature below indicates (a) that I have read and understand this consent form, (b) that I willingly agree to participate in this study under the terms described, and (c) that my signature acknowledges that I have received a signed and dated copy of this consent form.

PARTICIPANT NAME:			
PARTICIPANT SIGNATURE:		**ATE:**	

WITNESS TO SIGNATURE: (PROJECT STAFF)		**ATE:**	

Appendix G - Participant Background Information Sheet

The approximate time to complete the participant background information sheet is five to 10 minutes.

1. What is your gender? Male, female, other

2. What is your age?

3. What is the formal title of the position you now hold?

4. How many years of experience did you have as a practitioner?

5. How many years of experience do you have as an educator?

6. How many years of experience do you have in your current position?

Appendix H - Interview Protocol

Time of Meeting:

Date:

PRINCIPAL INVESTIGATOR:	Dr. Sandy Robinson
CO-INVESTIGATOR(S):	Leonor Crumley
CONTACT DETAILS FOR PROBLEMS/QUESTIONS:	Dr. Sandy Robinson slrobins@ksu.edu
IRB CHAIR CONTACT INFORMATION:	Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224 Brad Woods, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224

Participant Introductory Narrative: Thank you for meeting with me today. My name is Leonor Crumley. I appreciate your willingness to participate in the study. My dissertation research focuses to explore the factors which mid-level administrators' of allied health programsattribute to the development of their leadership identity and to understand the experiences with professional development, training, and mentors through their career journey.

I will be interviewing allied health participants from those departments who have participated in transitions from healthcare practitioner to educational leader. Your identity will be protected throughout the process, as the researcher, I will not use your real name in the reporting. The interview will be recorded. To protect your confidentiality and anonymity during the recording, please remove your name from the Zoom display. Our interview is designed to take approximately 60 minutes. There are minimal anticipated risks involved in this research. The potential risk includes breach of confidentiality. However, care will be taken to ensure the privacy and confidentiality of any personally identifiable information as well as all your

interview responses. Some questions may evoke a desire not to answer. If this occurs, participants are free to stop answering questions at any time, refuse to answer any questions but still continue with further questions, and discontinue the interview if at any time they feel necessary. If you need to speak to a counselor, the Kansas State University Counseling Services can be reached at 785-532-6927. The information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies. Please let me know if you have any questions before we begin

Interview Questions:

1. Tell me about the roles and experiences that lead you to be an allied health practitioner.
2. What experiences with professional development or training did you have during this time?
3. When did you first start to see yourself as a leader?
4. At this point, what were your experiences with professional development, training, or mentoring?
5. What did becoming a leader mean to you?
6. What experiences with professional development, training, or mentoring helped shape your description of a leader?
7. What were your experiences transitioning from clinical practitioner to mid-level administrator (and or appropriate title used at the institution)?
8. What professional development, training, or mentoring did the community college provide you with before becoming an administrator (and or appropriate title used at the institution)?
9. How would you describe the relationship you have with those you lead.
10. What professional development, training, or mentoring do you encourage those you lead to participate in?
11. How would you describe the way you see yourself as a leader has changed over time?

12. If you could go back to the past, what would you suggest to your younger self-regarding professional development, training, or mentoring to better prepare yourself and others for being a leader.

Probing Verbiage:

13. Please tell me more.

14. Please explain in more detail.

15. Elaborate more on this, please.

16. Why?

17. Give me an example