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Today's Allied Health Deans: A National Study of Deans in Academic Health Centers

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TODAY'S ALLIED HEALTH DEANS:

A NATIONAL STUDY OF DEANS IN ACADEMIC HEALTH CENTERS

by

Muriel A. Hawkins

A Dissertation Submitted to the Faculty of the Graduate

School of Loyola University of Chicago in Partial

Fulfillment of the Requirements for The Degree of

Doctor of Philosophy

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CHRONOLOGY

The author was born in Norfolk, Virginia to parents, Frieda R. (Hawkins) Mitchell and George Hawkins in 1946. She is the mother of Jamal J. Scott. Her secondary education was obtained at the Mather High School for Girls and Robert Smalls Senior High School, in Beaufort, South Carolina from 1959 to 1963. She completed courses in radiologic technology at Franklin School of Science and Arts in Philadelphia and Reynolds Memorial Hospital in Winston-Salem from 1963 to 1967.

She became a registered radiographer in 1967 and has held staff supervisory, teaching and administrative appointments at Meharry Medical College, Nashville, Tennessee from 1967 to 1971; Cook County Hospital, Chicago, Illinois from 1971 to 1976; the Medical University of South Carolina and Veterans Administration Medical Center, Charleston, South Carolina from 1976 to 1979 and Chicago State University since 1980.

She was awarded a B.S. in Radiological Sciences, Chicago Medical School in 1974 and an M.Ed. in Counseling and Counselor Education, The Citadel, Charleston, South Carolina in 1978. In 1981, she enrolled at Loyola University of Chicago in the Ph.D. program in Curriculum and Human Resource Development

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CHAPTER I

INTRODUCTION

Origin and Transformation of the Deanship

In the last few decades, deanships have gained con-
siderable attention in the of higher education arena. Yet
the concept of the deanship and "deaning" is not new. The
title, as well as the office of dean, can be traced as far
back as medieval universities. Even earlier mention of
"deaning" has been organizationally linked to military or
civil administrative offices in Roman times.[1]

In American colleges and universities, the deanship
originated during the nineteenth century, with Harvard Uni-
versity having the first recorded appointment of a dean.
Harvard named a dean for its medical school in 1864, whose
primary function was to maintain "friendly and charitable
intercourse with students."[2] Harvard continued its trend,
and a few years later President Charles Elliot named Profes-

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[1]Arthur J. Dibden, ed., Introduction, "The Dean's
Office," in The Academic Deanship in American Colleges and
Universities (Carbondale and Edwardsville, Illinois:
Southern Illinois University Press, 1968), p.1.

[2]William R. Dill, "The Deanship: An Unstable
Craft," in The Dilemma of the Deanship, ed. Daniel E.
Griffiths and Donald J. McCarthy (Danville, Illinois: The
Interstate Printers and Publishers, Inc., 1980), p. 262.

sor Ephriam Gurney as Dean of the College Faculty. Despite the earlier appointment of a Medical School Dean, in most literature, Dean Gurney's appointment in 1870 has been rec- ognized as the first recorded appointment of an academic dean.[3]

Shortly after Harvard's appointment, universities in the Midwest, West and East began establishing offices of the dean. Following Harvard's lead were Lincoln, Syracuse, Howard, Fisk, Pennsylvania, Nebraska, Southern California and Marquette Universities. Scott estimated that by 1900, about twenty percent of colleges and universities had named deans.[4] Perkins, in contrast, estimated that deans were present in as many as two-thirds of existing colleges and universities.[5] Despite the conflicting reports, the trend in establishing deanships had continued since Harvard's first appointment in 1870. Historically, increased presi- dential burdens and the need for administrative assistance initiated deans' appointments. However, it should not be overlooked that the patterning of first appointments, as well as institutional growth were probably influential ele- ments that contributed to the increase in deanships.

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[3]Ibid.

[4]Merle Scott Ward, Philosophies of Administration Current in the Deanship of the Liberal Arts College (New York: Columbia Teachers College, 1934), pp.21-23.

[5]James A. Perkins, The University as an Organiza tion (New York: McGraw-Hill, 1973).

Before the 1860s, most institutions had primary offices of the president, treasurer and a part-time librarian. However, as administrative functions increased, new positions were developed, e.g., vice presidents, deans, business officers and admissions directors. Following these offices were presidential administrative assistants, whose duties ranged from public and church relations to student and faculty relations.

By 1860, the median number of administrative officers in American colleges was four; by 1933, the number had increased to 30.5, with one institution claiming as many as 137 administrators.[6] In an effort perhaps to establish comradery and standardized procedure, many administrators began joining clubs of colleagues from other institutions, with the exception of deans, whose duties were still fairly ill-defined. Rudolph described the ill-definition of the deanship as a reason why so many early deans resisted the full swing to intellectualism that was represented by their faculty colleagues.[7]

Accounts of the variance in duties of early deans have been recalled in a number of old, familiar deans'

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[6] Earl James McGrath, The Evolution of Administrative Offices in Institutions of Higher Education in the United States from 1860 to 1933 (Chicago, 1938), "cited by" Frederick Rudolph, The American College and University (New York: Vintage Books, 1965), p. 435.

[7] Frederick Rudolph, The American College and University (New York: Vintage Books, 1965), p. 435.

tales. For example, Dean Jones of Yale paid a $600 gambling debt of a rich man's son, afraid to tell his father, but required by the "good" dean to repay the sum over a two-year period, then tell his father. In another story, Dean Keppel of Columbia had 3,500 office visits from students in a single year, and in the same year entertained a third of the student population in his home. Another story often told in New Haven was of Dean Wright who was paid a visit by a returning graduate. The young man's greeting was, "You don't remember me?". The dean leaned forward to get a better look and said, "The name escapes me, but the breath is familiar!"[8]

For many decades following early appointments, deans continued to function as extensions of the president, primarily assisting in time-consuming administrative duties as admissions, records and student discipline. Former Harvard president, Charles Elliot, often referred to the close union of the president and dean, which still exists in many colleges and universities today. The president viewed the dean as someone he could rely on, be comfortable with and trust. In instances where that trust was violated, the president had the option of getting a new dean.

The "power" of the president was equally exercised in selection of deans. Surveys conducted in 1947 reported

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[8]W. Storrs Lee, <u>God Bless Our Queer Old Dean</u> (New York: G.P. Putnam's Sons, 1959), pp. 48-86.

only a few cases which involved faculty in the selection of deans.[9] While deans of today are generally selected by search committees, sometimes governing boards and presidents still have a strong voice in making the final appointments.

Despite President Elliot's attempt in his first annual report to outline the dean's duties beyond the president's chief advisor, the transition was not rapid. Gradually, the responsibilities of the dean began to focus more on academic operations rather than on student-oriented activities. By the 1960s, according to Dill, "deans had arrived."[10]

Types of Deans

Dean Hawkes of Columbia College remarked, "there is no such thing as a standardized dean. There is a dean of this and that college, but I have never seen two deans who could exchange places and retain the same duties."[11]

Corson added that in addition to deans of colleges, there were deans of students, deans of men, deans of women, deans of subject matter, deans of faculties, deans of

[9]Ruth L. Higgins. "The Functions of the Academic Dean," Association of American Colleges Bulletin 33, 2 (May 1947): 393-95.

[10]Dill, The Dilemma of the Deanship, p.264.

[11]Herbert E. Hawkes, "College Administration," Journal of Higher Education I (May 1930): 245.

extension work, and more. He grouped deans into the follow-
ing general categories: 1) those with responsibilities for
the whole institution, titled dean of the university, dean
of academic affairs, or even provost; 2) deans of students,
or dean of men and dean of women; 3) deans of arts and sci-
ences colleges; 5) deans of graduate studies; and 6) deans
of evening and extension divisions.[12]

Moore collapsed the preceding classification out-
lined by Corson, and divided professional school deans into
two groups: postbaccalaureate professional deans and under-
graduate professional school deans. The resulting five
categories developed by Moore were: 1) undergraduate arts
and sciences deans, which included all deans of undergradu-
ate arts and sciences, humanities and fine arts; 2) graduate
program deans; 3) postbaccalaureate deans, which included
deans of professional colleges, as law, medicine, dentistry,
library science, pharmacy, veterinary medicine and theology;
4) undergraduate professional deans, for example, deans of
architecture, agriculture, business, education, engineering,
journalism, natural resources, nursing, physical education,
public health, allied health, social work, technology and
vocational education; and 5) continuing education deans,
such as deans of continuing education, evening programs, ex-

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[12]John J. Corson, "The Role of Deans" in The Academ-
ic Deanship in American Colleges and Universities, ed.
Arthur J. Dibden (Carbondale and Edwardsville, Indiana:
Southern Illinois University Press, 1968) pp.28-29.

tension and special sessions.[13]

While not conclusive, a recent survey of over 1,000 institutions of higher education, 705 four-year colleges and universities and 433 two-year colleges, gave a profile of the numbers of deanships by discipline. According to the survey, arts and sciences had the greatest number of deans (or equivalent positions) which totaled slightly above four hundred. Business and education deans ranked second and third highest respectively, with dentistry deans as fewest in number.[14] A full table of survey results may be reviewed in Figure 1, page 8.

Unlike early predecessors, modern deanships may range from "A" (arts and sciences) to "V" (vocational education). Dill further described deanships today as "medieval galleons, coming in many sizes and styles, ranging widely in cost and complexity and accommodations for crew and cannon power."[15]

Overview of Allied Health Education and the Deanship

Unlike the academic deanship founded in 1870 at

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[13]Kathryn M. Moore, "The Top-Line: A Report on Presidents', Provosts' and Deans' Careers," Leaders in Transition: A National Study of Higher Education Administrators D.C.: ERIC Document Reproduction Service, ED 231 301, 1983).

[14]Chronicle of Higher Education, 17 February 1976, p.4.

[15]Dill, Dilemma of the Deanship, p.261.

Harvard University, the allied health deanship has experi-
enced a much shorter, but perhaps equally interesting history.
ry. To present an impartial overview of the allied health
deanship, it seems appropriate to review briefly allied
health as a concept, as well as its process of education.

The development of allied health education can be
historically categorized in three phases. In phase one,
there were no formal allied health education programs,
therefore, people were trained on the job, with persons
being taught skills to perform tasks in a health setting.
This type of training usually took place in a hospital or
doctor's office.

The second phase of allied health education, most of
which took place in hospital settings, incorporated some
formalized program study. Group representation of trained
workers and trainees was realized through the establishment
of professional associations and the initiation of accredi-
tation procedures. Such a move led to a hierarchical struc-
ture of professional and nonprofessional levels within many
of the allied health disciplines as known today.

Phase three characterized the beginning of much of
what allied health education is today - the cooperative ef-
forts of hospitals for clinical education, and the colle-
giate setting for didactic instruction. Movement in this
direction brought about several issues. For example, some

questions that arose involved the values of "theory versus
practice and occupational preparation versus general educa-
tion. Today, many of these issues remain unresolved.[16]

Initially, the term "allied health" was conceived as
a category to cluster health education and training programs
other than medicine. It is still not clear as to who first
coined the phrase, "allied health," but the following story
has often been told: As a clerical worker overheard a group
of educators pondering over what to call the new health re-
lated occupations, she said, "Why not call them 'allied
health?'"[17] Despite the subsequent legislative defining and
redefining of "allied health," confusion still surrounds the
term, which can be used to describe different groups of
occupations in different settings and for different pur-
poses.[18]

The scope of allied health, in its broadest sense
can be used to include all professional, technical and sup-
portive workers in patient care, public health and health
research, as well as personnel engaged in environmental

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[16]National Commission on Allied Health Education,
The Future of Allied Health Education, (San Francisco:
Jossey-Bass, Inc., 1980), p.69.

[17]Telephone Interview with Edmund J. McTernan, Dean,
State University of NY, School of Allied Health Professions,
Buffalo, New York, 5 May 1986.

[18]National Commission on Allied Health Education The
Future of Allied Health Education, p.9.

health activities.[19]

Unlike some of the "traditional" health professions, such as medicine and nursing, allied health at its inception, had not gained public knowledge or understanding. As a concept, allied health received its introduction probably as early as 1929, when St. Louis University expanded its nursing school to include a training program in x-ray technology. They did not, however, use the term "allied health."

It was not until 1950, that Dean Wesley Hutchinson developed the School of Allied Health Professions at the University of Pennsylvania in Philadelphia which is considered to be the first "true" allied health school, Hutchinson then being recorded as the first allied health dean. By definition and educational focus, Dean Hutchinson's school represented coordinated allied health education. It differed from St. Louis University where programs were administratively housed together, but differed in scope and education focus.[20]

Follow Pennsylvania's lead, in 1958, Dean Darrel J. Mase founded the College of Health Related Professions at

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[19] Darrell J. Mase, Foreward to <u>Educating Personnel for the Allied Health Professions and Services</u>, edited by Edmund J. McTernan and Robert O. Hawkins, Jr. (St. Louis: C.V. Mosby Company, 1972), p.xi.

[20] Edmund J. McTernan, "Introduction: The Philosophy of Allied Health," <u>Educating Personnel for the Allied Health Professions and Services</u>, ed. Edmund J. McTernan and Robert O. Hawkins, Jr. (St. Louis: C.V. Mosby Company, 1972), p.2.

the University of Florida. Florida became a prototype of allied health education, as it was the first to be located on an academic health center campus.[21]

At Indiana University in 1959, about a year following Florida, Dean Lynn Arbogast founded the Division of Allied Health Sciences.[22] Indiana marked the founding of the third school of allied health; however, each of the three schools operated independently of each other, with little collaboration among them.[23]

By the mid-sixties, the health care industry had expanded, and the growing demand for health manpower had become a national interest. The imbalance between supply and demand of health personnel initiated legislative attention to the allied health professions. It was then, during 1966, that allied health received its statutory introduction when Congress enacted several major pieces of health legislation. Among them was the Allied Health Professions Personnel Training Act (AHPPTA), later signed into Public Law 89-751. This activity marked the first Congressional involvement in

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[21]Telephone Interview with Richard Gutenkunst, Dean, College of Health Related Professions, Gainesville, Florida, 1 April 1986.

[22]Edmund J. McTernan, ed., Introduction, "The Philosophy of Allied Health," Educating Personnel for the Allied Health Professions and Services, p.4.

[23]Ibid.

health education.[24]

The primary goals of the AHPPTA were directed to-
ward: a) increasing health manpower, b) improving the
quality of education in schools training allied health
personnel and c) providing for grants to public and private,
nonprofit allied health training centers offering health
curricula to at least twenty persons, and awarding an as-
sociate degree or higher. Accredited two-year colleges, as
well as four-year colleges and universities that met the
federal guidelines, were eligible for financial assistance
under the AHPPTA. Grants were earmarked for basic improve-
ment and special projects, construction, advanced trainee-
ships and curriculum development for new types of health
care providers.[25]

Once the AHPPTA became a law, the Department of
Health Education and Welfare, convened a series of meetings
in the Fall of 1966, to set guidelines for financial assis-
tance under the new AHPPTA law. Among those invited to the
DHEW meeting were four allied health deans, Drs. Darrel
Mase, Robert Atwell, Aaron Andrew and Warren Perry, who

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[24]Francis V. Hanavan, "The Education of an Allied
Health Administrator: Introduction of a New Order," in
Review of Allied Health Education: 4, ed. Joseph Hamburg,
(Lexington, Kentucky: The University Press of Kentucky,
1981), p.97.

[25]National Commission on Allied Health Education,
The Future of Allied Health Education, p.3.

identified common interests and goals in allied health education.[26]

The four deans realized that they had shared common interests, which prompted Dean Mase to conduct a mail survey to identify other schools of allied health. As a result, in 1966, thirteen schools were identified, and representatives from each attended a meeting hosted by Dean Atwell at Ohio State University. Before the close of the meeting, the deans agreed that they needed a periodic forum for sharing ideas. The forum was named the Association of Schools of Allied Health Professions, later renamed the American Society of Allied Health Professions (ASAHP).[27]

Since its beginning in 1967, ASAHP has evolved into more than a forum for sharing ideas. It has been committed to addressing critical issues affecting allied health education, including health care legislation, manpower needs, personnel preparation and utilization, accreditation and professional standards of practice, as well as technological advances in the health care field. Memberships are now available to individuals, professional organizations and collegiate schools of allied health.[28]

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[26] Telephone Interview with Dr. Robert Atwell, Emeritus Dean and Professor, School of Allied Health Professions, Ohio State University, 9 May 1986.

[27] Ibid.

[28] American Society of Allied Health Professions, "About the American Society of Allied Health Professions (ASAHP)," Membership Directory (Washington D.C.: ASAHP, 1986), p.2.

There were a number of other activities which simultaneously occurred during the allied health movement of the sixties. One activity was the American Medical Association's (AMA) establishment of the Department of Allied Medical Professions (1966), later renamed CAHEA (Committee on Allied Health Education and Accreditation). The office was established with the primary function to formulate accreditation standards in the formal preparation of allied health personnel. Today CAHEA, in cooperation with program review committees, accredits allied health programs in about thirty different allied health disciplines.[29]

Of equal importance was the federal government's role in establishing the Division of Allied Health Manpower as the primary vehicle to implement the 1966 Act and subsequent amendments. Although all of the preceding activities contributed to the allied health movement, the list is not exhaustive, as there were other agencies within the federal government, other institutions, groups and many individuals who contributed significantly to the prolific allied health movement of the sixties.

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[29]Department of Allied Health Education and Accreditation, _Allied Health Education Directory_, 13th ed. (Chicago: American Medical Association, 1984), p.1.

Since the sixties, allied health education programs have proliferated, particularly in the collegiate arena. In the mid-sixties, about 2,500 collegiate programs existed, today in the eighties, the number of programs almost has tripled.

Several reasons may have contributed to the rapid growth of allied health education programs. One might be the expansion of program from hospital settings to academic health science centers, universities, two-year colleges, vocational and technical schools, as well as to federal and military settings. Another might be the expansion of knowledge and skill which has also been cited as the catalyst for the growth of allied health education as today's education levels vary from short-term certificate programs to programs offering doctoral degrees.[30]

According to the Bureau of Labor Statistics (BLS), the health care industry will continue to expand during 1982-95. Even during 1979-82 when total employment was virtually unchanged, BLS reported that employment in health care grew significantly.[31]

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[30]National Commission on Allied Health Education, The Future of Allied Health Education, p.68.

[31]United State Department of Labor, (Occupational Employment Project through 1995,) by George T. Silvestri, John M. Lukasiewicz, and Marcus E. Einstein, Monthly Labor Review (Washington, D.C.: Government Printing Office, November 1983), p.45.

In summary, allied health education has been

referred to as:

> . . . Neither static or sharply defined, rather a
> dynamic process, constantly responding to new health
> needs. Because allied health education must remain
> responsive to health service needs, it will be necessary
> for administrators and educators to plan explicitly for
> ongoing change in innovation.[32]

This statement alone bears strong implications for

allied health leadership and deans must be prepared to meet

the challenges of the next few decades.

Background and Significance of the Study

The proliferation of the allied health movement of

the sixties created the need for a number of new deans to

head schools of allied health in collegiate settings. How-

ever, when universities turned to existing allied health

faculty in search of deans' candidates, they discovered that

most faculty lacked the academic qualifications for appoint-

ments at the level of dean. Thus, the search process ex-

tended outside schools of allied health to related fields,

with most deans having been recruited from related disci-

plines, such as medicine, dentistry, the biological and

physical sciences, and sometimes nursing.[33]

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[32]National Commission on Allied Health Education,
The Future of Allied Health Education, p.71.

[33]National Commission on Allied Health Education,
The Future of Allied Health Education, p.71.

A study conducted at the University of Buffalo in 1975 confirmed that those persons who served as allied health deans were, in fact, recruited from areas outside the allied health professions.[34]

One purpose of the present study is to examine the career paths of current allied health deans to see if this pattern still prevails. Another is to construct a professional profile of the allied health dean through the analysis of relationships between career patterns, and selected biographic and demographic data.

In a practical sense, the present study could be of significance to new allied health deans, as well as experienced deans. Both groups might compare with deans in the present study their own estimates of personal characteristics, career paths and role expectations, frustrations and satisfactions of the office.

From a theoretical viewpoint, the present study could provide answers to some questions about generalizations on the meaning of the allied health deanship.

Since the allied health deanship has remained an area of inquiry not addressed in the literature, this study could make a significant contribution to allied health and

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[34]David C. Broski, personal interview at the College of Associated Health Professions, University of Illinois at Chicago, 25 April 1986.

higher education research. Additionally the study could be valuable in orienting those disciplines other than the allied health dean.

In an era of declining enrollments, and with the decrease in governmental allocations to education, allied health education is facing a period of reassessment. Since the current leadership in allied health education is provided by deans, the implications of the present study may be crucial to the figure of allied health education and leadership development. In this view, it seemed timely to examine who these leaders were, and what their sentiments revealed.

Problem Statement

This study addresses two primary problems inherent in the allied health deanship. First, it examined selected career factors and their influence on the career paths of allied health deans leading to their present deanships. Second, it constructed a profile of the allied health dean, analyzing relationships that existed between selected career factors and other variables, such as, biographic and demographic data and career development beyond the deanship.

Research Questions

A. Identified and collected current information about the professional rules and functions of allied health deans.

1. Characteristics of employing institutions.

2. Current professional activities, e.g., adminis-
    trative, teaching, research, student advise-
    ment, involvement in professional associations,
    consulting.

3. Some of the major professional responsibilities
    and duties.

B. Identified and collected information about the
    professional backgrounds of current allied health
    deans.

    1. Career path leading to their present situa-
        tions?

    2. Impact of "mentoring" on deans' career develop-
        ment?

    3. Factors identified as having influenced one's
        choice to become dean.

    4. Educational preparation.

    5. Scholarly contributions made by allied health
        deans, e.g., publication and research.

C. Identified patterns that described future aspira-
    tions (career goals) of current deans.

    1. Would deans assume their current positions if
        the choice were given again?

    2. After leaving the deanship, what positions
        would deans most likely seek?

3. What factors would be most influential in affecting deans to seek a change from their present positions?

D. Identified and described the personal characteristics of current deans.

1. What was the personal profile of deans (age, sex, race, health, etc.)?

2. What were the geographic backgrounds of deans?

3. What were the characteristics of deans' families?

4. How did deans perceive themselves as individuals?

Limitations

The study was limited to a sample population of allied health deans in academic health centers, nationwide, and not by random sampling.

Generalizations for the entire population of allied health deans should not be made, as this study did not include deans in other collegiate and non-collegiate settings.

Definition of Terms

For purposes of this study, the following definitions were used:

The term allied health personnel refers to individuals trained at the associate, baccalaureate, certificate,

master's or doctoral degree level in a health care science,
with responsibilities for the delivery of health care relat-
ed services (including services related to the identifica-
tion, evaluation and prevention of diseases and disorders,
dietary and nutrition services, health promotion, rehabili-
tation and health systems management), but who are not grad-
uates of schools of medicine, optometry, podiatry, pharmacy
or nursing.

An <u>academic health center</u> is a component unit of a
university, state university system or a free standing in-
stitution, bringing together in varying organizational
forms, programs of instruction and research in the health
sciences, and the delivery of health services that are asso-
ciated, and often concurrent, with the training of manpower
for the health professions. Minimally, an academic health
science center includes a school of medicine (allopathic or
osteopathic), a teaching hospital and at least one addi-
tional health education program.

A <u>school (or college) of allied health</u> is an organi-
zational unit within an academic health center, which pro-
vides professionally accredited education programs in a
discipline of allied health leading to an associate, bacca-
laureate, certificate, masters or doctoral level degree.

An <u>allied health dean</u> is the chief academic and
fiscal officer of a school (or college) of allied health
within an academic health center.

The <u>American Society of Allied Health Professions</u>
(<u>ASAHP</u>) is a nonprofit, national, professional organization
whose membership comprises schools of allied health, profes-
sional, health-related and health service organizations and
individual members of allied health personnel.

<u>Leadership</u>, in the context of this study, refers to
the relationship in which one person, the leader, influences
others to cooperate willingly on related tasks toward the
achievement of some common goal(s).

Summary

The purpose of this chapter was to establish a re-
search background relevant to the allied health dean's posi-
tion, within the framework of the academic deanship.

Despite its existence for almost three decades, the
allied health deanship remains an area not previously
studied in the literature. This study sought to fill that
void.

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CHAPTER II

REVIEW OF SELECTED LITERATURE

Introduction

Despite its emergence in American colleges and universities more than a century ago, the academic deanship has not been studied extensively. However, a number of studies have explored matters that varied from roles and responsibilities of the office to personal characteristics and career development of persons occupying the position.

This review of selected literature has been divided into six sections, each having addressed a different aspect of the deanship. Section one is concerned with roles and functions of deans; section two briefly reviews dimensions of leadership among deans; the third section describes aspects of leadership among allied health administrators; section four includes personal and career characteristics of deans and the final section discusses issues in the selection of persons who occupy deanships.

A Review of Roles and Functions of Deans

There are many commonalities existent in the roles of deans; yet, the distinct function of any given type of dean may be termed as complex and ambiguous. A review of

the literature exploring the roles and responsibilities of deans revealed a lack of uniformity in the organization of the office and definition of duties.

The studies of Reeves and Russell in 1929 and 1932 appeared to have been the earliest recorded efforts to determine the role of the dean. In both studies, thirteen functions of the dean were listed. The following listing appeared in the the 1932 study:

1) to direct the educational activities of the college.

2) to act as chief advisor to the president in matters of college policy, particularly in academic affairs.

3) to formulate educational policies and to present them to the president and faculty for consideration.

4) to direct the attention of faculty members to changing educational thought and practice, particularly as they affect higher education.

5) to transmit to the president the budget recommendations for academic activities, after details have been worked out with department heads.

6) to make reports relating to the work of the college.

7)   to supervise curriculums, courses and methods of instruction.

8)   to cooperate with heads of departments in the nomination of new members for the teaching staff, and to make suggestions to the president regarding the promotion, demotion or dismissal of the faculty.

9)   to assist in the recruiting of students.

10)   to classify students and assign them to classes.

11)   to study the progress and academic welfare of students.

12)   to serve as chief disciplinary officer of the college.

13)   to represent the college at meetings of education institutions.[1]

The list in 1929 was almost identical to the preceding list of 1932 with one exception. Item nine was substituted with another function, "to serve as a member of the administrative council."[2]

In later years, Merle Scott Ward further explored the roles of deans. In his publication of 1934, when asked

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[1]Floyd W. Reeves and John Dale Russell, The Liberal Arts College (Chicago: The University of Chicago Press, 1932), p.87.

[2]Floyd W. Reeves and John Dale Russell, College Organization and Administration (Indianapolis: Board of Education, Disciples of Christ, 1929), pp.73-74.

by deans, whether as a result of his investigation, "a defi-
nition of duties and prerogatives of a dean had been devel-
oped with sufficient completeness to make it a standard to
be followed," he responded:

> Such a definition should be made by each institution
> for its own deanship. This procedure would offer suffi-
> cient latitude for desirable variation and at the same
> time preclude excessive standardization of the office.
> It is generally agreed that while a certain amount of
> standardization would promote improvement in the func-
> tioning of the office, a high degree of standardization
> might nullify all the benefits thus derived. There are
> local colorings of the situation and personality traits
> of the incumbent that may justifiably require variation
> in duties. Beyond this desirable variation there is
> doubtless a core of duties common to the office and
> logically belonging to it, in a large number of institu-
> tions.
>
> These duties might well form the nucleus for general
> organization of the functions of deanship.[3]

A 1936 publication, The Dean of the Small College, a
study conducted by Milner, was perhaps among the most com-
prehensive of early studies. Data was gathered from one
hundred colleges over thirty-five states ranging in founding
dates from 1742 to 1926.[4] Ninety-three deans listed sixty
functions performed by the dean, from which Milner listed
the twenty most frequently assigned duties in their order of
frequency:

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[3]Merle Scott Ward, Philosophies of Administration
Current in the Deanship of the Liberal Arts College (New
York: Bureau of Publications, Teachers College, Columbia
University, 1934), p.103.

[4]Clyde A. Milner, The Dean of the Small College
Boston: The Christopher Publishing House, 1936), pp.18-35.

1) to interview students on all academic matters.

2) to advise failing students.

3) to correspond with parents on all matters of student welfare.

4) to give counsel on all academic problems.

5) to grant permission for changes of courses of study.

6) to supervise the college curriculum.

7) to excuse class absences.

8) to grant permission for extra hours.

9) to supervise all discipline.

10) to interview applicants for admission.

11) to give general advice on all college policies.

12) to help estimate the teaching ability of faculty members.

13) to make annual reports upon the academic work of the college.

14) to estimate the constructive influence of the faculty members on campus life.

15) to recommend all changes in curriculum.

16) to make all changes in courses with heads of departments.

17) to improve instruction.

18) to determine entrance requirements for transfer students.

19)   to give social guidance to freshmen.

20)   to coordinate and improve the grading system.[5]

Following Milner's study by ten years, Higgins conducted a survey of deans in response to a request from new deans of the American Conference of Academic Deans concerning the "functions of a dean."[6] Unlike previous studies, Higgins did not compile a list of functions; however, lists cited from the Reeves and Russell studies, as well as Milner's, covered the range of functions summarized by Higgins:

> In the dean's time budget, the order of functions based on the consumption of time . . . (1) conferences with students; (2) conferences with faculty members; (3) serving on committees; and (4) teaching . . .[7]

> . . . the academic dean does not always have well-defined authority, since his functions overlap on the work of the president, the registrar, faculty advisors, faculty committees and the social deans, but the potentialities for influence and leadership are extensive because of these connections.[8]

During the same year as Higgins' study, McGrath, a former United States Commissioner of Education and a dean, expressed his sentiments concerning the role of the dean. McGrath commented:

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[5] Ibid., pp.96-97

[6] Ruth L. Higgins, "The Functions of the Academic Dean," Association of American Colleges Bulletin, 33 (May 1947): 393-399.

[7] Ibid., p.398.

[8] Ibid., p.399.

Most of the duties now being performed by deans are relatively unimportant and inconsequential. Their energies are so depleted by such activities that the important work they should be doing receives inadequate consideration or remains undone.[9]

McGrath summarized three fundamental roles for the dean. He viewed the dean's first great responsibility "to consider the ends and means of education and to arouse the faculty to similar activity."[10] McGrath felt that to carry out this responsibility, the dean should have an understanding and appreciation of scholarship; if not a scholar himself, the dean should at least be able to recognize scholarship in others.[11]

The second most important responsibility, according to McGrath, was the selection of faculty members. He stressed careful selection of faculty and subsequent development and provisions for economic security and stability for faculty. All of these should fall within the security of the dean's activities.[12]

The final responsibility summarized by McGrath was the preparation of budgets. He stressed that a dean could not delegate budgetary responsibility and expect to retain

[9]Earl J. McGrath, "The Office of the Academic Dean," in Norman Burns' ed., The Administration of Higher Institutions Under Changing Conditions (Chicago: University of Chicago Press, 1947), p.42.

[10]Ibid., p.43.

[11]Ibid.

[12]Ibid., pp.45-46.

his educational leadership. McGrath further emphasized the importance of budgetary responsibility when he remarked that, "he who makes the budget ... makes the educational program."

Studies reported by Corson (1960) and Gould (1961), respectively, showed little change in the definition of deans' roles since McGrath's study of 1947. Corson identified several categories of offices within a college or university that might bear the title of dean, and outlined their major areas of responsibility and decision making to encompass the following:

1) education programs;
2) selection, promotion and development of faculty;
3) student affairs;
4) budget and finance;
5) development of physical facilities; and
6) public and alumni relations.[14]

When Gould asked deans to list, in order of importance, the duties most demanding of their time and skill, their responses ranked in order of priority as:

1) faculty relations and morale;
2) recruitment of faculty;
3) curriculum work;
4) budget work;
5) promotions and evaluation of personnel; and
6) committee work.[15]

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[14] John J. Corson, "The Role of Deans," in Arthur J. Dibden, ed., The Academic Deanship in American Colleges and Universities (Carbondale and Edwardsville, Illinois: Southern Illinois University Press, 1968), pp.28-37 passim.

[15] John Wesley Gould, The Academic Deanship (New York: Institute for Higher Education, Teachers College, Columbia University, 1966), p.12.

Deanships survived, with little change, during the era of social upheaval and reform of the 1960s. However, in years following, the academic deanship experienced changes in the expansion in duties of the office. Miller described deans of the 1970s as having become:

> . . . immersed in collective bargaining . . . having become quasilawyers in some universities . . . before grievance committees and the like, with respect to decisions made about contract nonrenewal and tenure . . . dealing in many legalistic matters.[16]

Miller further described the changing role of the academic dean to include concerns for professional development, the mechanics of effective management, personnel evaluations and fiscal considerations in the development and expansion of program, all of which may affect changes in how academic deans perceive their roles.[17]

Among studies of the 1980s examining the responsibilities of the deanship, the most generalized description of the role of the academic dean was developed by Dill.

> If we view the deanship as a role within colleges and universities, we need a framework with which to describe these organizations. A simple and appropriate framework is one that builds from the ideas of Chester Barnard and Herbert Simon . . . The deanship, then, is a leadership role with much heavier political and social than hierarchial and technical overtones.[18]

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[16]Richard I. Miller, "The Academic Dean," Intellect (January 1974): 232.

[17]Ibid.

[18]William R. Dill, "The Deanship: An Unstable Craft," in The Dilemma of the Deanship, ed. Daniel E. Griffiths and Donald J. McCarthy (Danville, Illinois, The Interstate Printers and Publishers, Inc., 1980), pp.265-266.

Following the Barnard-Simon model, Bowker summarized the three major functions of deans conceptualized by Dill:

> 1) to integrate the interest of various constituencies into a common sense of purpose; including goal setting and institutional planning; 2) to create incentives from existing resources to stimulate new and continuing contributions and commitments to the institution; and 3) to maximize the institutions efficiency in transforming contributions and commitments of all kinds into educational products and services.[19]

More recently, former Dean Van Cleve Morris (1981), pointed out that in pursuit of their ends, presidents and chancellors spend much more of their time outside their institutions in cultivating relationships; whereas, deans spend much of their time inside their institutions. Further, he stated that, "a dean's functions is in a pocket somewhere down in the bowels or, at the least, the thorax of the table of organization".[20] As a line officer, the dean still often maintains a faculty position, in contrast to other officers in higher education who leave teaching and research to pursue positions as full-time managers. The generic organization of a large university developed by Van

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[19]Lee H. Bowker, "The Academic Dean," American Association of University Administrators (Washington, D.C.: ERIC Clearinghouse of Higher Education, ED 216 652, 1981).

[20]Van Cleve Morris, Deaning (Chicago: University of Illinois Press, 1981), pp.7-8.

Cleve Morris, showed the dean is shown as occupying a pivot-
al position as a middle manager (Figure 1).[21]

Today the roles and responsibilities of deans vary
widely depending upon the discipline or field and the type
of institution. In summary of the preceding literature
reviewed, it is perhaps safe to conclude that the primary
responsibilities of deans have not changed drastically in
the past two decades. Deans are still generally responsible
for developing and implementing the curriculum, for the
selection and development of faculty and for the academic
budget within a particular academic unit. Gould summarized:

> Obviously, there is no need for regularizing or
> standardizing the role of the academic dean. Advocates
> of efforts to do so reason that a fixed role would per-
> mit colleges to make a better job of identifying men and
> women, competent to fill it. They overlook of course,
> the simple fact that colleges are organizations of human
> beings and will tend to grow in different ways even as
> individual human beings do. The needs of one will never
> quite those of another.[22]

Dimensions of Leadership in Academic Deaning

The available literature on "leadership" is volumi-
nous. Many authors have described leadership; fewer have

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[21]Ibid., p.9.

[22]   John W. Gould, "The Academic Deanship: A
Summary and Perspective," in Arthur J. Dibden, ed., The
Academic Deanship in American Colleges and Universities
(Carbondale and Edwardsville, Illinois: Southern Illinois
University Press, 1968), p.49.

FIGURE 1

UNIVERSITY ORGANIZATION CHART
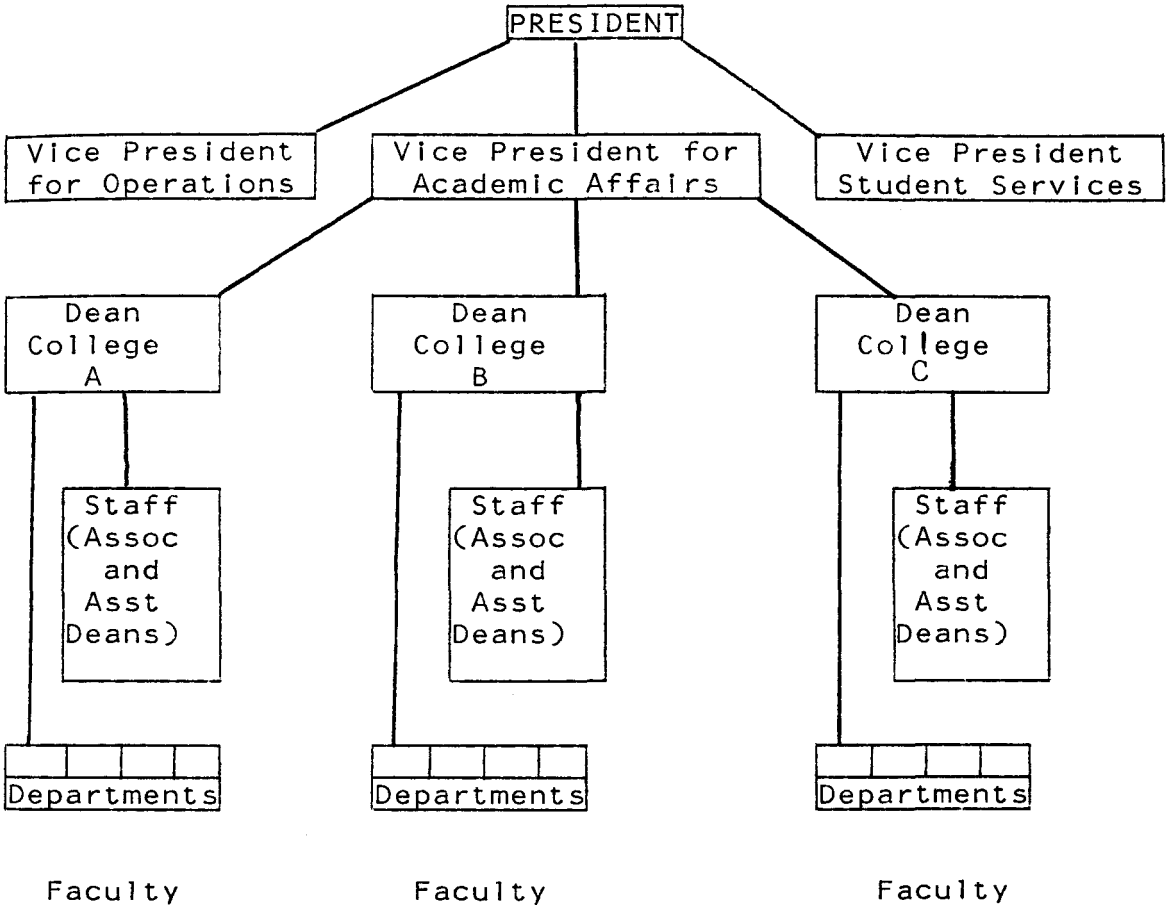
Illustration 1. A generic scheme of organization showing
the dean's position in a large institution with several
colleges all governed by one president and squad of vice
presidents. With adjustments of titles and linkages, this
chart may be interpreted to also apply to smaller or more
single-purpose institutions.

SOURCE: Van Cleve Morris, Deaning (Chicago: University of
Illinois Press, 1981), p.9.

defined it. There is perhaps no distinct definition of
lleadership that can be generalized to all situations, with
most definitions taking the individual focus of the persons
providing the description.

From a managerial point of view, Tead provided a
"generic" definition of leadership, and described it as "the
activity of influencing people to cooperate toward some goal
which they come to find desirable."[23]

Gibb expanded Tead's definition and described lead-
ership as "the process of influencing the activities of an
organized group in its efforts toward goal setting and goal
achievement."[24]

Hollander included aspects of influence and trans-
action and described leadership as "a process of influence
which involves an ongoing transaction between a leader and
follower."[25]

Caribbean summarized the preceding definitions in
his statement that:

> Leadership can be described as a process of influ-
> ence on a group in a particular situation, at a given
> point in time, and in a specific set of circumstances
> that stimulates people to strive willingly to attain

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[23]Ordway Tead, The Art of Leadership (New York:
McGraw-Hill Book Company, 1939), p.20.

[24]Cecil A. Gibb, "Leadership," in Gardner Linzey and
Elliott Aronson, ed., The Handbook of Social Psychology (New
York: Reading, Addison-Wesley Publishing Company, 1969),
p.42.

[25]Edwin P. Hollander, Leadership Dynamics (New York:
The Free Press, 1978), p.16.

organizational objectives, giving them the experience of
helping attain the common objectives and satisfaction
which the type of leadership provides.[26]

Sociologists Mumford and Blackmar viewed leadership
as "the preeminence of one of a few individuals in a group
in the process of societal phenomena", and a "group expres-
sion of power through centralizing efforts in one person",
respectively.[27] Bernard summarized Mumford's and Blackmar's
definitions and concluded that:

> Leadership is necessary as a means of focusing the
> attention of a constituency or group upon an issue or a
> piece of work which needs to be done. Leadership is
> nothing other than this process of focusing attention
> and releasing the energies of people in the desired
> direction.[28]

Riddick, an academician, defined leadership as,

> . . . the process of encouraging and persuading
> those involved in governance to decide and those in
> management to perform. Ideally, leadership objectives
> embody purpose and seek effective performance to achieve
> the objectives. Thus academic leadership seeks posi-
> tive, definite, desirable and timely decisions in the
> best interest of those who are served by higher educa-
> tion as interest of those who are served by higher

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[26]James J. Cribbin, Effective Managerial Leadership
(New York: American Management Association, Inc., 1972),
p.9.
[27]E. Mumford, "The Origins of Leadership," American
Journal of Sociology 12 (September 1906): 216; F. W. Black-
mar, "Leadership in Reform," American Journal of Sociology
16 (March 1911): 626.

[28]L. L. Bernard, "Leadership and Propaganda," An
Introduction to Sociology, ed. Jerome Davis and Harry E.
Barnes (New York: D. C. Heath and Company, 1927), p.484.

education, as well as those who serve.[29]

Governance, according to Riddick:

. . . is the process of decision making by which basic policies are determined concerning objectives, programs, benefits, standards and resources . . . a procedure for relating power to purpose, and for exercising power responsibility. Because institutions vary, numerous patterns for governance structures will be found.[30]

Within the administrative framework of higher education today, the dean's job has been described as three dimensional, having the components of administration, management and leadership. As an administrator, Ehrle described the dean as "running the shop," mixing people, schedules, space, budgets and other resources within the rules, policies, limitations and expectations of the academic community. The dean as a manager, on the other hand, must use creativity and insight in working constantly to revise rules, policies, limitation and expectations of the academic community. In the role of leader, the dean has been described as making the most valuable contribution. In this function, the dean guides groups of persons who make

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[29]Fostine G. Riddick, "The Dean as Person: Rights and Responsibilities," A Compilation of Presentations from the Executive Development Series I: Have You Ever Thought of Being a Dean? Volume 4 (Washington, D. C.: ERIC Document Reproduction Service, ED 21 957, 1981), p.50.

[30]Ibid., p.51.

possible administration and management.[31]

Gould, Schneider and McGannon have all examined the leadership function of deans. In Gould's study he found that deans did not regard themselves as academic leaders, rather as catalysts of faculty opinion and decision making. Gould stated:

> In modesty he may dismiss the suggestion that he leads his faculty, but what he is saying is that he rejects the concept of overt leadership, of deliberate effort to shape an action according to his, . . . chooses to regard himself as a balance spring bringing . . . all the contrary forces within the system into harmonious action so that the democratically perceived objectives may be accomplished . . .[32]

Schneider, in contrast, reported that deans were expected to be academic leaders in their institutions, and consequently to shift routine duties to other personnel.[33] McGannon expanded further that a dean "must exercise leadership . . . elicit and establish the consensus of the fac-

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[31]Elwood B. Ehrle, "Observations on the Nature of Deaning: The Emerging Role of Dean in Academic Planning," Journal of Physical Education and Recreation 50 (January 1979): 44.

[32]John W. Gould, "The Academic Deanship: A Summary and Perspective " in The Academic Deanship in American Colleges and Universities, ed. Arthur J. Dibden (Carbondale and Edwardsville, Illinois: Southern Illinois University Press, 1968), p.48.

[33]Elizabeth Anne Schneider, "A Study of the Difference in the Expectations and Perceptions of Presidents, Deans and Department Chairmen in the Functions of the Academic Dean in Private Liberal Arts Colleges in the North Central Association" (Doctoral Dissertation, Southern Illinois University), 1970.

ulty . . . see others carry out and achieve goals which he has helped to establish."[34]

It will probably not be argued that everyone, whether the president, students or faculty, all want a strong dean - one who manages effectively and exhibits dynamic leadership. How then can leadership be measured?

McGregor has outlined four principal leadership variables: 1) leader characteristics, 2) needs, attitudes and personal qualities of followers, 3) characteristics of the organization - its purpose, structure and nature of task to be performed and 4) the social, economic and political environments. Additionally, McGregor stated that "leadership is not a property of the individual . . . rather, complex relationship among the four stated variables.[35]

Enarson described the dean as more than an administrator. "He should provide leadership; leadership among equals, to the faculty. In this sense, the dean may

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[34]J. Barry McGannon, "The Academic Dean: Dimensions of Leadership," Liberal Education 59 (October 1973): 277-291.

[35]Warren G. Bennis and Edgar H. Schin, ed. Leadership and Motivation Essays of Douglas McGregor (Cambridge Massachusetts: Massachusetts Institute of Technology Press, 1966), p.73.

consider himself majority leader."[36]

Linnell, a former dean himself, described the dean as enabler, facilitator, catalyst, one who does his job by helping others do theirs, which he illustrates in the following story:

> "Journey to the East" tells of a band of men, each having his own goal, on a mythical journey to the East. With them is the servant, Leo, who does their menial chores, sustains them with his spirit and his song, and, by the quality of his presence, lifts them above what they otherwise would be. All goes well until Leo disappears. Then the group falls into disarray and the journey finally is abandoned. They cannot make it without the servant Leo. The narrator, one of the party, after some years of wandering finds Leo and is taken into the Order that had sponsored the journey to the East. He discovers that Leo is the titular head of the Order, its guiding spirit, a great and noble leader. Leo portrays at once two roles that are often seen as anti-ethical in our culture: the servant who, by acting with integrity and spirit, builds trust and lifts people and helps them grow and the leader who is trusted and who shapes other men's destinies by going out ahead to show the way.[37]

The study of Leo perhaps supports the theory that within the dean's realm of leadership, there may also be role ambiguity. Scott described deans as individuals having to "enact several roles at once - colleague, supervisor, subordinate, friend, active citizen - and change roles

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[36]Harold Enarson, "The Academic Vice President or Dean," in The Academic Deanship in American Colleges and Universities, ed. Arthur J. Dibden (Carbondale and Edwardsville, Illinois: Southern Illinois University Press, 1968, pp.65-66.

[37]Robert Greenleaf, "Introduction," The Servant and Leader, quoted in John Linnel, "The Academic Dean as Enabler," Liberal Education 60 (October 1974): 369.

during different life stages." Further he stated that per-
sons may be faced with value-theme dilemmas, such as secu-
rity versus challenge, increasing versus decreasing inde-
pendence of action, stability versus accomplishment, and
finally as in the case of Leo, dignity versus control.[38]

Often the complexity of the leadership role is
coupled with mistrust of authority. Mollenberg described
"wisdom, integrity and high academic standards" as having
been desirable in past days to have won the support and
respect of ones colleagues; however, in today's academic
world, regardless to sex, race or political persuasion, an
administrator (dean) is likely to be called a sexist,
racist, radical or reactionary, sometimes in combination.[39]
To sum up the situation, the administrator (or dean) may
soon feel that he or she has been thrust into a "no win"
position, or to coin a phrase, "caught between a rock and a
hard place."

While leadership literature over the last sixty
years has focused on a variety of topics - theories, styles,
behavior - within the least ten years, Skipper has perhaps
conducted the most research on the effective and ineffective
university leadership at or above the level of dean.

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[38]Robert A. Scott, "The 'Amateur Dean' in a Complex
University: An essay on Role Ambiguity," Liberal Education
65 (Winter 1979):446.

[39]Wayne Moellenberg, "The Hazards of Academic
Administration, Intellect (February 1976):375.

Skipper differentiated the personal characteristics of effective and ineffective university leaders as judged and rated by their administrative colleagues. He defined "most effective" administrators as persons who developed well-defined patterns of organization, opened channels of communication, articulated goals, kept morale high, and whose relationships with others showed mutual respect and warmth. "Least effective administrators" were defined as persons who exercised ill-defined patterns of organization, closed communication channels, negatively influenced morale and considered not trustworthy by their colleagues and subordinates.[40]

Using a rating scale of ten personality character-istics related to the most frequently occurring leadership skills (Table 1), Skipper had raters identify their most effective and ineffective colleagues. In their estimates of effective leaders, raters found them to rate as more ethi-cal, honest, calm, alert and insightful compared to ineffec-tive leaders. Least effective leaders were rated as more undependable, deceitful, irritable and impulsive, and defen-sive and stereotyped in their thinking compared to effective leaders. Further, the leaders rated as ineffective were more rigid, sarcastic, retiring, lacking in ambition and creativity than their effective counterparts.

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[40]Charles E. Skipper, "Personal Characteristics of Effective and Ineffective University Leaders," College and University (Winter 1976):139.

TABLE I

PERSONAL CHARACTERISTICS OF ACADEMIC ADMINISTRATORS

ADMINISTRATORS RATING FORM

	VARIABLE	BIPOLAR ITEMS	
1.	Responsibility	Undependable, Unethical Moody, Changeable,	Dependable, Ethical, Efficient, Thorough Conscientious, Resourceful
2.	Integrity	Deceitful, Opinionated, Resentful	Honest, Sincere, Steady, Trustworthy
3.	Self Control	Impulsive, Excitable Irritable, Self-centered	Calm, Patient, Thorough Deliberate
4.	Intellectual Efficiency	Confused, Shallow Defensive, Stereotyped in Thinking	Alert, Well informed, Efficient, Clearn in Thinking
5.	Flexibility	Rigid, Guarded, Worries	Insightful, Assertive, Confident
6.	Personal Relations	Finds fault, Very critical Feels superior, Sarcastic, Self-centered	Tolerant, Understanding, Tactful, Brings out the best in others
7.	Leadership	Retiring, Unassuming, Avoids decisions Indifferent	Confident, Persistent, Self-reliant and Independent Takes the initiative
8.	Motivation to Achieve	Low level of ambition, Unclear goals, Can't communicate to others, Thinks in the past	Strongly motivated to achieve goals, Has clearly defined goals, Drive and ambition, Can set up long range goals
9.	Avoids Problems	Puts off difficult decisions, Must be reminded about an unpleasant task, Does not face problems readily, Reduces anxiety by avoidance, Passes the buck	Not afraid of responsibility, Makes difficult decisions on schedule, Doesn't pass the buck
10.	Creativity	Commonplace, Few ideas, Plodding, Narrow-minded	Original, Imaginative, Questioning, Has many ideas, Inventive

Skipper found significant differences between most effective
and least effective administrators only in personal charac-
teristics (Table 2).[41]

Skipper's study of 1977, as the previous year's
study of 1976, attempted to answer the same research ques-
tions using a different rating scale. Rather than identi-
fying personal characteristics of leaders and rating them as
effective or ineffective, Skipper identified seven broad
areas of administrative skills on which raters were asked to
make estimates about leaders' effectiveness or ineffective-
ness. The seven skills were rated on a five-point scale,
with a rating of one as "poor" and a rating of five as
"superior." The seven skills and definitions of ratings of
"poor" and "superior" are detailed in Table 3.[42]

Colleagues judged most effective leaders to have a
better understanding of the facts required of their posi-
tions, were more capable planners, better organizers and
carefully weighed costs against results compared to least
effective leaders. Additionally, they were more inspira-
tional, made more correct decisions, were more effective in
human relations and performed at superior levels compared to

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[41]Ibid.

[42]Charles E. Skipper, "Administrative Skills of
Effective and Ineffective University Headers," College and
University (Spying 1977):276-277.

TABLE 2

DIFFERENCES BETWEEN EFFECTIVE AND INEFFECTIVE

ADMINISTRATORS WITH RESPECT TO PERSONAL CHARACTERISTICS

EFFECTIVE			INEFFECTIVE			
N	Mean	Standard Deviation	N	Mean	Standard Deviation	t
10	62.40	2.67	10	34.10	9.15	14.61

There are statistically significant differences at the .001 level between Most Effective and Least Effective leaders in terms of personal characteristics (t=14.61).

SOURCE: Charles E. Skipper, "Personal Characteristics of Effective and Ineffective University Leaders, "College and University (Winter 1976):140.

TABLE 3

ITEMS IN THE ADMINISTRATIVE SKILLS RATING FORM

	VARIABLE	POOR RATING	SUPERIOR RATING
1.	Planning Ability	Fails to see ahead	Capable of top level planning
2.	Knowledge about	Lacks facts about position	Understands all facets of the position
3.	Organization and Management	A poor organizer	Brings about maximum effectiveness
4.	Leadership	A weak leader	Qualities for high level leadership
5.	Judgement	Decisions are sometimes unsound	Makes correct decisions in complex situations
6.	Human Relations	Does not get along well with others	Brings out the best in people
7.	Quality of Performance	Does not always perform well	Work is always outstanding

NOTE: THE RELIABILITY OF THE SCALE, EXPRESSED AS THE ALPHA
COEFFICIENT, BASED ON TWENTY RATINGS WAS .95.

least effective leaders.[43]

An analysis of variance was computed to determine if there were significant differences in administrative skills between most effective and least effective leaders. Statistically significant differences were found in administrative skills between most effective and least effective leaders (F=148.15). Results are displayed in Table 4.[44]

Skipper made comparisons of effective and ineffective leaders in both the 1976 and 1977 studies; he found that for most effective leaders, personality correlated 0.795 with administrative skill, and for the least effective leaders the correlation was 0.739, both at the 0.05 level of significance. Implications from these findings were that a strong, positive relationship existed between personal characteristics and administrative skills, but personal characteristics were not the only factors related to high level administrative skills.[45]

Skipper and Hoffman conducted a study in 1979 using a four-variable equation to predict administrative effectiveness of academic deans. If the four variables were found to discriminate between effective and ineffective

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[43]Ibid., p.277.

[44]Charles E. Skipper, "Administrative Skills of Effective and Ineffective University Headers," College and University (Spying 1977):278.

[45]Ibid.

TABLE 4

ANALYSIS OF VARIANCE RESULTS COMPARING

ADMINISTRATIVE SKILLS OF

MOST EFFECTIVE AND LEAST EFFECTIVE LEADERS

	df	Sum of Squares	Mean Square	F
Type of Administrator	1	1377.00	1377.00	
				148.15*
Error Sum of Squares	18	167.40	9.30	

*Statistically significant beyond 0.0001 level of significance.

SOURCE: Charles E. Skipper, "Administrative Skills of Effective and Ineffective University Leaders," College and University (Spring 1977):23.

deans, search-screening committees could pay special atten-
tion to these indicators as they interviewed candidates for
leadership positions.

In Skipper's previous studies (1976, 1977), he
showed how most effective and least effective university
leaders (at the dean's level and above), differed on ten
personal characteristics and ten administrative skills.
Skipper and Hoffman reduced these seventeen variables to
four through discriminate analysis.

Two groups of president and academic vice presidents
rated deans on four variables of: 1) intellectual efficien-
cy, 2) flexibility, 3) knowledge about the position and
4) judgement. An administrative effectiveness score was
developed using the discriminate weights of the four vari-
ables. The average administrative effectiveness score for
the "poor" deans was 0.96; fifty-three percent were per-
fectly classified. The average administrative effectiveness
score for "outstanding" deans was 0.68; thirty-three percent
were perfectly classified. The result was an administrative
effectiveness continuum of discriminate weights bounded by
plus or minus 0.94, which suggested that the four variables
would be of value to search-screening committees during in-
terviews with deans candidates.[46]

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[46]Charles E. Skipper, "Four Indicators of
Administrative Effectiveness," Proceedings of the Annual
Meeting of the American Educational Research Association
(New York: n.p., 1982), pp.3-7.

Leadership in Allied Health Administration

As in other types of academic deanships, the allied health deanship may be described as a pivotal, middle management position in higher education that has not received the attention proportionate to its importance. The increased interest in training individuals for leadership positions, particularly at the level of dean, has been evidenced in a number of programs established for this purpose. However, little has been written about those who enter and maintain positions of leadership in the allied health professions.

In 1977, Dagenais conducted a study that examined the leadership styles of three diverse groups of allied health administrators. The first group included persons who were allied health specialists, with leadership potential, enrolled in an Allied Health Instructional Personnel Center (AHIP), a Kellog leadership project. The second group were allied health leaders, deans, chairpersons and hospital supervisors who were advisors to the AHIP leadership project. The third group included allied health personnel responsible for the orientation and evaluation of employees. Dagenais used the Leadership Opinion Questionnaire (LOQ) to examine the two scales, Consideration and Structure, representing independent dimensions of leadership. Consideration and Structure were defined as:

Consideration (C) reflects the extent to which an individual is like to have job relationships with his

subordinates characterized by mutual trust, respect for
their ideas, consideration of their feelings, and a
certain warmth between himself and them. A high score
is indicative of a climate of good rapport and two-way
communication. A low score indicates the individual is
likely to be more impersonal in his relations with group
members.

Structure (S) reflects the extent to which an indi-
vidual is likely to define and structure his own role in
directing group activities through planning, communicat-
ing information, scheduling, criticizing, trying out new
ideas, and so forth. A low score characterizes individ-
uals who are like to be relatively inactive in giving
direction in these ways.[47]

Means and standard deviations were computed for the three

groups, and data was examined a univariate analysis of vari-

ance was computed using the Consideration and Structure

scores of the LOQ as dependent variables. For both scores,

there were not significant differences among the means of

the means of the three groups at the .05 level of signifi-

cance. The preceding study results are displayed in Table

5.[48] The scores of three groups were combined because of

similarity of means to yield a total group score. When

compared to the means of other leaders reported in the LOQ

manual, the allied health group preferred a leadership style

high on Consideration (good rapport and two-way communica-

tion), and very low structure (low stress of organization

goals and planning. The data for the comparison groups are

displayed in Tables 6 and 7.[49] Selker and Vogt (1978)

[47]Fred Dagenais, "Leadership Styles of Allied Health
Administrators," Journal of Allied Health (Winter 1977);32.

[48]Ibid., p.33.

[49]Ibid., pp.34-35.

TABLE 5

ANALYSIS OF VARIANCE FOR THREE GROUPS OF

ALLIED HEALTH PROFESSIONS LEADERS FOR TWO SCALES

FROM THE LEADERSHIP OPINION QUESTIONNAIRE (LOQ)

LOQ SCALE	GROUP	MEAN	DEVIATION	F RATIO	SIGNIFICANCE
CONSIDERATION	AHIP STUDENT	59.6			
	ADVISER	57.5	6.55	1.93	NS
	WORKSHOP	56.1	5.84		
	TOTAL	58.1	6.52		
STRUCTURE	AHIP STUDENT	45.1	5.72		
	ADVISER	42.8	4.86	.74	NS
	WORKSHOP	43.6	7.07		
	TOTAL	44.2	6.04		

SOURCE: Fred Dagenais, "Leadership Styles of Allied Health
Administrators," Journal of Allied Health (Winter
1977):33.

TABLE 6

MEANS AND STANDARD DEVIATIONS FOR 37 TYPES
OF LEADERS ON THE CONSIDERATION SCALE OF THE LOQ

	SAMPLE	MEANS	STANDARD DEVIATION
247	NAVY OCs	44.2	8.5
14	PRODUCTION LINE FOREMAN CANDIDATES	49.3	9.7
168	ASSISTANT STORE MANAGERS OF NATIONAL CHAIN	51.0	7.6
41	UNIVERSITY NIGHT CLASS (MALE EPLOYED)	51.8	5.1
493	MIDDLE MANAGERS	52.0	5.5
28	YOUTH OPPORTUNITY CENTER SUPERVISORS	52.1	6.4
21	ENGINEERING SUPERVISORS (AIRCRAFT)	52.8	5.9
169	STORE MANAGERS OF NATIONAL CHAIN	53.0	7.2
86	OFFICE SUPERVISORS	53.2	8.0
28	MANAGEMENT TRAINING STUDENTS	53.6	5.0
102	ELECTRONICS MANAGERS (ALL LEVELS)	53.9	6.6
84	ELECTRONICS MANAGERS (FIRST-LINE)	53.9	6.7
45	BANK MANAGEMENT TRAINEE APPLICANTS	53.9	6.2
24	RESEARCH AND ENGINEERING MANAGERS	54.0	5.3
241	INDUSTRIAL FOREMEN	54.4	7.5
18	**HOSPITAL HEAD NURSES**	54.5	6.8
29	BANK BRANCH MANAGERS	54.5	4.5
38	BUSINESS SCHOOL PROFESSORS	54.6	---
80	FOREMEN OF A PHARMACEUTICAL COMPANY	54.7	6.9
59	UTILITY SUPERVISORS	54.7	6.6
71	MALE CIVIL SERVICE SUPERVISORS	54.8	7.0
29	CHEMICAL MANAGERS	55.1	5.3
23	RESEARCH MANAGERS (CHEMICAL)	55.2	6.0
33	CENTRALIZED BANK MANAGERS	55.2	6.5
68	EXECUTIVES	55.3	6.5
51	**HOSPITAL ADMINISTRATORS**	56.0	5.7
158	CATALOG ORDER PLANT DEPARTMENT MANAGERS	56.3	8.3
424	CATALOG ORDER PLANT DIVISION MANAGERS	56.4	7.2
118	AIR FORCE NCOs	56.6	7.7
32	DECENTRALIZED BANK MANAGERS	56.7	8.0
40	CENTRAL BANK OFFICERS	56.7	8.1
25	DEPARTMENT MANAGERS OF A SOAP COMPANY	56.8	7.2
394	EMPLOYEES	57.0	5.5
60	GENERAL FOREMAN	58.0	6.4
65	**ALLIED HEALTH LEADERS**	58.1	6.5
75	**BACCALAUREATE NURSING SENIORS**	58.2	6.4
80	BAKERY SUPERVISORS	62.1	7.1

SOURCE: Fred Dagenais, "Leadership Styles of Allied Health Administrators," Journal of Allied Health (Winter 1977):34.

TABLE 7

MEAN AND STANDARD DEVIATIONS FOR 37 TYPES OF LEADERS ON THE STRUCTURE SCALE OF THE LOQ

	SAMPLE	MEANS	STANDARD DEVIATION
71	MALE CIVIL SERVICE SUPERVISORS	42.6	7.9
51	**HOSPITAL ADMINISTRATORS**	43.0	7.8
75	**BACCALAUREATE NURSING SENIORS**	43.0	6.9
65	**ALLIED HEALTH LEADERS**	44.2	6.0
394	EMPLOYEES	44.2	3.9
28	MANAGEMENT TRAINING STUDENTS	44.3	8.2
59	UTILITY SUPERVISORS		
38	BUSINESS SCHOOL PROFESSORS	47.5	---
28	YOUTH OPPORTUNITY CENTER SUPERVISORS	47.8	6.4
80	BAKERY SUPERVISORS	48.9	8.5
102	ELECTRONICS MANAGERS (ALL-LEVELS)	49.0	5.9
84	ELECTRONICS MANAGERS (FIRST-LINE)	49.0	6.1
493	MIDDLE MANAGERS	49.7	5.9
18	**HOSPITAL HEAD NURSES**	49.8	7.0
21	ENGINEERING SUPERVISORS (AIRCRAFT)	50.2	8.2
24	RESEARCH AND ENGINEERING MANAGERS	50.3	5.4
68	EXECUTIVES	50.6	7.0
23	RESEARCH MANAGERS (CHEMICAL)	50.9	5.6
80	FOREMEN OF A PHARMACEUTICAL COMPANY	51.9	5.4
29	BANK BRANCH MANAGERS	51.9	5.4
41	UNIVERSITY NIGHT CLASS (MALE EMPLOYED)	52.0	7.1
33	CENTRALIZED BANK MANAGERS	52.3	7.6
60	GENERAL FOREMEN	52.4	7.6
29	CHEMICAL MANAGERS	52.7	8.2
32	DECENTRALIZED BANK MANAGERS	52.8	8.4
424	CATALOG ORDER PLANT DIVISION MANAGER	53.1	5.5
40	CENTRAL BANK OFFICERS	53.2	8.8
241	INDUSTRIAL FOREMEN	53.3	7.8
158	CATALOG ORDER PLANT DEPARTMENT MANAGERS	53.8	8.2
45	BANK MANAGEMENT TRAINEE APPLICANTS	53.9	7.9
118	AIR FORCE NCOs	54.2	7.5
86	OFFICE SUPERVISORS	54.3	7.0
14	PRODUCTION LINE FOREMEN CANDIDATES	54.8	8.2
274	NAVY OCs	55.4	7.0
25	DEPARTMENT MANAGERS OF A SOAP COMPANY	55.6	6.2
169	STORE MANAGERS OF NATIONAL CHAIN	56.0	6.5
168	ASSISTANT STORE MANAGERS OF NATIONAL CHAIN	56.7	7.1

SOURCE: Fred Dagenais, "Leadership Styles of Allied Health Administrators," *Journal of Allied Health* (Winter 1977):35.

presented a conceptual management model to describe the role

of the chairperson in a school of allied health. It deline-

ated the following subdivisions of managerial work that

might promote an effective organizational climate within an

allied health department:

1.   Statement of the mission and goals of the unit

       managed.

2.   design of an appropriate organizational

       structure.

3.   design of a reward system based on the goal

       system.

4.   Use of available technologies to help the unit

       meet its goals.

5.   Building of good interpersonal relationships

       with subordinates, peer and superiors.[50]

The subdivisions (Figure 2), were described as in-

terrelated and independent, but affected by and interactive

with the external environment.[51] Within the model, the

allied health manager must monitor and evaluate information

received about each of the interactions. Using the informa-

tion received, the manager makes adjustments in each subdi-

vision, thus maintaining a department that is flexible and

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[50]Leopold G. Selker and Molly T. Vogt, "The Managerial Role of the Department Chairperson in Schools of Allied Health: Present and Future," Journal of Allied Health (Summer 1978):219.

FIGURE 2

MODEL FOR A DEPARTMENT WITHIN A

SCHOOL OF ALLIED HEALTH
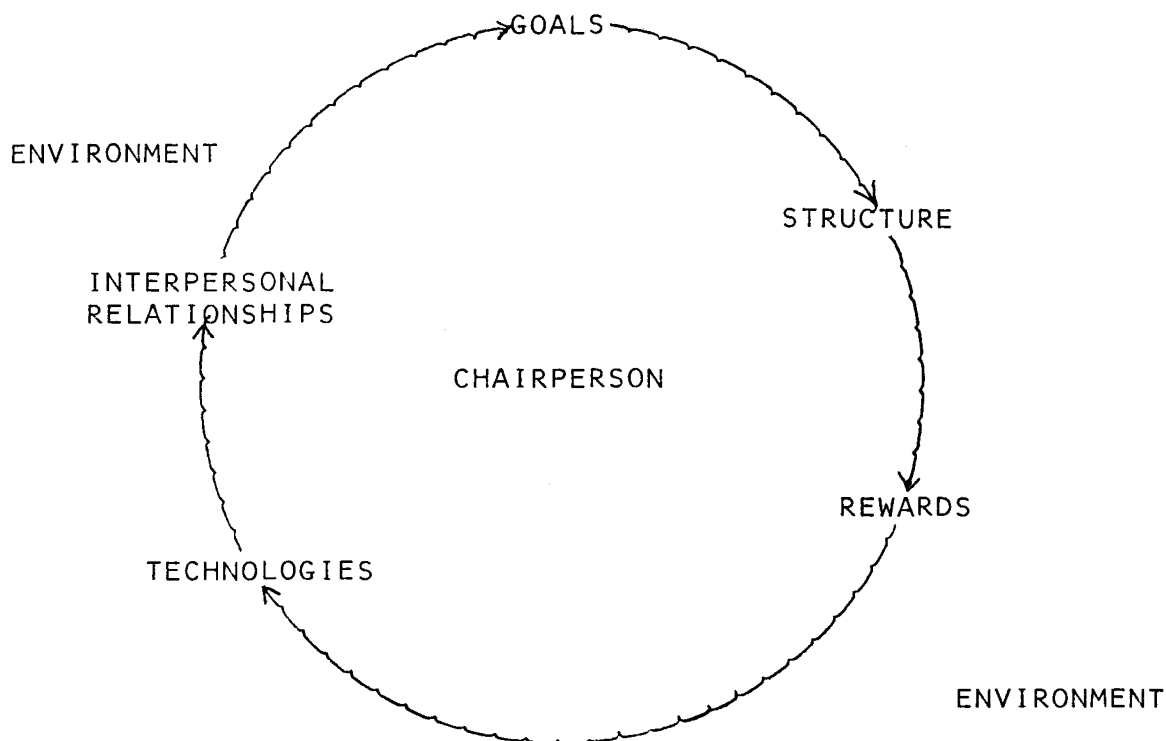
NOTE: Environmental Concerns

School – Philosophy, goals, policies, procedures
University – Philosophy, mission, goals, policies,
procedures
Health Care System – Goals, demographic factors,
regulatory agencies
State – Plans for educational system and health care
system, funding patterns, etc.
Federal – Goals, trends, funding patterns.

SOURCE: Leopold G. Selker and Molly T. Vogt, "The Managerial
Role of the Department Chairperson in Schools of
Allied Health: Present and Future," Journal of
Allied Health (Summer 1978):219.

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responsive to to changing conditions, both in the internal
and external environments. Selker and Vogt concluded that
this approach will stress the role of the manager as a
change agent; the person who is responsible for creating and
maintaining an organizational climate that encourages facul-
ty development, and ensures continued effectiveness of the
unit in the fact of changing conditions, both in the inter-
nal and external environments.[51]

A national study of chairpersons in two allied
health disciplines, physical therapy and medical technology,
was conducted by Dietrick, King and Portas in 1980. A
survey instrument was developed and administered to the
study participants. The instrument was designed to compare
leadership and administrative functions of chairs on vari-
ables of 1) biographic background, 2) career aspiration,
3) influence in decision making, 4) job-related stress,
5) goals important to role as chair, and 6) ideal perception
of power. The statistical procedures employed were Chi-
square analysis to contract selected categorical variables,
as professional rank of degree status with gender and disci-
pline, and one-way analysis of variance to determine differ-
ence in group variances and a person correlation data, such
as job-related tension. Additionally; selected variables
were covaried or cofactored with group variances and a

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[51]Ibid.

person correlation matrix was evaluated for interrelation-
ships among internal variables. All analysis were reported
at the 0.05 level of significance.[52]

Results showed that females brought more clinical
experience to their positions, and tended to be unmarried
and childless compared to males. An overall analysis of
variance of professional images of scholarly efforts, pro-
fessional activities and organizational memberships, yielded
F-rations that were statistically not significant. Similar-
ly, covariances with clinical experience, marital status,
present or future salary, participation in decision making,
job-related stress or perceived ideal power did not yield
significant F-ratios.[53]

In summary, both male and female chairs had similar
salaries and educational backgrounds. About seventy-five
percent of their time was devoted to administrative activi-
ties, which they felt were important to their effectiveness
as chairs. Chairs exhibited a low interest in scholarly
productivity, as research, and expressed a high interest in
maintaining their positions as chairs, rather than pursuing
career growth in academic administration. They also report-
ed high participation in institutional decision making, low

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[52]Marie C. Dietrich, Elizabeth C. King and Elizabeth
J. Protas, "Relationship Biographic Profile and Job Role
Perceptions of the Allied Health Chair: A National Study,"
Journal of Allied Health (May 1980):103-104.

[53]Ibid., pp.104-107.

to moderate levels of job stress and a high concern for personal and faculty development. Implications for chair leadership development productivity, which may limit their success in promotions, or other similar university wide competions.[54]

Selker and Vogt (1982) studied chairpersons in allied health reported perceived goal emphasis and time spent on the academic, administrative and leadership functions by male and female chair positions. The study participants represented about thirteen allied health disciplines in a variety of institutional settings in fifteen states. A survey instrument was developed to include eleven goal statements and twenty-seven duty-related items. Factor analyses of two scales yielded the four goal-related factors and seven duty- related factors. The goal factors were academic-graduate/ research goals, leadership goals, academic-student goals and administrative goals. The duty-related factors were administrative budget duties, academic-graduate/research duties, administrative faculty duties, academic academic- student duties, administrative-internal duties, administrative-liaison duties and leadership duties.[55]

Similar to the study of Dietrick and colleagues reported in 1980, the results of Selker and Vogt's study

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[54]Ibid., pp.108-110.

[55]Leopold G. Selker and Molly T. Vogt, "Women in Leadership Positions: A Study of Allied Health Chairpersons," Journal of Allied Health (May 1982):78-82.

showed similarities between male and female chairs on a num-
ber of variables. Both groups had similar perceptions of
department goals, particularly as they related to students;
they also placed equal emphasis on budgets, enrollments,
grantsmanship and civic and community services. With re-
gards to leadership goals in the department, female chairs
placed greater emphasis on this type of goal, yet make
chairs were found to spend significantly more time on admin-
istrative duties, particularly those related to budget pre-
paration. Male chairpersons placed significantly more em-
phasis on scholarly activities-graduate and research goals,
than did females.[56]

This finding contrasted negatively with those of
Dietrick and colleagues (1980), who reported a low interest
in scholarly activities for both male and female allied
health chairpersons.[57] Similar time was spent by males and
females in the areas of faculty evaluation, student person-
nel work, curriculum planning and development and fund rais-
ing. Implications from this study suggested that slightly,
if any, differences exist in the roles and functions of
males and females in leadership positions as allied health
chairpersons.

The most recent study of Selker, Rosier and Vogt

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[56]Marie C. Dietrich et al., "National Study,"
Journal of Allied Health (May 1980):102-111.

[57]Selker and Vogt, "Women in Leadership Positions,"
Journal of Allied Health (May 1982):77-87.

examining allied health chairpersons was conducted in 1983.
They explored the relationship between allied health chair-
persons' perceptions of the locus decision making and job
satisfaction within their institutions. A summary of study
results revealed: "chairpersons whose perceived locus of
decision making resided at the faculty level to be less
satisfied with their jobs than chairpersons whose perceived
locus of decision making resided at the chair level. Fur-
ther, as the locus of decision making moved away from the
chair, either to the faculty or to more central levels of
administrations, satisfaction associated with the adminis-
trative and academic aspects of the chair appeared to become
less important. These results suggested that at the level
of decision making, allied health chairpersons were more
comfortable with discrete decision-making powers than gener-
al academic chairs. However, if the trend of decreasing
external funding to the allied health professions continues,
the roles of the allied health chairpersons may be forced
change. Financial constraints within allied health depart-
ments may shift the locus of decision making to more central
administrative levels; thus in future roles and job satis-
faction, allied health chairs may be likely to align them-
selves with chairs of other academic disciplines.[58]

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[58]Leopold G. Selker, Carolyn K. Rozier and Molly T.
Vogt, "Locus of Decision Making and Job Satisfaction of
Department Chairpersons in Schools of Allied Health,"
Journal of Allied Health (February 1983):21-28.

Deans' Personal and Career Characteristics

Many of the existing studies on deanships, some

previously cited in this chapter, have been descriptive in

focus. Investigations of the personal and career profiles

of deans may be of importance not only to persons seeking

deanships, but also to presidents, provosts, and search

committees as they seek to fill these positions. Further,

it would seem of value that comparisons of present studies

be made to previous ones to assess the prevailing, existing

or changing patterns common to deanships.

Higgins' early study of 1947 focused primarily on

roles and functions of deans. However, some personal and

professional data was collected and reported on the one-hun-

dred-sixty-one participating deans. The majority of deans

in Higgins' study were between forty and sixty years of age,

entered their positions with earned Ph.D. degrees, held

their current positions for one to five years and had teach-

ing experience prior to their deanships. About half of the

deans had prior administrative experience prior to their

appointments. Higgins' findings are displayed in Table 8.[59]

Gould's study, reported in 1964, has perhaps been

credited as one of the most comprehensive, among earlier

studies, found in the literature. His study, included

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[59]Ruth L. Higgins, "The Functions of the Academic
Dean," Association of American Colleges Bulletin 33 (May
1947):393-399.

liberal arts deans from a variety of disciplines represent-
ing fifty states. The study initially focused on an analy-
sis of position responsibilities by the time spent on tasks
and the skill involved, factors affective the dean's leader-
ship and the dean's interrelationships with constituencies
within and outside the academic environment. Gould reported
the following information on the one hundred-sixty- six
deans in his study:

> Sixty-four percent were chairpersons before they
> became deans.
>
> Sixty-four percent still taught at least one course.
>
> The thirty-six percent who no longer taught, stopped
> because of demands in administrative duties.
>
> Eighty-six percent considered professional experi-
> ence as essential for a deanship.
>
> Two-thirds regarded experience as a chairperson as
> valuable.
>
> Half believed that an apprenticeship in the deans
> office to be necessary; the other half believed it
> to be unnecessary.
>
> One-third rated formal training in administration as
> desirable and
>
> Two-thirds felt that independent professional
> literature was essential, or at least desirable.[60]

Many other descriptive studies conducted on deans
were concerned with a particular type of dean, as law deans
or education deans. Notable are two such recent studies -
Cyphert's and Zimpher's study of the education deanship re-

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[60]John Wesley Gould, The Academic Deanship (New
York: Bureau of Publications, Teachers College, Columbia
University, 1964), pp.1-51.

TABLE 8

HIGGINS' DISTRIBUTION OF DEANS' CHARACTERISTICS (N=116)

Age	N
30-39	25
40-60	133

YEARS OF SERVICE	
Less than a year	15
1-5 years	61
5-10 years	36
10-15 years	
15-30 years	26

ENTRY WITH Ph.D.	115
Prior teaching	124*

PRIOR ADMINISTRATIVE EXPERIENCE	53*

*Numbers approximated based on five-sixth and one-third of 161 total, respectively.

SOURCE: Ruth L. Higgins, "The Functions of the Academic Dean," Association of American Colleges Bulletin 33 (May 1947):393-394.

ported in 1980, and Bowker's study of general and social

science deans reported in 1982.

Cyphert and Zimpher summarized their data and re-

ported the following on 271 study participants:

> Personally, deans were healthy and energetic,
> middle-aged, married, male, white, Protestant, Demo-
> crat, and from nonprofessional-managerial, relative-
> ly noncollege educated, lower-middle class, small-
> town, multi-child family backgrounds.
>
> Professionally, deans normally held doctorate
> degrees, had previous training in educational admin-
> istration, entered profession through public school
> experience, advanced to university faculty and took
> deanship directly from a position in higher educa-
> tion. Additionally, they engaged in as much re-
> search and writing as allowed, and belonged to re-
> presentative national and regional professional
> associations.
>
> The current status of deans (at the survey) was
> that they were happy, satisfied, secure and per-
> ceived themselves as influential; their leadership
> with was democratic; they were faculty tenured full
> professors on extended administrative contracts and
> had moderate involvements in the areas of teaching,
> advising and consulting.
>
> Deans were capable of indentifying their feel-
> ings and functions associated with roles. They also
> recognized a need to improve leadership skills re-
> lated to deanship.[61]

The "National Survey of Deans," reported by Bowker

in 1982 focused on general college deans and social science

deans, with emphasis on institutional decision-making skills

and teaching-related variables of deans. He reported little

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[61]Frederick R. Cyphert and Nancy Zimpher, "Education
Deanship: Who is Dean?: in The Dilemma of the Deanship, ed.
Daniel E. Griffiths and Donald J. McCarthy (Danville,
Illinois: The Interstate Printers and Publishers, 1980),
pp.91-121.

personal and career data; however, with regards to average
tenure, of the 157 deans, eleven years had been spent at the
current institutions, six of those having been served in the
deanship.[62]

In contrast to preceding studies on deanships in
American institutions of higher education, in 1980, Konrad
reported on the backgrounds, careers patterns and role char-
acteristics of deans in Canadian higher education. The
study sample was comprised of two-hundred-eight deans of
arts and sciences, medical sciences, engineering, business
and law, education, graduate and extension programs. A
summary of Konrad's findings showed Canadian deans to be:

> Mid-forties, male and married. About half of
> the deans' parents had less than a high school
> education, with only twenty-one percent of the
> fathers and seven percent of deans' mothers having
> had a bachelor's degree or higher. Approximately
> one third of deans had rural backgrounds.
>
> Three-fourths of the deans grew up on Canada.
> One of the one-fourth who grew up elsewhere, fifty-
> two percent did so in Great Britain, twenty-eight
> percent in the United States and the remainder in
> other countries. About one-third came from rural
> backgrounds.
>
> Three-fourths of the deans had doctoral de-
> grees, about half having earned them in the United
> States, thirty-five percent in Canada, and the re-
> mainder in other countries. Only about twenty per-
> cent had engaged in any postdoctoral study.
>
> The deans' backgrounds were diverse. Eleven
> percent had been employed in more than five institu-

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[62]Lee H. Bowker, "Academic Dean: A Descriptive
Study," Teaching Sociology 9 (April 1982):pp.257-271.

tions and seventy-five percent had been employed in
fewer than four. Of the deans surveyed, about half
had been in their current positions for less than
four years.[63]

On the basis of personal characteristics, Canadian
deans in higher education did not appear to differ drasti-
cally from American deans.

Perhaps one of the most comprehensive studies of
deans in recent years was "Leaders in Transition", reported
by Moore in 1983. The Leaders project was a national study
of administrators in higher education, and examined the ca-
reers of over three thousand presidents, provosts and deans.
The participating deans totalled about thirteen hundred from
the areas of undergraduate arts and sciences, graduate
sciences, postbaccalaureate professionals, undergraduate
professional and continuing education units. About eighty-
six percent were male, fourteen percent female and seven
percent minority. Deans averaged between fifty and fifty-
nine years of age, about eight-three percent were currently
married; eighty-nine percent males were married compared to
only forty-two percent married female deans.

> Ninety -five percent of deans had earned at least
> one bachelor's, master's and doctoral degree. Most
> deans majored in humanities, education and social
> sciences at the bachelor's level, and in education
> and the humanities at the master's and doctoral
> levels. The Ph.D. was most commonly held at the
> doctoral level, however, about twenty percent had

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[63]Abram G. Konrad, "Deans in Canadian Higher Education,"
Canadian Journal of Higher Education 10 (1980):53-72.

had earned an Ed.D.

Most deans had similar professional back-grounds. Among the sample, eighty percent held academic rank and were tenured professors, of which ninety-two percent were males and eight percent females; about twenty percent of females held no rank at all.

The majority of the deans had held four to six professional positions prior to assuming the dean-ship, and averaged five years or less in their present positions.

Approximately half of the deans participated in (or found valuable) scholarly activities, as publishing books and articles and conducting research.

Nearly sixty percent of deans reported their involvement in a mentor relationship. Female deans reported higher percentages (sixty-five) of mentor relationships than male deans (fifty-five percent).

Of the six potential career paths identified for the study, four were internal (within the institution) and followed the normative decanal career path, dean, associate, assistant or assistant to the dean, chairperson, faculty, and two were external positions other than faculty. Moore reported the largest percentage of deans overall, assumed their positions directly from the faculty, a slight variation from the normative dean's career path. About half of the deans who followed this pattern were from post baccalaureate - professional schools.

The next larges percentage of deans overall followed the normative career path, from faculty to chairperson to dean; they were undergraduate deans of arts and sciences. Fifteen percent of the deans had no faculty experience at all, which included about half of the continued education deans, many of whom became deans through the route of associate or assistant deanships.[64]

In support of the diversity of deans' backgrounds,

[64]Kathryn M. Moore, "The Top-Line: A Report on Presidents', Provosts' and Deans' Careers," Leaders in Transition: A National Study of Higher Education Administrators (Washington D.C.: ERIC Document Reproduction Service, ED 231 301, 1983).

Van Cleeve Morris wrote:

>Several career routes lead to deaning. The
first and conventional pathway is the professorial
ascension method. The assistant professor rises
through academic ranks to become a full professor
and department head; then, the scholarship and
teaching achievements well established, he or she
advanced to the fulltime administrative post of
deaning. The second, less frequently seen pathway,
is that of the trained administrator, wherein the
individual specializes in administration and manage-
ment at the graduate level, develops a scholarly
record in the study of administrative problems, and
make administration itself a career, starting with
staff positions as assistant or associate dean before
moving on to the dean level. For these individuals,
the passage from "staff" to "line" responsibility is
a severe, sometimes jolting transition. A third and
even more rarely seen pathway is the managerial
outsider transfer, in which a business executive,
military officer, or school superintendent is called
to university to fill a dean's chair. These indi-
viduals face special problems, since they have
learned to maintain a distance from their subordi-
nates that is not typical of, nor indeed permitted
in, the academic environment. A fourth and final
pathway is via the purely political appointment of
those who have made the right friends in the right
places early in their careers. They fail as schol-
ars and move on to become living paradigms of the
Peter Principle . . . to the agony of all those
around them.[65]

Peter and Hill defined the Peter Principle as "in a

hierarchy, every employee tends to rise to his level of

incompetence."[66]

Generalizing a career path for deans has been some-

what more difficult than formulating a personal profile.

This may primarily be true because higher education leaders

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[65]Van Cleeve Morris, _Deaning_ (Chicago: University
of Illinois Press, 1981), p.12.

[66]Laurence J. Peter and Raymond Hill, _The Peter
Principle_, (New York: William Morrow and Company, 1969).

have traditionally built their careers in several institu-
tions rather than in a single agency or firm, the practice
of administrators in some other professional disciplines.

Issues in the Selection of Deans

When a deanship becomes available, deliberation goes
beyond defining the job, describing the qualifications and
finding someone who meets the job requirements. Generally,
when there is a vacant deanship, the president appoints (or
recommends appointment of), an interim (acting) dean if
search and selection procedures have not been completed.
Usually the search committee will be composed of several
university personnel charged with the task of arriving at
recommendations for the position.

A notable study of the search and screening process
of deans was conducted by Lutz in 1979. In his study,
thirty-two search processes were examined, including one
hundred and eighteen committee persons, twenty-two chairper-
sons and sixteen selected deans.

> Ninety-three percent of the committees indicat-
> ed that they were not given the power to make a
> final decision, but final selections made by admin-
> istration were usually the choices of the committee.
>
> Candidates for deanships were recruited most
> frequently from The Chronicle of Higher Education,
> in-house solicitations, direct mail and nominations.
>
> Deans heard about the openings they filled from
> advertisements in the Chronicle, from colleagues at
> the employing institutions, in-house solicitations,
> search committee members or outside nominations,
> outsiders and journal advertisement other than the
> Chronicle (reported in order of highest to lowest
> frequencies).

Sixty-four percent of the deans received sched-
ules prior to interviewing, but only thirty-one per-
cent were pleased with their schedules.

Deans felt that on-campus interviews, applica-
tion letters, recommendations and other similar
requisites were used as a matter of formality; they
felt that in the final decision, the candidates'
publications were not as important as telephone
contacts "not" provided by the candidate.

Sixty percent of committee members reported
high faculty participation in the final evaluation of
candidates; forty-seven percent reported little or
not participation in the on-campus interviews and
thirty-four percent little or no participation in
the final decision of the committee.

The most frequent comment by deans, when asked
how the process might be improved was, "more fre-
quent communication with candidates regarding the
status of the search process.[67]

Lutz concluded with a list of eighteen recommenda-

tions for improving the process of selecting deans: In

summary, the list stated: a) top administration should

appoint a search-screening committee using ideas from

faculty of the college; b) the president should clearly

define the tasks and authority of the search committee;

c) the committee should develop job descriptions as well as

a list of selection criteria; d) positions should be more

widely advertised in national journals; e) the committee

should standardize communications, keeping everyone informed

of progress, including candidates, faculty, administration

and others included; f) the committee should be straightfor-

ward and honest with candidates, never allowing gossip or

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[67]Frank W. Lutz, "The Deanship: Search and
Screening Process," Education Record (Summer 1979):261-262.

rumors to interfere in the process and g) notify candidates of appointment status; inform them on negotiations and their willingness or unwillingness to remain as candidates.[68]

Appointing a new dean is, by far, not an easy task. The process has been described in many ways, perhaps not interestingly as one conceded to be an art. Unfortunately, those involved in the process sometimes develop appreciation of the art only after the fact."[69]

Summary

A review of related literature on the deanship was included to better understand and explain the background of this study.

The literature has indicated that there is no single "decanal formula" that can be used for a successful tenure in the academic deanship. Herbert E. Hawkes, former dean of Columbia College, commented more than fifty years ago, "there is no such thing as a standardized dean."

American Institutions of higher education are diverse, and the deanship should be approached within the scope and constraints of this diversity. Today's deans must not only be cognizant of the means and ends of administration, but be prepared to challenge the changing higher education environment, as well as a changing society at large.

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[68]Ibid., pp.268-271.

[69]Robert L. Phillips, "Selecting the Academic Dean," Educational Record (Winter 1969):66.

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CHAPTER III

METHOD AND PROCEDURES

Introduction

        The inquiry of this study was to gather baseline data

about allied health deans in academic health centers in the

United States - their backgrounds, career patterns, role

characteristics and perceptions of professional development.

Further, the study sought to establish a professional profile

of allied health deans, and to provide analyses of relation-

ships that existed between profile and selected career varia-

bles. Since ideal deans' career trajectories had previously

been established (Cohen and March, 1974; Moore, 1983), the

career patterns of deans in this study were compared to these

models for similarities or variations.[1]

        This chapter also includes descriptions of the sample

population, survey instrument, study design, data collection

procedures, statistical treatment of the data, a summary of

the pilot study and hypotheses stated in null form.

_____

        [1]Michael D. Cohen and James G. March, Leadership and
Ambiguity (San Francisco: McGraw-Hill Book Company, 1974),
pp.7-28; Kathryn M. Moore, "The Top-Line: A report on Presi-
dents', Provosts', and Deans' Careers," Leaders in Transition:
A National Study of Higher Education Administrators Washing-
ton, D.C.: ERIC Document Reproduction Service, ED 231 301,
1983).

Pilot Study

A pilot study was conducted to organize appropriate procedures for data collection of the full study. The chief purpose of the pilot work was to substantiate question content and sequencing, and to establish other techniques within the framework of the questionnaire - converting free-answer (open-ended) questions into multiple choice (coded) ones, as an example. An additional purpose was to initiate methods of statistical analyses to be used in the full study.

Many weeks of planning, research, design and redesign of the questionnaire were devoted to the early stages of the pilot, which included lengthy, unstructured telephone interviews with key spokespersons and archival literature addressing the subject of inquiry. A follow through of referrals from spokespersons and literature yielded additional weeks of research prior to the development of the final questionnaire draft.

Once a final draft of the questionnaire was constructed, it was tested on a group of six allied health deans and directors representative of the sample population to be used in the full study. The six participants of the pilot study were recruited from health units in non-academic health centers, and will not participate in the full study. However, they were familiar with the variables under study, and in positions to make well-grounded, valid judgements about the questionnaire items.

Telephone contact was made with each participant to explain the study and to elicit their cooperation in the pilot. Samples of the cover letter and questionnaire were subsequently mailed to each participant. The response rate was one-hundred percent. Five of the six respondents returned their questionnaires within a period of eight days following the initial mailing; the sixth participant required a follow-up telephone call, which resulted in a return response by special delivery mail within three days.

The results of the pilot survey and comments made by respondents were useful in revising another draft of the questionnaire. Additional items were incorporated, as well as the deletion of ambiguous, useless and inappropriate items. The results were also useful in pointing out problems that related to data coding and tabulation. A trial statistical computer program was written and expedited to compute frequency distributions from the pilot sample. On the basis of results from the pilot study, the necessary revisions of the questionnaire and cover letter were made in preparation of the final draft. Once in final form, the new questionnaire was replotted on a group of three participants who were similar to the first pilot sample. Replotting was scheduled to guard against the introduction of new problems or biases, particularly with regards to items "borrowed" from other survey instruments. Results of the second study yielded favorable results and comments from the three respondents for construc-

tion of the final revision of the questionnaire prior to printing.

In retrospect, the information and expertise gained during the pilot surveys proved to be invaluable in clarifying the procedures for data collection, as well as analyses, to be used in the final study.

The Population

The subjects of this study were chief higher education administrators in positions as deans (or comparable positions as directors), of allied health units (colleges, schools or divisions), administering three or more degree or certificate-granting academic programs, recognized as part of academic health centers (as defined by eligibility in the Associate of Academic Health Centers), in the United States. A list of 63 names were compiled from current (1986-87) directories of the Association of Academic Health Centers (AAHC) and the Committee on Allied Health Education and Accreditation (CAHEA) Deans in Academic Health Centers to be used as the sample population. The list was cross-referenced with current (1986) Membership directories of the American Society of Allied Health Professions (ASAHP), and the Midwest Northeast, Southern and Western Allied Health Deans Associations.

The Survey Instrument

The survey instrument developed was a fifty-five item, self-contained, self-administered questionnaire. Sources of two previously designed instruments were used as a guide in

developing the fifty-five items study questionnaire, "Today's
Allied Health Deans." One source was the instrument, "The
Education Deanship: Who is the Dean," designed by Cyphert and
Zimpher (1976) used in their study of the education deanship.
The other source was "Today's Academic Leaders: A National
Study of Higher Education Administrators," developed by Moore
(1983) to study the career histories of presidents, provosts
and deans in American higher education institutions. Written
permission was sought and granted by both authors to utilize
the ideas of their original questionnaires in the present
study (Appendix A).

For organizational purposes, the fifty-five items in
the survey instrument were divided into three categories of
requested data. Part one requested current professional in-
formation about the participants; part two addressed back-
ground professional data and part three secured personal
information.

A letter of transmittal, written to establish the
legitimacy of the study, accompanied each questionnaire. The
letter addressed the following six areas: (1) request for
participation; (2) purpose of the study, (3) endorsement,
(4) statement of protection of privacy and confidentiality of
participants, (5) availability of study results and (6) spe-
cial instructions, including a reasonable return data and
mailing procedures. Copies of the letter of transmittal and

the questionnaire, "Today's Allied Health Deans," appear in Appendix B.

Collection of Data

Following acceptance of the dissertation proposal and approval from the Institutional Review Boards for Protection of Human Subjects, Loyola University of Chicago and Chicago State University, the following procedures were used in the collection of data:

1. A letter of transmittal and coded questionnaire were distributed to each participant by method of direct mail. Included in the mailing was a stamped, self-addressed envelop with instructions for return.

2. It was projected that the participants in the study would be a captive audience, thus ensuring a ninety percent or better return rate. However, if fewer than eighty percent had responded, a scheduled follow-up was included: another letter urging participation, a second questionnaire and stamped, self-addressed mailing envelope for return. If the second mailing failed to elicit responses, a third mailing, in the form of a postcard, would follow the second mailing by about two weeks. The third attempt would also include an interim telephone call to nonrespondents.

3. A complete record of outgoing and incoming ques-
    tionnaires were kept, to include mailing dates,
    destinations, dates of return, and by whom (in-
    stitution). Precautions were taken in the con-
    struction of the questionnaire to ensure ob-
    jectivity; however, incoming questionnaires were
    inspected for incomplete and ambiguous responses.
    The return rate was 94 percent (Table I).

TABLE 9

NUMBER AND PERCENTAGE OF RETURNS

Population	Total Number	Number of Returns	Percentage of Returns	Usable Returns
Deans of Allied Health in Academic Health Centers	63	59	94	57

Research Design

The basic design of this study has been identified by
Kerlinger as survey research. In his definition:

Survey research studies large and small populations
(or universes) by selecting and studying samples chosen
from the populations to discover the relative incidence,
distribution and interrelations of sociological and psy-
chological variables. Surveys covered by this definition
are often sample surveys, probably because survey research
developed as a separate research activity, along with the
development and improvement of sampling procedures . . .
surveys . . . are not new. Social welfare studies were
done in England as long ago as the eighteenth century.

Survey research in the social scientific sense, however, is quite new - it is a development of the twentieth century.[2]

The present study can be further classified as descriptive survey research; it will not involve randomization in the selection of subjects or the manipulation of variables. Wiersma defines this type of survey research as a status study. "The status surveys . . . deal primarily with tabulations of tangible variables."[3]

A flow chart suggested by Wiersma was utilized as a guide to outline the design and subsequent implementation procedures of the present study. The flow chart begins with planning the objectives of the study, lists each major step and its sequencing and ends with the final report. The flow chart suggested by Wiersma is displayed in Figure 1.[4]

In some instances, procedures may overlap into two steps. Likewise, not all procedures apply to all types of surveys; for example, "training of interviewers" would not be applicable to survey research using mailed questionnaires.

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[2]Fred N. Kerlinger, Foundations of Behavioral Research (Chicago: Holt, Rinehart and Winston, 1986), p.377.

[3]William Wiersma, Research Methods in Education, (Philadelphia and New York: J. B. Lippincott Company, 1969), pp.270-271.

[4]Ibid., p.287

The Statistical Treatment

The returned survey questionnaires were manually
checked for accuracy of completion. The information from all
usable questionnaires were transferred onto coding sheets for
setting up a computer file representing the participants'
responses. A code book previously developed by the investiga-
tor (during the pilot studies), was used to transfer columns
of data to coding sheets for computer analyses. A special
code was used to record all missing data.

Data analyses of the study results involved basic data
reduction techniques. Because of the nature of the study, a
large percentage of this questionnaire items yielded qualita-
tive data. The applicable statistical techniques for this
type of data was percentages, frequencies and rank-order cor-
relation coefficients. Data was displayed using tables and
figures.

All descriptive and inferential statistics used to
compute and analyze data were selected from the Statistical
Package for Social Sciences (SPSS) User's Guide.[5]

Statement of Research Questions and Hypotheses

In this section, each research question is restated
and where applicable, related statistical hypotheses were
formulated and stated in null form.

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[5]SPSS User's Guide (New York: McGraw-Hill Book
Company for SPSS, Inc., 1985).

1)   Research question one asked, "What were the characteristics of deans' employing institutions?"

2)   Research question two asked, "What were the current professional activities of deans (administrative, teaching, research, student advisement, involvement in professional associations and consulting?"

3)   Research question three stated, "What were the major role responsibilities of deans in their present positions?"

4)   Research question four stated, "What career paths lead deans to their present positions?"

5)   Research question five asked, "What were the differences in mentor variables for deans?"

6)   Research question six stated, "What factors did the incumbents describe as having influenced them to become deans?"

7)   Research question seven asked, "What was the educational preparation of deans?"

8)   Research question eight stated, "What scholarly contributions have been made by deans?"

9)   Research question nine was, "Would deans assume their current positions if choices were given again?"

10)   "After leaving the deanship, what positions would deans likely seek?" was research question ten.

11)   Research question eleven stated, "What was the Personal profile of deans i.e., age, sex, race, health?

12) Research question twelve asked, "What is the deans' geographic backgrounds (where they spent most of their youth)?"

13) Research question thirteen asked, "What were the characteristics of deans' families?"

14) Research question fourteen was, "How did deans perceive themselves as individuals?"

From the preceding research questions, the following hypothesis was developed:

1) H_0: There was no relationship between factors which attracted individuals to their employing institutions and factors which affected their retention.

Summary

The purpose of stating the preceding hypothesis and research questions was to establish a framework for the research endeavor of the present study. Stated in nondirectional terms, the hypothesis was subjected to statistical testing, described previously in this chapter under the section, "The Statistical Treatment." On the basis of testing, decisions were made about whether or not the hypothesis was tenable (whether or not it should be sustained or rejected.) The results of the study are presented in Chapter IV.

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CHAPTER IV

ANALYSIS AND DISCUSSION OF DATA

Introduction

This study examined the career patterns of allied

health deans in academic health centers in the United

States. The study also sought to construct a professional

profile of the allied health dean, accomplished primarily

through the analyses of career paths, and selected biograph-

ic and demographic data.

In this chapter, the data reported was information

obtained from the survey instrument, "Today's Allied Health

Deans." Statistical reports related to the study were per-

centages, frequencies, correlation coefficients and one-way

analyses of variance.

The statistical reports and discussions of funding

have been grouped with the hypotheses to which they relate,

followed by a discussion of findings as a separate section.

Analysis of Data in Relationship to the Research Questions

The data analyses presented in this chapter follow

the order in which the research questions and hypotheses

were developed from inquiring questions stated in Chapter I.

Findings Related to Research Question One

Research question one asked, "What were the characteristics of deans' employing institutions?" Among the study population of fifty-seven deans, approximately three fourths or 68.4% held the title of the office, dean. The remaining one fourth held comparable titles of director, chair or head (Table 10).

Institutionally, deans were predominantly employed in public (74.5%), urban (84.2%) institutions located primarily in the Southern (33.3%), North Central (33.3%), and Middle States (22.8%). The fewest percentage of deans came from institutions in the New England (5.3%), Western (3.5%), and Northwest (1.8%) regions. Eighty-four percent of these institutions were classified as urban campuses, 9% suburban, and the remaining 7% rural (Table 10).

The allied health units administered by deans were primarily called Schools (43.9%) or Colleges (31.6%) of Allied Health. The remaining units were named divisions (12.3%) or departments (3.5%) of allied health, or other labels (8.8%) not mentioned previously (Table 11).

Over three fourths of the allied health schools offered degree-granting programs. Among the 57 schools surveyed, they reported an average of four called allied health education programs, most often at the baccalaureate (28.0%) and associate (28.0%) degree levels, even though studies ranged

TABLE 10

ORGANIZATIONAL DIMENSIONS OF INSTITUTIONS

EMPLOYING ALLIED HEALTH DEANS
N = 57

Characteristic	N	%
Current Title		
Dean	39	68.4
Director	9	15.8
Other	9	15.8
	57	100%
Type of Institution		
Public	41	71.9
Private	14	24.6
MISSING	2	3.5
	57	100%
Institution Location (Regional)		
North Central	19	33.3
Southern	19	33.3
Middle States	13	22.8
New England	3	5.3
Western	2	3.5
Northwestern	1	1.8
	57	100%
Institution Location (Local)		
Urban	48	84.2
Suburban	5	8.8
Rural	4	1.0
	57	100%

from nondegree, certificate to doctoral-level programs
(Table 12).

The average enrollment reported for participating insti-
tutions was 13,771 students (Figure 3). The average allied
health enrollment (478) accounted for only 3.5% of total in-
stitutional enrollments (Figure 4).

The data in Tables 11 and 12 and Figures 3 and 4 indi-
cate that there were several institutional differences in
higher education institutions which employed allied health
deans. There were variations in the structure and organiza-
tions of the employing institutions.

TABLE 11

STRUCTURE OF ALLIED HEALTH UNITS

(N=57)

Type of Unit	N	%
School	25	43.9
College	18	31.6
Division	7	12.3
Department	2	3.5
Other	5	8.8

TABLE 12

AVERAGE NUMBER OF PROGRAMS

IN SCHOOLS AND COLLEGES OF ALLIED HEALTH

Program Level	Mean
Baccalaureate	4.1
Associate	3.4
Certificate	3.4
Master's Professional Basic (traditional)	2.2 1.8
Doctoral	1.2

FIGURE 3

INSTITUTIONAL ENROLLMENT DATA

Mean Institutional Enrollment = 13771.2

Total Institutional Enrollment
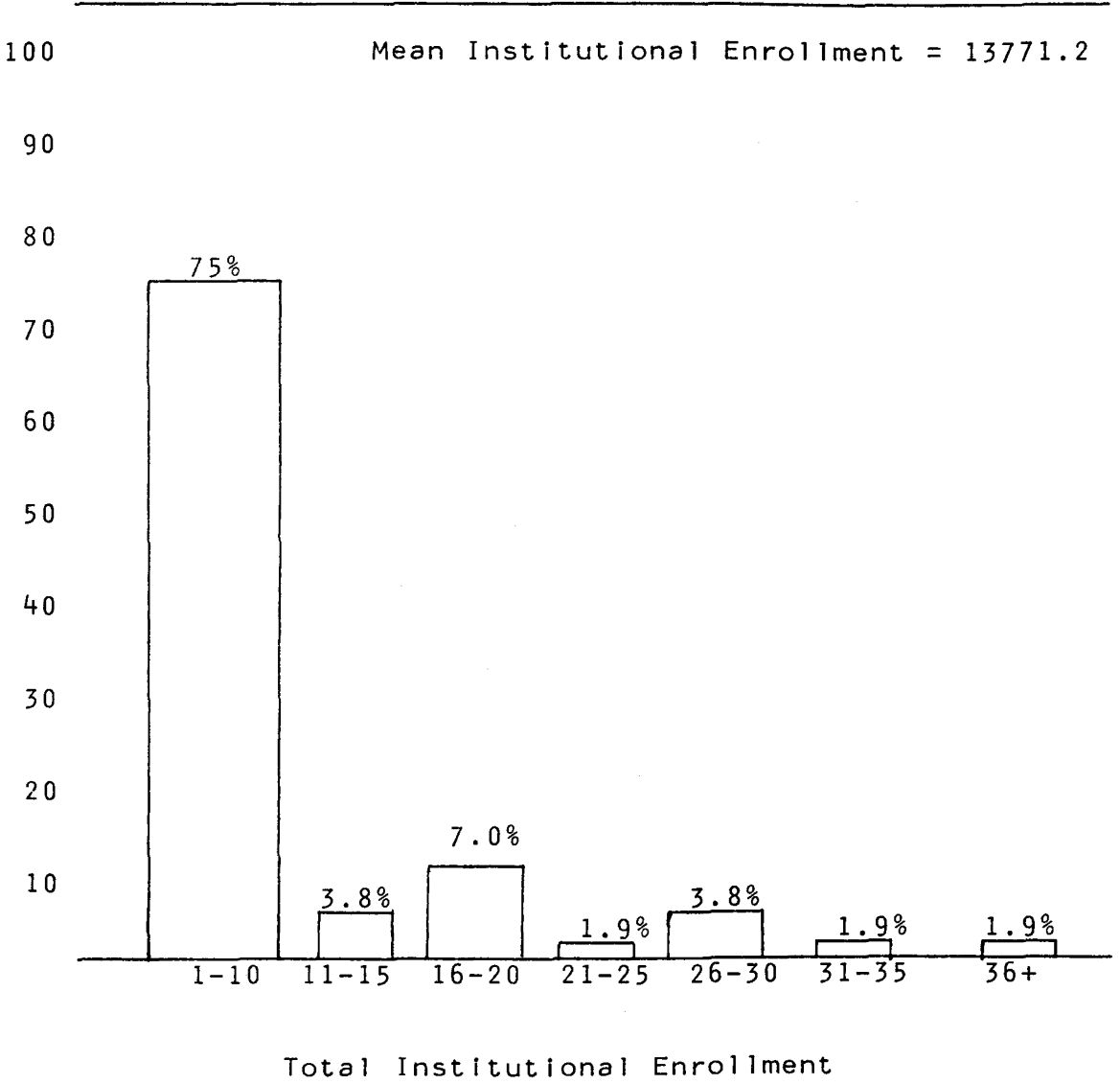
FIGURE 4

AVERAGE INSTITUTIONAL AND ALLIED HEALTH ENROLLMENTS

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                    13771.2
                  ┌─────────┐
                  │         │
                  │         │
                  │         │
                  │         │
                  │         │        478.4
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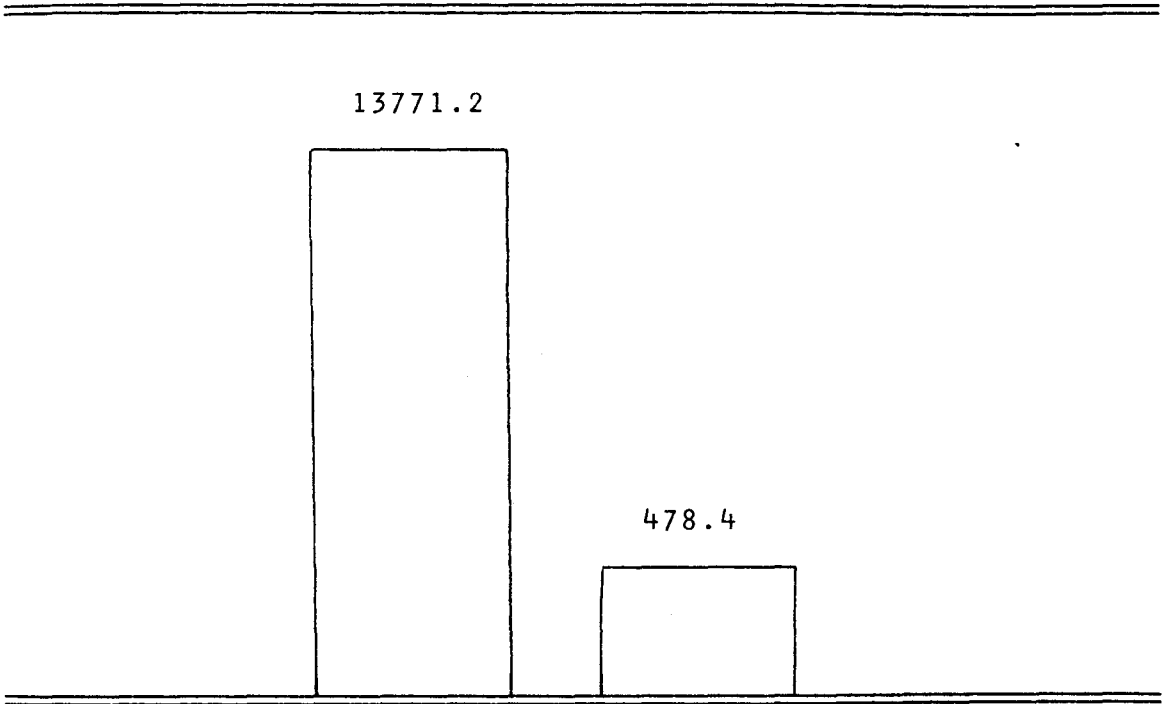
Institutional = 13771.2   Allied Health = 478.4

Findings Related to Research Question Two

Research question two asked, "What were the current professional activities of deans (administrative, teaching, research, student advisement, involvement in professional associations and consulting)?" An equal number of deans (21.1%) reported to a president or a divisional dean of higher rank. Approximately 19% reported to a chancellor or vice chancellor, 15.8% to a vice president for health affairs, 14% to a provost and the remaining small percentage to persons holding titles other than those mentioned previously (Table 13).

Most deans (98.2%) held twelve-month appointments. Only 1.8% had ten-month contracts. Almost all of the deans (98.3%) held academic rank, most of whom were tenured (82.5%), primarily in the disciplines of medicine, dentistry, allied health sciences and education (Table 14).

Deans' salaries ranged from slightly below $40,000 to over $90,000. The average salary was about $70,000 (Figure 3). Although most deans held academic appointments (98.3%), only about half (51%) reported having taught a mean of two courses during the academic year at the time of the survey. Only about one-fourth of the deans reported that they advised students, generally one to three students at the master's and doctoral levels, and ten to twenty at the undergraduate level.

Respondents were asked to indicate the percentage of

time, during the current year that they devoted to the activities of (a) administration, (b) program development, (c) teaching, (d) research, (e) public or professional service, (f) consulting and (g) other activities. Of the deans who responded, about sixty-five percent of their time was spent in administration. The remaining percentage was distributed, proportionately among other activities mentioned previously (Table 15).

A group of responses about current professional information dealt specifically with external activities and scholarly contributions. About one-third (32%) of the deans were engaged in executing an average of 10 training projects and nine research and development projects.

Almost half (41.5%) of the deans held both individual and institutional memberships in the American Society of Allied Health Professions (ASAHP). In contrast, only about one-third hold membership in a higher education association such as the American Association of Higher Education (AAHE). Deans reported an average of six professional associations, excluding ASAHP, in which they held memberships. Three days was the reported yearly average for attending professional meetings and conferences.

The current professional activities reported by allied health deans were fairly uniform when compared to others bearing the same title, in a recent study of education deans (Cyphert and Zimpher, 1980).[1] Ninety-seven per-

cent of education deans held rank, usually at the level of

professor. About three-fourths were tenured, taught and

advised students.

Moore's study (1983) of 1293 deans in the Leaders

sample revealed that deans had relatively uniform profes-

sional experiences. Most (82%) reported to a chief academic

officer. The large majority by all types of deans held aca-

demic rank and were tenured.[2] A presentation of data for

the present study (Figure 5 and Tables 13, 14 and 15) re-

vealed findings similar to Moore and Cyphert and Zimpher.

TABLE 13

FREQUENCY DISTRIBUTION OF DEANS' SUPERVISORS

Administrative Title	Frequency
President	21.1
Divisional Dean	21.1
Chancellor/Vice Chancellor	19.3
Vice President for Health Affairs	15.8
Provost	14.0
Other	8.8

[1]Frederick R. Cyphert and Naney Zimpher, "The Educa-
tion Deanship: Who is Dean?" in The Dilemma of the Dean-
ship, ed. Daniel E. Griffiths and Donald J. McCarthy (Dan-
ville, Illinois: The Interstate Printers and Publishers,
1980, pp. 105-11).

[2]Kathryn M. Moore, "The Top-Line: A Report on Pre-
sidents', Provosts' and Deans' Careers," Leaders in Transi-
tion: A National Study of Higher Education Administrators
(Washington D.C.: ERIC Document Reproduction Service, ED
231 301, 1983

TABLE 14

DEANS' RANK AND TENURE

(N = 57)

Current Rank:	N	%
Not Eligible in Present Position	1	1.8
Professor	41	71.9
Associate Professor	14	24.6
Assistant Professor	1	1.8
	57	100%

Tenured:		
Yes	47	82.5
No	10	17.5
	57	100%

Discipline of Tenured:		
Medicine	12	21.1
Dentistry	2	3.5
Allied Health Services	21	36.8
Education	1	1.8
Other	13	22.8
Missing	8	14.0
	57	100%

FIGURE 5

DISTRIBUTION OF DEANS' SALARIES
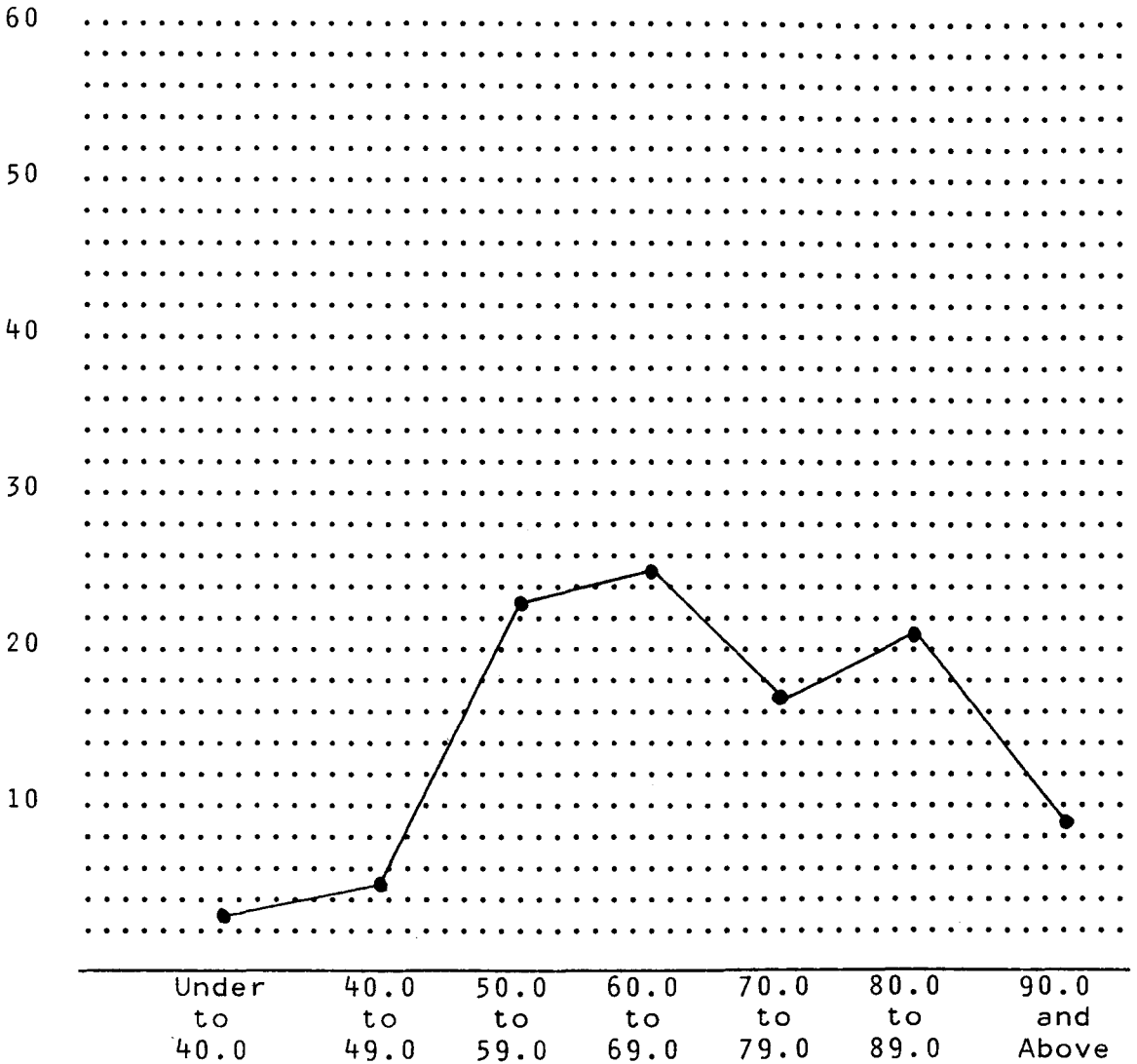
(Salaries given in the thousands)

TABLE 15

DEANS' ACADEMIC YEAR ACTIVITIES

(N = 57)

Activities	Time (%)
Administration	65.0
Program Development/ Curriculum Improvement	12.4
Teaching	12.2
Research	10.3
Public/Professional Service	14.0
Consulting	5.0
Other Activities	9.1

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Findings Related to Research Question Three

Research question asked, "What were the major role responsibilities of allied health deans?" Respondents were asked to list what they perceived to be the major functions or responsibilities of their deanships. They ranked their perceived functions to be primarily in the areas of leadership, budgeting, faculty recruitment and development, planning, program development, public relations, administration and management and counseling, respectively (Figure 6).

Deans' functions and responsibilities reported in this study appeared to be consistent with findings of several earlier studies. One of the first studies examining deans' roles summarized the deans' functions to a list of thirteen activities. The first four activities included leadership, formulation of policies, faculty development and budgeting (Reeves and Russell, 1929 and 1932).[3]

McGrath summarized deans' roles to be: (1) an understanding and appreciation of scholarship, (2) selection of faculty members, and budgeting.[4]

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[4]Earl J. McGrath, "The Office of the Academic Dean," in Norman Burns, ed., The Administration of Higher Institutions Under Changing Conditions (Chicago: University of Chicago Press, 1947) p.42.

[3]Merle Scott Ward, Philosophies of Administration Current in the Deanship of the Liberal Arts College (New York: Bureau of Publications, Teachers College, Columbia University, 1934, p.103.

Corson (1960) identified major responsibilities of the deanship to include: (1) selection, promotion and development of faculty, student affairs, budget and finance and public relations.[5]

Gould's findings were similar to those of McGrath and Corson. Gould reported little change in the definition of deans' roles since 1947.[6] Dill (1980) generalized the academic dean's roles as "a leadership role with much heavier potential and social than hierarchial and technical overtones."[7] The findings of this study did not differ from previous studies which examined the duties, roles and responsibilities of deans.

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[5]John J. Corson, "The Role of Deans," in Arthur J. Dibden, ed., The Academic Deanship in American Colleges and Universities (Carbondale and Edwardsville, Illinois: Southern Illinois University Press, 1968) pp. 28-37 passim.

[6]John Wesley Gould, The Academic Deanship. (New York: Institute for Higher Education, Teachers College, Columbia University, 1966), p.12.

[7]William R. Dill, "The Deanship: An Unstable Craft," in The Dilemma of the Deanship, ed., Daniel E. Griffith and Donald McCarthy, (Danville and Edwardsville, Illinois, The Interstate Printers and Publishers, Inc., 1980), pp.265-266.

FIGURE 6

DEANS' PERCEPTIONS OF THEIR MAJOR

DUTIES AND RESPONSIBILITIES

	Leadership	Budget/ Faculty	Planning	Program Develop- ment	Public Relat- ions	Administra- tion/Manage- ment	Counsel- ing
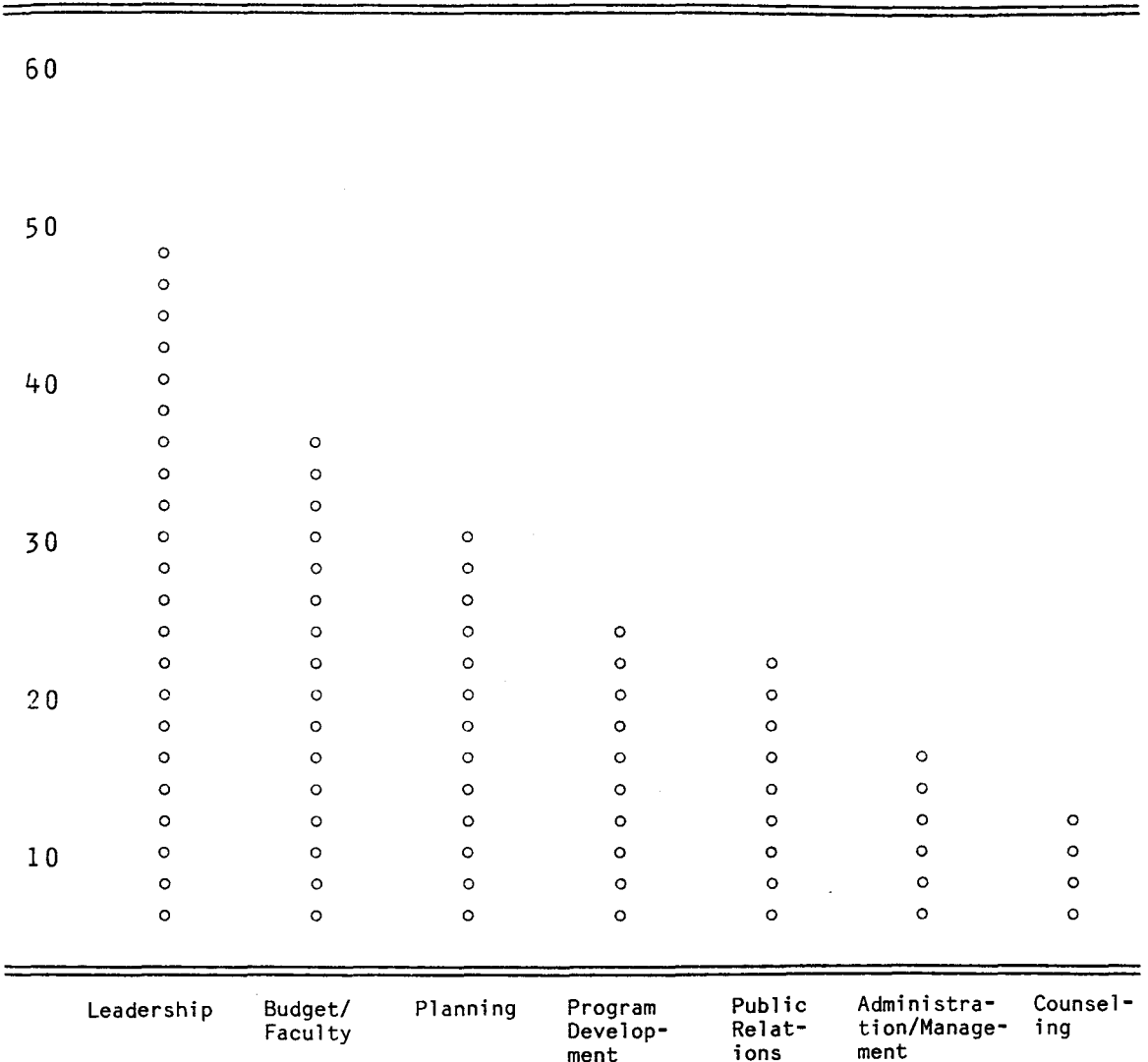
Findings Related to Research Question Four

Research question four asked, "What career paths led deans to their present positions?" This study's findings, as related to the career paths of allied health deans, was compared to: (1) the traditional career path model (Cohen and March, 1947) and (2) a model developed by Moore (1983).

Cohen and March (1947) described a traditional (standard) promotional hierarchy for American academic administrators as a six-rung ladder. The traditional model implied that deans came directly from the faculty with the most likely intermediate position having been department chairperson (Figure 7).[8]

Moore (1983) examined the career paths of 1293 deans, and found variations from the traditional promotional hierarchy (Figure 8). Moore's model reported an additional rung leading to the deanship, that of assistant, associate or assistant to the dean. Additionally, Moore's model implied that perhaps a significant number of deans did not begin their academic tenures as faculty, rather they came from positions directly from outside positions.[9]

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[8]Michael D. Cohen and James G. March, Leadership and Ambiguity (New York: McGraw-Hill Book Company, 1974), p.20,

[9]Moore, Leaders in Transition, 1983.

In this study, an examination of allied health deans' career histories revealed variations from Moore's model as well as the traditional model. According to both models, the "logic of hierarchy" for the deanship begins at the level of faculty. Only 28% of the allied health deans followed this hierarchy, internally, from faculty to departmental chair to assistant dean, then dean. The remaining 72% skipped one or more rungs in the traditional career path ladder (Figure 9).

Seventeen percent were hired as assistant or associate deans and promoted to the level of dean. This finding suggests that the assistant deanship may be an important assessment step for the eventual deanship. Fourteen percent began their careers outside academia, then followed the hierarchy. Ten percent began outside academia, entered their institutions as chairpersons, then became deans. Interestingly, eight percent (8%) of the deans surveyed began their careers outside academia and were hired directly into deanships from these outside positions (Figure 7).

Overall, allied health deans tended to depart from the established or normative career patterns for the other types of academic deans.

FIGURE 7

STANDARD PROMOTIONAL HIERARCHY FOR

AMERICAN ACADEMIC ADMINISTRATORS

President

↑
|

Academic Vice President
or
Provost

↑
|

Dean

↑
|

Department Chairman

↑
|

Professor

↑
|

Teacher

Student   Minister

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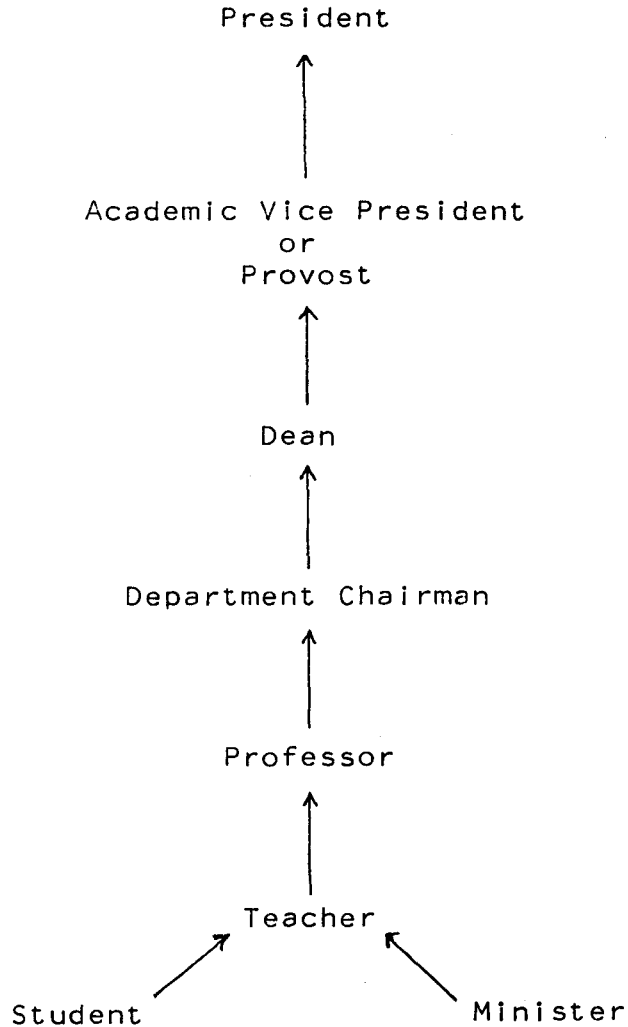
FIGURE 8

MOORE'S VARIATIONS ON THE DEANS' CAREER TRAJECTORY

Variations	1	2	3	4	5	6
Dean	●	●	●	●	●	●
Assistant Associate Assistant To	●		●		●	●
Department Chair	●	●				
Faculty	●	●	●	●	●	●

FIGURE 9

VARIATIONS ON THE ALLIED HEALTH DEANS' CAREER TRAJECTORY

(HAWKINS 1986)

Variation	1	2	3	4	5	6	7	8	9	10

Dean

Assistant
Associate
Assistant To

Department
Chair

Faculty

Nonacademic
(Military,
Hospitals,
Private
Industry)
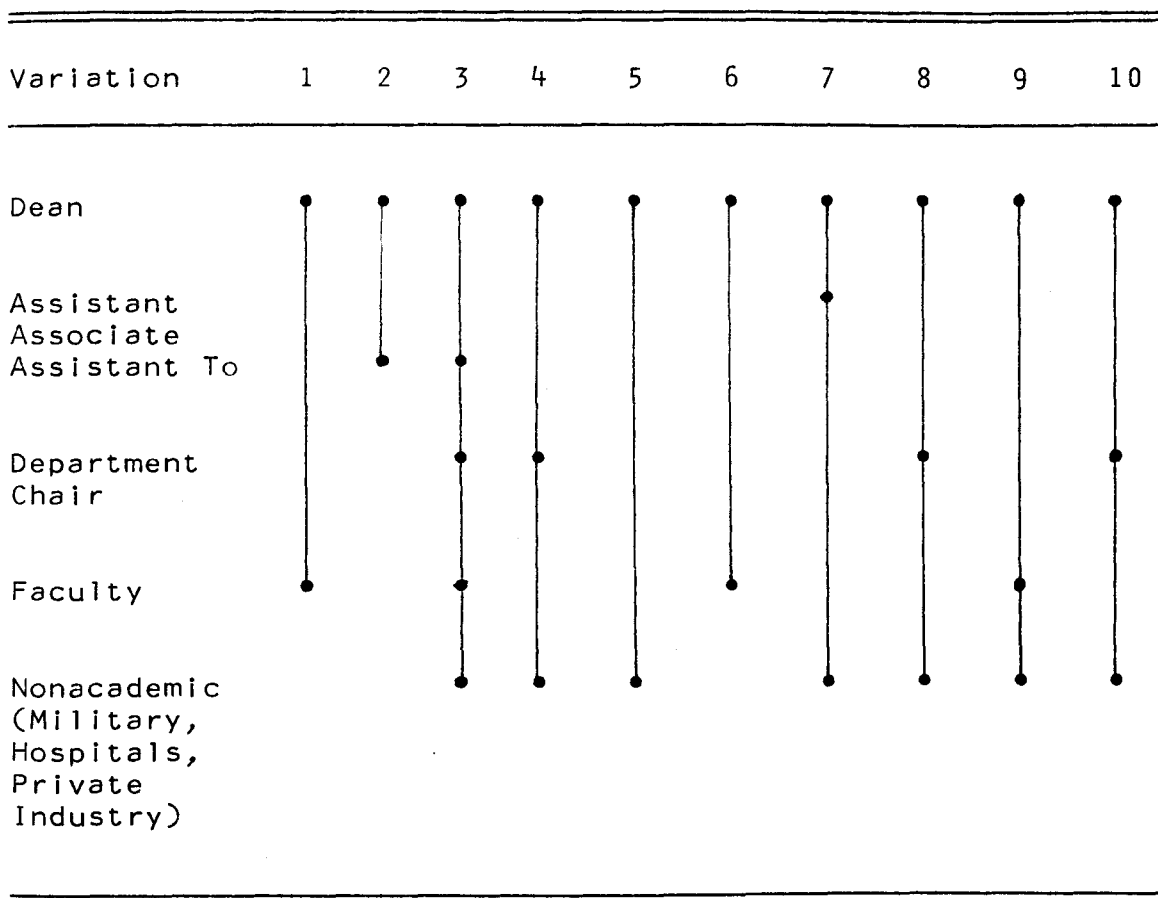
Findings Related to Research Question Five

Research question five asked, "What were the differences in mentor variables for deans?"

In the survey instrument, "A mentor was defined as someone with whom you have had a long-term, professionally-oriented relationship, one in which the person guided, advised and assisted in your personal career development. Based on this definition, deans were asked if they ever had a mentor during their higher education administrators careers.

Although deans were asked to list as many as three mentor relationships, most deans who responded listed only one mentor in the first blank. About two-thirds (66%) of the deans reported having had mentor relationships, since they assumed administrative positions in higher education. Deans averaged four-year relationships with their mentors, all of whom were white males. About 70 percent were currently serving as mentors to other persons (Table 16).

Nearly 60 percent of Moore's deans responded that they had been involved in mentor relationships, half of whom reported that the experience was very important in their career development.[10] The findings in this study were consistent with Moore's study (1983).

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[10]Moore, Leaders in Transition, 1983.

TABLE 16

MENTOR RELATIONSHIPS OF ALLIED HEALTH DEANS

Mentor Variables	Deans	
Have had Mentor (n=57)	N	%
Yes	36	66
No	21	34
Mentor's Sex (n=31)		
Male	29	54.7
Female	2	3.8
Race of Mentor (n=29)		
White	29	54.7
Black	0	0
Hispanic	0	0
Other	0	0
Currently a Mentor For Someone Else (n=50)		
Yes	35	66
No	15	28

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Findings Related to Research Question Six

Research question six asked, "What factors did the incumbents describe as having influenced them to become deans?" Deans were asked to select from choices, or to specify a choice not given, identifying how they first became candidates for their deanships.

Among the choices given, deans responded to the first five: (1) applied directly, (2) recommended by mentor (32.1%), (3) nominated by person other than mentor (17.9%), (4) invitation from a search committee (3.5%) and (5) assumed acting appointment (10.7%). No comparison data were available; however, the information presented in Table 17 indicated variations among the factors which influenced individuals to apply for allied health deanships.

TABLE 17

FACTORS THAT INFLUENCED DEANS TO BECOME CANDIDATES
TO BECOME CANDIDATES FOR THEIR POSITIONS (N = 57)

Variables	N	%
Applied directly	20	35.7
Recommended by Mentor	18	32.1
Nominated by Person Other Than Mentor	10	17.9
Assumed Acting Appointment	6	10.7
Invitation from Search Committee	2	3.5

Findings Related to Research Question Seven

Research question seven stated "What were the differences in deans' educational backgrounds?" In order to establish a profile of deans' educational backgrounds, they were asked to provide information about their academic preparation, including certifications, licensures, and administrative training.

For clarification, deans' primary fields of study were grouped into nine areas: (1) biological and physical sciences, (2) humanities, (3) education, (4) business and administration, (5) allied health, (6) nursing, (7) professional studies, e.g. medicine, dentistry, law and (8) other disciplines not listed.

Over 95 percent of deans reported earning at least one bachelor's, master's and doctoral degree. Deans' primary fields of study for the first bachelor's, master's, doctorate or professional degree are reported in Table 18.

About half (45.6%) earned their bachelor's degree in biological and physical sciences. Other disciplines most frequently reported as deans' areas of study at the baccalaureate level were: allied health and public health (21.1%) and business and administration (7.0%). Other reported areas of study varied from 3.5 to 5.3 percent (Table 18).

At the master's degree level, deans continued the trend set at the baccalaureate level. Approximately twenty-eight percent of deans earned their first master's degree in the sciences. The second and third most popular fields of study were allied health (16%) and education (12.3%). Master's degrees earned in other subjects varied from 1.8 to 5.3% percent (Table 18).

The sciences (26.3%) and education (24.6%) were the programs of study for slightly more than half of the allied health deans at the doctoral level. The second and third-choice fields of study at the doctoral level were allied health (14%) and medicine and dentistry (12.3%). Studies in other areas varied from 1.8 to 5.2 percent (Table 18).

Moore (1983) reported that the largest number of deans earned their baccalaureate degrees in the humanities (27.9), education (16.2%), social sciences (15.2%) and physical sciences (12.6%); masters degrees in education (28.9%) and humanities (23.6%) and doctoral degrees in education (30.7%) and humanities (23.6%). About 68% of Moore's deans earned the Ph.D.; about 20% the Ed.D.[11]

There were marked variations in the educational backgrounds of allied health deans when compared to deans in Moore's study.

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[11]Moore, <u>Leaders in Transition</u>, 1983

TABLE 18

DEANS' MAJOR FIELDS OF STUDY FOR FIRST BACCALAUREATE,

MASTER'S, DOCTORAL AND PROFESSIONAL DEGREE

Field of Study	Type of Degree					
	Baccalaureate		Master's		Ph.D., M.D. or D.D.S.	
Sciences,Bio-logical Physical	26	45.6	16	28.1	15	26.3
Psychology	3	5.3	3	5.3	3	5.3
Education	2	3.5	7	12.3	14	24.6
Bus/Hospital Administration	6	10.5	2	3.5	2	3.6
Allied Health Public Health	12	21.1	9	16.6	8	14
Nursing	2	3.5	1	1.8	1	1.8
Medicine or Dentistry	–	--	–	--	–	--
Other	2	3.5	–	--	–	--
MISSING	4	7.0	19	33.3	7	12.3

Findings Related Research Question Eight

Research question eight asked, "What were the dif-
ferences in the scholarly achievement of deans?" When asked
to indicate the numbers of books or monographs they had
written or edited, almost forty percent (36.8%) of the
responding deans had not written or edited books or mono-
graphs. About 29 percent had written or edited two-four
books or monographs, about 30 percent had written between
three-four books or monographs. Almost 18 percent had writ-
ten between 5-9 books, and about 11 percent had written one
book or monograph (Figure 10).

When asked to indicate the number of professional arti-
cles and scholarly papers they had written or coauthored,
the highest percentage (36.8%) of deans had published more
than twenty professional articles or papers; almost 30 per-
cent prepared six-ten publications, the mean number of pub-
lications having been about four (Figure 10).

Cyphert and Zimpher (1981) reported that deans in
their study averaged about four publications prior to becom-
ing deans, and 2.0 publications during their deanships.[12]
Allied health deans reported scholarly achievements that
were consistent with those of other deans.

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[12]Frederick R. Cyphert and Nancy Zimpher, "The Education
Deanship: Who's Dean?" in The Dilemma of the Deanship, ed.
Daniel E. Griffiths and Donald McCarthy (Danville, Illinois:
The Interstate Printers and Publishers, 1980, p. 106.

FIGURE 10

SCHOLARLY PRODUCTIVITY OF ALLIED HEALTH DEANS

Books or monographs written or edited:

None _____ 36.8%

One ___ 10.5%

Two-Four _____ 29.8%

Five-Nine _____ 17.5%

Ten-Fifteen __ 3.5%

More Than Fifteen _ 1.8%
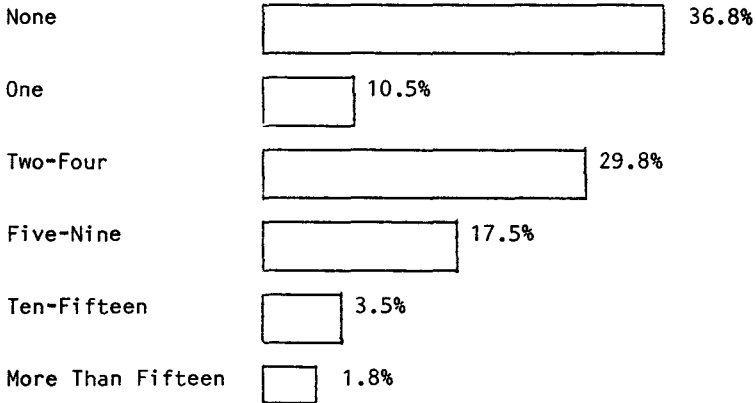
Professional articles and papers written or coauthored:

None _ 1.8%

One-Five _____ 29.8%

Six-Ten _____ 17.5%

Eleven-Fourteen ___ 10.5%

Fifteen-Twenty __ 3.5%

More Than Twenty _____ 36.8%
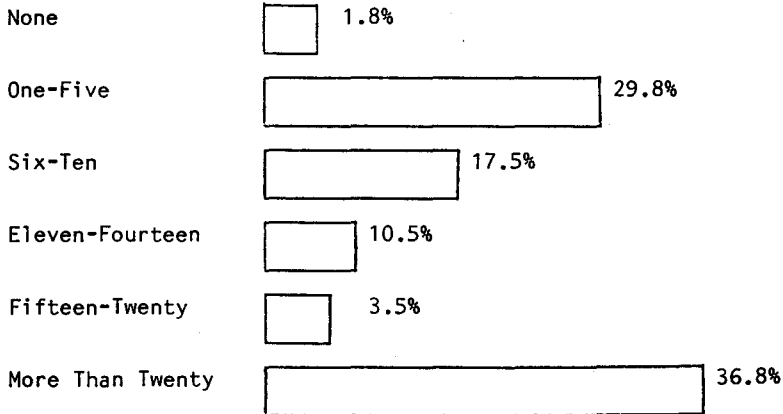
Findings Related to Research Question Nine

Research question nine asked, "Would deans reassume their positions as deans, if given a second chance?" Deans were asked the question, if you had it to do all over again, would you still assume your current position?" Nearly all deans (78.9%) responded, "yes, if given a second chance, they would reassume their posts as deans." Among those remaining, 12.3% responded "no" and 8.8%, "undecided" (Table 19).

When asked the same question, 68.2 percent of Moore's deans (1983) responded "yes."[13] Eighty-three percent of Cyphert and Zimpher's deans responded "yes."[14] There appeared to be uniformity in the responses of allied health deans when compared to other deans.

TABLE 19

DEANS WHO WOULD REASSUME DEANSHIPS (N=57)

	N	%
Yes	45	78.9
No	7	12.3
Maybe/Undecided	5	8.8
	57	100%

[13]Moore, Leaders in Transition, 1983.

[14]Cyphert and Zimpher, Who is Dean, 1980.

Findings Related to Research Question Ten

Research question ten asked, "What types of positions deans would most likely seek after leaving their deanships?" Deans were asked to select a position they would most prefer, if given a job offer. The choices given were: (1) similar positions, (2) new position at a higher level in present area, (3) new position in a new administrative area or (4) position outside higher education.

The largest number of allied health deans (35.1%) chose to seek a new position in a new administrative area. About 28 percent elected to have similar positions to their current deanships, and about 23 percent chose new positions at higher levels in their present areas (Figure 11).

About half of Moore's deans stated that they would seek new positions at different institutions after leaving their deanships. Nearly half of the allied health deans responses were similar to Moore's deans.

---

[15]Moore, Leaders in Transition, 1983.

FIGURE 11

ALLIED HEALTH DEANS' JOB PREFERENCES

If offered a job today, would select:

Similar Position   (28.1%)

New Position at Higher
Level in Present Area   (22.8%)

New Position in New
Administrative Area   (35.1%)

Position Outside Higher
Education   (3.5%)

Findings Related Research Question Eleven

Research question eleven asked, "What were the personal characteristics (profiles) of deans, i.e., age, sex, race, health, marital status, and states of physical and psychic energy?"

Deans years of birth ranged from 1914 to 1949; the mean year was 1933. The average age of the study population was 53 years (Table 20). About 86 percent were male and 21 percent female. The highest percentage of deans were Caucasian/White (86%), about nine percent Black/Afro American, one percent Hispanic and one percent Asian/Oriental. There were no respondents who reported ethnicity in the categories of native American/American Indian or in the category of other groups (Table 20).

Deans who reported to be married (living with spouses) totaled 81.8 percent. Those who were single (never married), totaled 9.1 percent; divorced, 7.3 percent and separated 1.8 percent. No deans reported a status of "widowed." The average number of children reported by deans was three.

Almost three-fourths of the deans (73.7%) described their health as excellent. About 23 percent were in good health and 3 percent in fair health. No deans reported poor health (Table 21).

TABLE 20

PERSONAL CHARACTERISTICS OF ALLIED HEALTH DEANS

==
Deans (n = 57)

Age	Number	Percent
30 - 39	1	1.75
40 - 49	24	42.10
50 - 59	18	31.57
60 - 69	11	19.29
70 and Over	1	1.75

Sex		
Male	45	78.9
Female	12	21.1

Race		
Caucasian/White	49	86.0
Black/Afro American	6	10.5
Hispanic	1	1.8
Native Amer/Amer Indian	0	0

==

When asked to describe their levels of physical and psychic energy, most deans, 64.9 percent, viewed themselves as having "more energy than most persons." About the same number saw themselves as "having an average energy level, 17.5 percent, and hyperenergetic, 15.8 percent, respectively. In contrast, only 1.8 percent reported less energy than most (Table 21).

TABLE 21
DEANS' HEALTH AND WELFARE (N = 57)

Health Status	Number	Percent
Excellent	42	73.7
Good	13	22.8
Fair	2	3.5
Poor	0	0

Physical and Psychic Energy Level	Number	Percent
Hyperenergetic	9	15.8
More Energy Than Most	37	64.9
Average Energy Level	10	17.5
Less Energy Than Most	1	1.8

A perspective on these data may be gained from the studies of Cypher and Zimpher (1980) and Moore (1983).

Cypher and Zimpher studied 271 education deans in a "Survey of Academic Leadership." Moore studies 1293 academic deans from various disciplines.

More listed the largest number of deans as having been between the ages of 50 and 59, about 40 percent or 520 deans. Among Moore's sample, 86.2 percent were male and 13.8% female.[16]

Cyphert and Zimpher reported 93 percent of their sample as White, 6 percent Black and 1 percent Oriental. Seventy-three percent of Cyphert's Zimpher's deans described themselves as having been in excellent health. Only 2 percent reported less than good health.[17]

Consistent with findings in the studies of Cyphert and Zimpher (1980) and Moore (1983), there did not appear to be marked differences in personal characteristics of allied health deans when compared to other types of academic deans.

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[16]Moore, Leaders in Transition, 1983.

[17]Cyphert and Zimpher, The Dilemma of the Deanship, 1980.

Findings Related to Research Question Twelve

Research question twelve asked, What were the dif-
ferences in the geographic backgrounds of deans (where they
spent most of their youth)?" Deans' birthplaces were repre-
sented by each of the regions listed in the questionnaire:
New England, Middle States, North Central, Northwest, South-
ern and Western States. Most deans were born in the Middle
States (33.8%). The second highest number of deans were
born in the North Central region (33.3%). Other deans'
birthplaces were almost equally distributed among the re-
maining four or outside the United states (Table 22).

The majority of deans (26.3%) reared, or spent their
youth in cities. About 18 percent grew up in small towns or
villages, about 18 percent in rural areas and approximately
12 percent in suburbs (Figure 12).

Cyphert and Zimpher reported the largest "dean-pro-
ducing states" as Pennsylvania, New York and Wisconsin.
Seventy-five percent of their deans were reared or spent the
majority of their youth in rural areas or small towns, rath-
er than in large cities and suburbs.[18] The allied health
deans' geographic backgrounds were not uniform, nor were
they consistent with Cyphert and Zimpher's deans.

_____

[18]Cyphert and Zimpher, The Dilemma of the Deanship,
1980.

TABLE 22

DEANS' BIRTHPLACES

Region	States	Deans (n = 57)	
		Number	Percent
New England	CT, ME, MA, NH,RI, VT	6	10.5
Middle States	DE, DC, MD, NJ, NY, PA, Puerto Rico	21	36.8
North Central	AZ, AR, CO, IL, IN, IA, IO, MI, MN, MO, NE, MN, ND, OH, OK, SD, WV, WI, WY	19	33.3
Northwest	AK, ID, MT, NV, OR, VT, VA	1	1.8
Southern	AL, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA	5	8.8
Western	CA, HI	4	7.0
Outside the US		1	1.8
		57	100%

FIGURE 12

COMMUNITIES IN WHICH DEANS SPENT THE MAJORITY

OF THEIR YOUTH

Large City   26.3%

Small City   26.3%

Small Town/Village   17.5%

Rural   17.5%

Suburb   12.3%
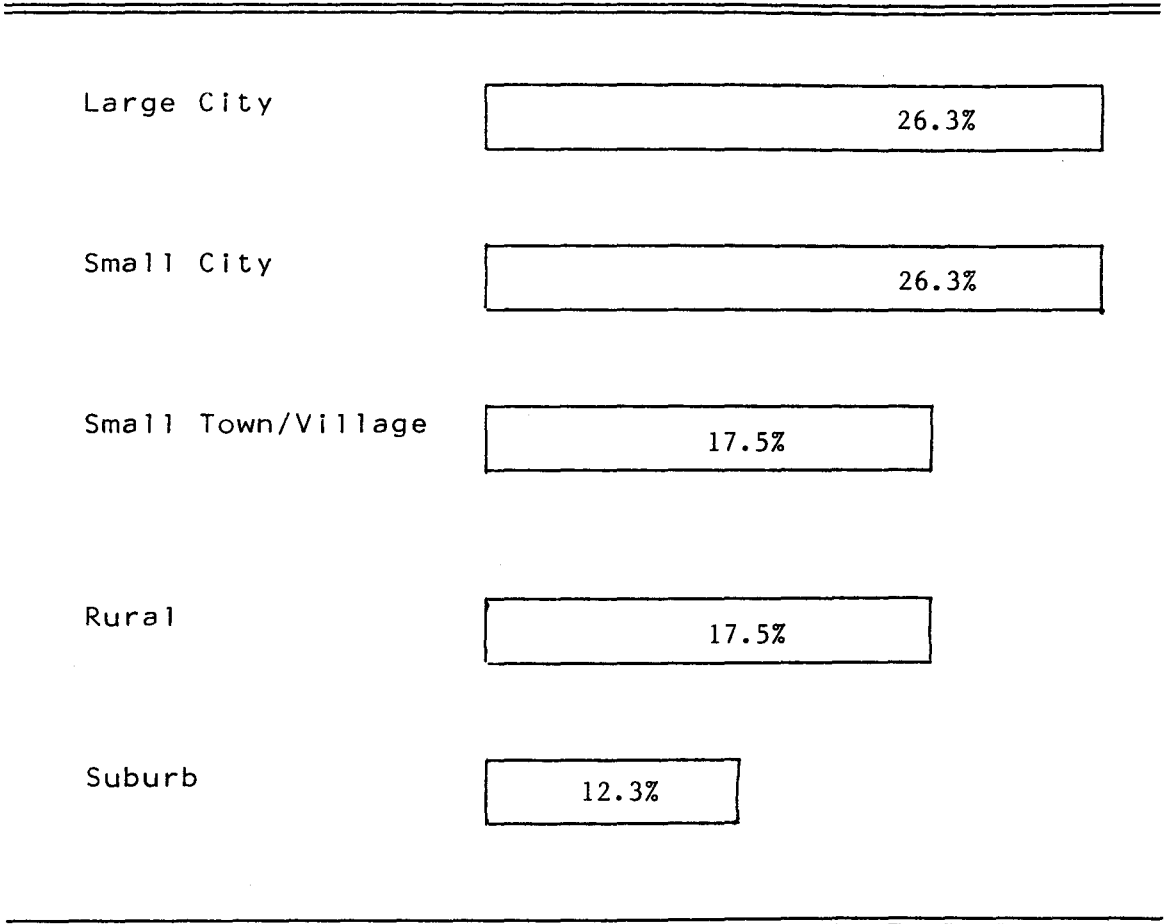
Findings Related to Research Question Thirteen

Research question thirteen asked, "What were the characteristics of deans' families?" Deans were asked to specify the amount of formal education received by their parents. Their responses revealed that overall, mothers were better educated than fathers at the high school and undergraduate levels.

Deans reported 26.3% of their mothers as having completed high school and 8.8% as having received a baccalaureate degree. Among deans' fathers, 22.8% completed high school. However, fewer than half of the deans' fathers (3.5%) received baccalaureate degrees in contrast to 8.8% of deans' mothers who had received baccalaureate degrees.

Among allied health deans, fathers were better educated than mothers at the postbaccalaureate levels of study. More deans' fathers (10.7%) had earned graduate degrees, or at least engaged in study beyond the baccalaureate degree, when compared to 8.8% of mothers (Figure 13).

These findings were similar to Moore's conclusions describing the educational background of deans' parents. Moore reported that overall more deans' mothers (12.8%) than fathers (9.6%) had earned college degrees (9.6). However, at the graduate level, deans' fathers tended to be better education (10.6%) than were mothers (2.6%).[19]

[19]Moore, Leaders in Transition, 1983,

FIGURE 13

EDUCATIONAL BACKGROUNDS OF DEANS' PARENTS
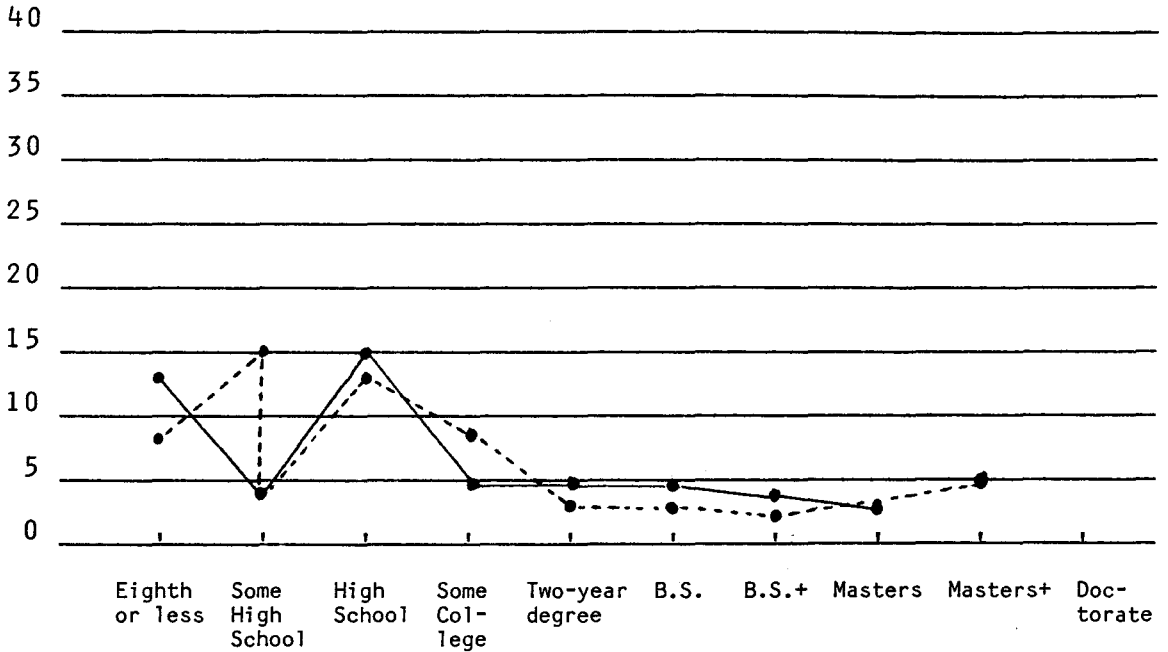
Levels of Education Completed

_____ Mothers

---- Fathers

Findings Related to Research Question Fourteen

Research question fourteen asked, "How did deans perceive themselves as individuals?" Respondents were asked to list as many as six objectives that best described themselves as persons. Deans listed over 100 adjectives which they perceived as descriptors of themselves. More than half of the list included adjectives mentioned only once. However, the 18 most frequently cited adjectives, in order of most frequently listed to least frequently listed were: committed, humanistic, intelligent, caring, ambitious, competent, confident, honest, thoughtful, energetic, sensitive and dependable (Table 23).

Data from other studies were not available for comparison. Deans in this study were not uniform in their responses of listing adjectives that described them as individuals. Most of the adjectives named were only mentioned once. Those mentioned more than once were equally distributed among less than half of the deans.

TABLE 23

ADJECTIVES MOST FREQUENTLY CHOSEN BY DEANS
TO DESCRIBE THEMSELVES

Adjectives Deans Used to Describe Themselves	N	%
Committed	14	24.5
Humanistic	13	22.8
Intelligent	9	15.7
Caring	9	15.7
Ambitious	8	14.0
Competent	8	14.0
Confident	8	14.0
Honest	7	12.2

Findings Related to the Research Hypothesis

The research hypothesis stated that there were no relationships between factors which attracted deans to their institutions and those which kept them at their institutions. Using a five-point scale from "no importance" to "very high importance," deans were asked to indicate factors which attracted them to their present institutions. The Spearman rank-order correlation coefficient was applied across the following variables that attracted deans, and those that affected them remaining at their institutions:

Duties/responsibilities of position

Personal status/prestige

Strong institutional reputation

Good benefits - retirement, etc.

Attractive salary

Competence/congeniality of colleagues

Geographic location

Physical facilities of institution

Potential for advancement

Mission/Philosophy of institution

The relationships between the preceding factors which attracted deans and caused them to remain in their positions were related to each other by using Spearman rank-order correlation coefficients. The level of significance for each correlation was .001.

An analysis of deans' responses to items 38 and 39 of the questionnaire, "indicate the importance of factors which attracted you to your present institution," and "the importance of the same factors as reasons for remaining at institutions," respectively, revealed moderate to strong positive relationships between each set of factors. Correlations ranged from .53 to .76. It appeared that lower correlations existed between factors which were outside deans' personal preferences, or factors for which they placed control, e.g., competence/congeniality of colleagues, mission/ philosophy of institution and duties and responsibilities of the position (Tables 24 and 25).

A summary of these relationships indicated that there were positive relationships between sets of factors which attracted deans and those which were keeping them in their deanships. Therefore, the null hypothesis was rejected.

TABLE 24

CORRELATIONS BETWEEN RECRUITMENT AND RETENTION FACTORS FOR
WHICH DEANS LACKED CONTROL (N=57)

Benefits/ Retirement	Competence/Congeniality of Colleagues	Mission/Philosophy of Institution
$r_s = .65$	$r_s = .54$	$r_s = .53$

p   .001

TABLE 25

RELATIONS BETWEEN FACTORS WHICH ATTRACTED AND KEPT DEANS
AT THEIR EMPLOYING INSTITUTIONS   (N=57)

Variables	r_s
Duties/Responsibilities of Position	.63*
Personal Status/Prestige	.76*
Strong Institutional Reputation	.75*
Good Benefits – Retirement, etc.	.65*
Attractive Salary	.75*
Competence/Congeniality of Colleagues	.54*
Geographic Location	.66*
Physical Facilities of Institution	.71*
Potential for Advancement	.71*
Mission/Philosophy of Institution	.53*
Other (only 8 responded)	.64**

*p < .001
**p < .05

136

Summary

This study served several key purposes. First, it sought to examine the career paths of allied health deans. Second, to gather baseline data about allied health deans in academic health centers in the United States--their backgrounds, career patterns, role characteristics and perceptions of professional development. Third, to establish a professional profile of the allied health dean, and to analyze relationships between professional profile and selected career variables. Finally, to compare the allied health deans in this study to other types of academic deans in previously conducted studies.

The subjects were 57 chief higher education administrators, 45 males and 12 females, in positions as deans of allied health schools with two or more degree or certificate programs in academic health centers in the United States. The survey instrument was a 55-item, self-administered questionnaire, "Today's Allied Health Deans," divided into four parts which sought to obtain background professional and personal information of respondents.

Graphs and summary statistics were used to construct a professional profile and to provide baseline information about the allied health deanship. Spearman rank-order correlation coefficients were used to estimate the strength of relationships between factors which attracted deans to their institutions and those which affected them remaining.

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CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

In order to accomplish the purposes of this study, a research hypothesis and fourteen research questions were formulated, and reported using descriptive statistics and Spearman rank-order correlation coefficients to test the null hypothesis. The summaries, conclusions and recommendations that resulted from this study are presented in this chapter.

Summary

The findings that resulted from the analyses of data in this study were as follows:

1) Several differences were reported for higher education institutions which employed allied health deans; employing institutions varied onseveral dimensions which were related to type, location and mission.

2) The current professional activities of allied health deans were fairly uniform and consistent with findings reported for other types of academic deans.

3) The findings of this study did not differ from previous investigations into the duties, roles and responsibilities of deans.

4) Overall, allied health deans tended to depart from the traditional career patterns for other types of academic deans. Only a small percentage of allied health deans followed the established "logic of hierarchy" toward becoming a dean.

5) Mentor relationships for allied health deans were not different from mentor relationships of other types of academic deans.

6) There appeared to be variations among the set of factors given that influenced the incumbents to become deans.

7) Findings in this study indicated several differences in the educational background of deans. They varied in fields of study academic institutions and levels of administrative training.

8) Allied health deans reported scholarly achievements consistent with other types of academic deans.

9) There were uniformities in the responses given by allied health deans. Most responded yes.

10) The allied health deans' responses were consis-
tent with those of other academic deans, a
large majority of whom indicated that they
would select a new positions at a new institu-
tion after leaving their deanships.

11) The reported data indicated strong positive
relationships between factors that attracted
deans to their institutions as being the same
ones that caused them to remain.

12) Findings in this study did not reveal marked
differences in the personal characteristics of
allied health deans and other types of academic
deans.

13) Marked inconsistencies were not revealed in the
geographic backgrounds of allied health deans.

14) In this study, the information that deans re-
ported on their parents' educational back-
grounds was similar to that reported in previ-
ous studies.

15) In this study, deans' choices were not consis-
tently uniform when asked how they perceived
themselves as individuals.

Conclusions

Based on this study's findings, the following con-
clusions may be be warranted for participants in this study:

1) Allied health deans did not appear to depart signif-
   icantly from the established academic dean's pro-
   file. The average allied health dean was white,
   male, early fifties, married, averaged three chil-
   dren and reported excellent health and high physical
   and psychic energy levels.

2) Deans appeared to be upwardly mobile. Most had
   earned doctorates when compared to their parents,
   among whom less than fifteen percent had earned a
   baccalaureate degree or higher.

3) Deans had fairly uniform professional experiences.
   Most held the title of dean and administered an
   average of four allied health programs in their
   schools and colleges of allied health. Most held
   the academic rank of professor, about half were
   tenured and engaged in research and scholarly
   activities.

4) Deans perceived the major responsibilities of their
   offices to be in the areas of leadership, budgeting,
   planning, funding, programs and faculty development,
   public relations, coordinating and counseling. Dur-
   ing an average academic year, deans devoted most of
   their time to administration, professional public
   service, program development, teaching, research and
   consulting in descending order.

5) An analysis of the career histories of allied health
   deans revealed variations from established career
   ladder models. In established (traditional) models,
   the logic of hierarchy for the deanship was: fac-
   ulty to chair to dean or faculty to chair to assis-
   tant or associate dean to dean. Most allied health
   deans departed from established models, with a large
   percentage of deans having begun their careers out-
   side academia. The assistant or associate deanship
   appeared to be a pivotal position in becoming an
   allied health dean. The results of this study re-
   vealed a new model for allied health deans: one or
   more positions outside academia to faculty to chair
   to assistant or associate dean to dean. It should
   also be noted that in many instances allied health
   deans skipped rungs on the career ladder estab-
   lished in this study.

6) Most allied health deans were the first to hold
   their positions, and had not had prior formal
   administrative training. About half of the deans
   planned to remain in their positions one-there
   years', the other half four-six years. Most were
   generally satisfied in their positions and viewed
   themselves and moderately successful. However, if
   offered a new job, most wanted to assume a new
   position in a new administrative area.

7) Most deans were relatively satisfied in their posi-
tions. Most would reassume their positions, if
given a second chance.

8) There were strong positive relationships between
factors that attracted deans to their institutions
and those that caused them to remain. Those factors
with the highest correlations were personal status/
prestige, strong institutional reputation, attrac-
tive salary, physical facilities of institution and
potential for advancement.

9) The profile established for the allied health dean
in this study was: white male, married, early fif-
ties, excellent health, energetic, well educated,
moderately successful, tenured professor who admin-
istered on allied health school primarily in South-
ern and North Central regions of the United States.

Recommendations

Based on the findings and conclusions of this study,
the following recommendations are made for future inquiry:

1) Conduct a study designed to determine the economic
feasibility of increasing or decreasing the pool of
applicants for allied health deanships. An investi-
gation of this nature might result in a better-
prepared pool of applicants.

2) Develop training workshops to orient new deans with basic survival skills needed in the various aspects of deaning, i.e., personnel, curriculum development, budgeting.

3) Take a closer look at what the job of "deaning" involves, and develop formal education programs as preparatory study for deanships.

4) Develop affirmative recruitment strategies to attract more minorities and women into deanships. Both groups are grossly underrepresented.

5) Investigate why deans who report overall job satisfaction only, plan to remain in their positions for one-three, no more than four-six years.

6) Since this study's subjects were only deans in academic health centers, replicate this study using a sample of deans in nonacademic health centers.

7) Conduct further investigations of the allied health deanship to determine whether trends from in this study still prevail.

8) Finally, explore methods of encouraging deans to maintain their scholarly interests, e.g., research and teaching.

APPENDIX A

Chicago State University

College of Allied Health
Ninety-Fifth Street at King Drive
Chicago, Illinois 60628-1598

Telephone (312) 995-2552

April 9, 1986

Dr. Kathryn M. Moore
Center of the Study of
 Higher Education
Pennsylvania State University
University Park, PA   16802

Dear Dr. Moore:

I recently reviewed your 1983 publication, "Leaders in Transition:
A National Study of Higher Education Administrators," which appears
to be similar to a study I plan to conduct of the allied health
deanship (an abstract of the proposed study is attached).

If possible, I would appreciate your sharing a copy of the question-
naire used in your study, along with any information relevant to da-
ta scoring and analyses. Additionally, please include the names and
addresses of any others who may have used your questionnaire for si-
milar research.

Thank you for your prompt assistance. If you are intested, I will
share results of the final project.

Sincerely,

Muriel A. Hawkins

Attachment

MAH/clw

THE PENNSYLVANIA STATE UNIVERSITY
CENTER FOR THE STUDY OF HIGHER EDUCATION
325 POND LABORATORY
UNIVERSITY PARK, PENNSYLVANIA 16802

Area Code 814
865-6346

April 23, 1986

Muriel A. Hawkins
College of Allied Health
Chicago State University
Ninety-Fifth Street at King Drive
Chicago, IL 60628-1598

Dear Ms. Hawkins:

Enclosed is my instrument for your review. There has been work contemplated at the Charleston Medical College in South Carolina, I believe. I don't know how far they have gotten.

Good luck.

Sincerely,

Kathryn M. Moore
Professor, Higher Education
Senior Research Associate

KMM:bwv
Enclosure

Chicago State University

College of Allied Health
Ninety-Fifth Street at King Drive
Chicago, Illinois 60628-1598

Telephone (312) 995-2552

April 1, 1986

Dr. Frederick R. Cyphert
Teacher Education Laboratory
College of Education
Ohio State University
29 W. Woodruff Street
Columbus, OH 43210

Dear Dr. Cyphert:

Recently I reviewed the study which you and Dr. Zimpher conducted
on the Education Deanship (in The Dilemma of the Deanship,
Griffiths and McCarty, 1980). It has come to my attention that
the questionnaire you used may be useful in constructing an in-
strument for a study I plan to conduct investigating the allied
health deanship.

I would appreciate a copy of the questionnaire, along with the
names and addresses of others, if any, who may have used it for
similar purposes. Please include any information relevant to
compilation and scoring/coding of data. My target population
will be a group of about 100 allied health deans in academic
health science centers.

If you are interested, I will be happy to share the results of
the study. Thank you for your prompt assistance.

Sincerely,

Muriel A. Hawkins
Student and Community
Affairs Coordinator

pc: Dr. N. L. Zimpher

MAH/clw

OSU

April 8, 1986

Dr. Muriel A. Hawkins
Student and Community Affairs Coordinator
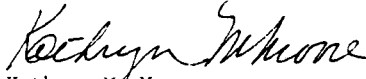College of Allied Health
Chicago State University
Ninety-Fifth Street at King Drive
Chicago, Illinois 60628-1598

Dear Dr. Hawkins:

Thank you for inquiring about the instruments Dr. Nancy Zimpher and I developed for our Education Deanship studies. We would be pleased to have you use our materials. Hopefully, you could give us a footnote in your findings paper.

Attached are three documents: (1) The "Who is the Dean?" questionnaire which was used with current deans in the study you referred to; (2) "Former Deans" questionnaire used with the predecessors of current deans to establish trends; and (3) "A Survey of Academic Leadership" which we used to gather data from persons nominated as potential deans. (The enclosures are xerox copies--the originals were printed back-to-back on colored paper.)

Dr. Abram Konrad (University of Alberta) and Dr. William Studer (Michigan State University) have also conducted studies using this instrument. Many others have borrowed "pieces" of it.

We would like to encourage you to study Allied Health Deans for there is much of value to be learned. If we can be of assistance, please let us know. We would appreciate receiving a copy of your findings. Best wishes.

Cordially,

Frederick R. Cyphert
Dean Emeritus and Professor

FRC/dff

Enclosures

College of Education

Chicago State University

College of Allied Health
Ninety-Fifth Street at King Drive
Chicago, Illinois 60628-1598

Telephone (312) 995-2552

April 24, 1986

Dr. Frederick R. Cyphert
Dean, Emeritus and Professor
Department of Educational
 Theory and Practice
Teacher Education
Ohio State University
216 Ramseyer Hall
29 West Woodnuff Avenue
Columbus, OH 43210-1177

Dear Dr. Cyphert:

Thank you for your recent letter and inclusion of the three in-
struments that you and Dr. Zimpher developed for your Education
Deanship studies.

At this point, I am certain that I will use the "Who is Dean"
questionnaire, with some modification to include the dean's in-
volvement in curriculum development. Of course, I will give you
a footnote; I already have. Your study (as published in <u>Dilema
of the Deanship</u>), has been perhaps the most well-presented and
comprehensive among recent literature.

I will be happy to share the results of my study with you. In
the interim, I will keep you informed of my progress. Your sup-
port is very much appreciated.

Sincerely,

Muriel Hawkins

MH/clw

Chicago State University

College of Allied Health
Ninety-Fifth Street at King Drive
Chicago, Illinois 60628-1598

Telephone (312) 995-2552

May 2, 1986

Dr. Kathryn M. Moore
Professor, Higher Education
Senior Research Associate
Pennsylvania State University
Center for the Study of
 Higher Education
325 Pond Laboratory
University Park, PA   16802

Dear Dr. Moore:

Thank you for your recent letter and inclusion of your instrument.
"Today's Academic Leaders."

I am aware that a study of the allied health deanship has been
contemplated at the Medical University of South Carolina at Char-
leston. However, my study was endorsed in January 1986 by the
ASAHP (American Society of Allied Health Professions) Board of Di-
rectors. I do not know the status of their project; however it
may be worthwhile to contact them so that effort will not be
duplicated.

I appreciate your assistance and will share the results of my
study. In the interim, if I "borrow" from your instrument, appro-
priate credit will be given.

Many thanks again.

Sincerely,

Muriel A. Hawkins

MAH/clw

APPENDIX B

ChicagoStateUniversity

College of Allied Health
Ninety-Fifth Street at King Drive
Chicago, Illinois 60628-1598

Telephone 312/995-2552

September 5, 1986

Dear Dean:

I am requesting your participation in a national study of the allied health dean-
ship. The study has been endorsed by the Board of Directors of the American So-
ciety of Allied Health Professions (ASAHP), and will serve these purposes: to
collect baseline data about allied health deans in academic health centers –
their backgrounds, career paths, role characteristics and perceived needs of pro-
fessional development. A second purpose is to establish a framework from with-
in further research on allied health deans may be conducted, as it remains an
area that is not well addressed in the literature.

Please answer **ALL** questions. Each response is **IMPORTANT**. Efforts have been made
to minimize the amount of personal information requested. However, because of the
nature of the study, a limited amount of personal data is required. Please be as-
sured that your responses will be kept **CONFIDENTIAL**. Data will be reported using
statistical summaries only. Under no circumstances will "individual" data be re-
ported, or made available to individuals or groups.

Results of the study will be presented during the November 1986 ASAHP Annual
Meeting in Pittsburgh. The presentation is scheduled for Saturday morning, No-
vember 8. A request will also be submitted to the Editorial Board for publica-
tion of the study results in the Journal of Allied Health. As a study partici-
pant, you may receive an individual summary of the study by contacting the
investigator at the address above.

It is not possible to thank each participant personally. However, I am aware
of the time you will spend completing the enclosed questionnaire, and am appre-
ciative of your support for a study that will contribute to both allied health,
and higher education research.

Please return your unfolded survey questionnaire in the enclosed self-addressed
stamped envelope by **September 22, 1986**.

Sincerely,

Muriel A. Hawkins

Enclosure

Chicago State University

TODAY'S ALLIED HEALTH DEANS

A National Study
of Deans in
Academic Health Centers

Muriel A. Hawkins
Investigator

In an era of declining enrollments and decreases in governmental allocations to education, schools of allied health may be facing a period of reassessment. Since current leadership in the allied health professions is provided by deans. participation in this study is a way for you to assist in compiling a national knowledge base about deans' careers, as well as their professional and personal concerns. Please *circle* the number corresponding to your choice for each item, unless instructed otherwise.

Regional Codes for Question 5 and Question 44:

Regions	*States Covered*
New England	CT, ME, MA, NH. RI, VT
Middle States	DE, DC. MD, NJ, NY, PA, Puerto Rico
North Central	AZ, AR, CO, IL, IN, IA. KS. MI, MN, MO, NE, MN, ND, OH, OK, SD, WV, WI, WY,
Northwest	AK, ID, MT, NV, OR, UT, WA
Southern	AL, FL, GA, KY, LA, MS, NC. SC. TN, TX, VA
Western	CA, HI

TODAY'S ALLIED HEALTH DEANS

Part One: Current Professional Data

Q1. Please indicate your current title.

   1   Dean
   2   Director
   3   Deputy
   4   Vice President, Health Affairs
   5   Other *(please specify)* _____

Q2. What type of allied health unit do you administer?

   1   College .
   2   School
   3   Division
   4   Department
   5   Other *(please specify)* _____

Q3. How many allied health programs are offered in your unit? *Please indicate number in each category:*

   1   Certificate   _____
   2   Associate   _____
   3   Baccalaureate   _____
   4   Master's (basic)   _____
   5   Master's (prof., as in O.T., P.T., etc.) _____
   6   Doctoral   _____

Q4. In what type of institution are you currently employed?

   1   public
   2   private

Q5. In what region of the United States is your institution located? Please refer to front inside cover for regional codes.

   1   New England
   2   Middle States
   3   North Central
   4   Northwest
   5   Southern
   6   Western
   7   Outside U.S. *(please specify country)* _____

Q6. In your region, which of the following describes your institution locally?

   1   Urban
   2   Suburban
   3   Rural

Q7. Please answer *both* of the following questions.

   1   What is the approximate, total student enrollment at your institution? _____
   2   What is the total allied health enrollment in your unit? (please include all students at all levels). _____

Q8. Please give the title of the individual to whom you currently report (your immediate supervisor, as Chancellor, President, etc.)

_____

Q9. Please circle the type of contract you have with your institution.

   1   Eleven/twelve-month
   2   nine/ten-month

Q10. Please indicate your current academic rank:

1 Not eligible in present position
2 Professor
3 Associate Professor
4 Assistant Professor
5 Instructor
6 Lecturer
7 Other *(please specify)* _____

Q11. Do you have tenure as a faculty member?

1 yes
2 no

Q12. If tenured, please circle the discipline in which you hold tenure.

1 Medicine
2 Dentistry
3 Allied Health Sciences
4 Arts and Sciences
5 Business/Law
6 Engineering
7 Education
8 Other *(please specify)* _____

Q13. What was your salary during the 1985-86 academic year? Please circle the category indicating salary range.

1 less than $40,000
2 $40,000 - $49,999
3 $50,000 - $59,999
4 $60,000 - $69,999
5 $70,000 - $79,000
6 $80,000 - $89,000
7 $90,000 or more

Q14. Please circle the number of courses you taught during the 1985-86 academic year.

1 none
2 one
3 two
4 three-five
5 more than five

Q15. Please indicate the number of students you advised in each of the following categories during the 1985-86 academic year:

Q15a. Undergraduate students advised:

1 none
2 one-three
3 four-nine
4 ten-twenty
5 more than twenty

Q15b. Master's students advised:

1 none
2 one-three
3 four-nine
4 ten-fifteen
5 more than fifteen

Q15c.   Doctoral students advised:

1   none
2   one
3   two
4   three-five
5   more than five

Q15d.   Nontraditional students advised (as University Without Walls, etc.):

1   none
2   one
3   two
4   three-five
5   more than five

Q16.   **Please indicate in percentages (%) the amount of time you devoted to each of the following activities during the 1985-86 academic year:**

1   Administration   _____ %
2   Program Development/Improvement (curriculum)   _____ %
3   Teaching   _____ %
4   Research   _____ %
5   Public/Professional Service   _____ %
6   Consulting   _____ %
7   Other *(specify)* _____   _____ %

                Total = 100%

Q17a.   **During the 1985-86 academic year, were you personally engaged in the execution of *training* projects?**

1   yes
2   no

Q17b.   **If yes, how many?** _____

Q17c.   **Indicate source(s) of funding for *training* projects in Q17a:**

1   institutional
2   external
3   both institutional and external
4   non-funded

Q18a.   **During the 1985-86 academic year, were you personally engaged in the execution of *research & development* projects?**

1   yes
2   no

Q18b.   **If yes, how many?** _____

Q18c.   **Indicate source(s) of funding for *research & development* projects in Q18a:**

1   institutional
2   external
3   both institutional and external
4   non-funded

Q19.   **Indicate your current membership in ASAHP (American Society of Allied Health Professions):**

1   institutional membership
2   individual membership
3   both institutional and individual memberships
4   non-membership in either category

Q20.   **Please indicate the *number* of other professional associations, excluding ASAHP, in which you currently hold membership:** _____

Q21. Are you currently a member of a higher education association, such as AAHE (American Association of Higher Education)?

1   yes
2   no

Q22. How many days during the 1985-86 academic year did you spend attending professional meetings/conferences?
_____ days

Q23a. Which one of the following statements best describes your feelings toward your present position? *Please circle one.*

1   highly satisfying to me personally
2   enjoy it most of the time
3   equally satisfying and frustrating
4   frustrated most of the time
5   highly frustrating to me personally

Q23b. In summary of Q23a, are you generally satisfied in your present position? *Please circle one.*

1   yes
2   no
3   undecided

Q24. In your present position, do you perceive yourself as being:

1   very successful
2   moderately successful
3   somewhat successful
4   not very successful
5   unsuccessful

Q25. Please list as many as six words or phrases describing what you perceive to be the major functions or responsibilities of the allied health deanship:

1   _____
2   _____
3   _____
4   _____
5   _____
6   _____

Part Two: Professional Background Data

Q26. In the spaces below, list as many as eight significant professional positions that you have held. All spaces need not be filled, as some individuals may have extensive employment histories and others may have only recently begun a professional career. Please use reverse chronological order (begin with present position, etc.):

Position Title (or rank)	Type of Institution (University, hospital, private practice, etc.)	Number of Years in Position
(present position)		

Q27a. A mentor is thought of as someone with whom you have had a long-term, professionally oriented relationship, one in which the person guided, advised and assisted in your personal and career development. Based on the preceding definition, have you had a mentor(s) in your career in higher education administration?

    1   yes
    2   no

Q27b. Please provide the following information about your mentor(s).

Mentor's Position When you Met	Your Position When you Met	No. of Yrs. of Relationship	Sex of Mentor	Race of Mentor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Q28. Are you currently a mentor for someone else?

    1   yes
    2   no

Q29. How did you first become a candidate for your present position? *Please circle one.*

    1   applied directly
    2   recommended by mentor
    3   nominated by person(s) other than mentor
    4   invitation from a search committee
    5   assumed acting appointment
    6   appointed by senior administrator
    7   created position and secured funding
    8   other *(specify)* _____

Q30. Please give the order of your rank in present position:

    1   first to hold position
    2   second in position
    3   third in position
    4   fourth in position
    5   fifth (or beyond) in position

Q31. Please circle the most significant type of administrative training that may have prepared you for, or enhanced your skills in your present position:

    1   none (no administrative training)
    2   degree in administration
    3   college-level course(s) in administration
    4   workshop or seminar
    5   internship or fellowship
    6   other *(specify)* _____

Q32. Indicate the number of books or monographs you have written or edited. *Please circle one category.*

    1   none
    2   one
    3   two-four
    4   five-nine
    5   ten-fifteen
    6   more than fifteen

Q33. Indicate the number of professional articles and scholarly papers you have written or coauthored. *Please circle one category.*

1 none
2 one-five
3 six-ten
4 eleven-fourteen
5 fifteen-twenty
6 more than twenty

Q34. Please provide the following information about your academic preparation. If you are currently enrolled in a degree program, please indicate "E" for "Enrolled" under the year column.

	Primary Field of Study	Name of Degree (BS, BA) or Certificate	Year Degree Awarded
Bachelor's	_____	_____	_____
	_____	_____	_____
Master's	_____	_____	_____
	_____	_____	_____
Doctorate	_____	_____	_____
	_____	_____	_____
Professional (MD,	_____	_____	_____
JD, etc.)	_____	_____	_____
Other	_____	_____	_____

Q35a Are you credentialed (licensed, registered or certified) in an allied health or other health-related discipline?

1 yes
2 no

Q35b. Please list the professional disciplines in which you are credentialed (physical therapy, medicine, medical record administration, dietetics, etc.):

_____

_____

Q36. If you had it to do over again, would you still assume your current position?

1 yes
2 no
3 undecided

Q37. How much longer do you plan to remain in your present position? *Please circle one number.*

1 leaving after this year
2 one-three years
3 four-six years
4 seven-ten years
5 more than ten years

Q38. Please indicate the importance of each of the following which attracted you to your present position/institution. *Please circle one number for each item.*

	No	Low	Mode-rate	High	Very High
			Of What Importance?		
Duties/responsibilities of position	1	2	3	4	5
Personal status/prestige	1	2	3	4	5
Strong institutional reputation	1	2	3	4	5
Good benefits - retirement, etc.	1	2	3	4	5
Attractive salary	1	2	3	4	5
Competence/congeniality of colleagues	1	2	3	4	5
Geographic location	1	2	3	4	5
Physical facilities of institution	1	2	3	4	5
Potential for advancement	1	2	3	4	5
Mission/philosophy of institution	1	2	3	4	5
Other *(please specify)* _____	1	2	3	4	5

Q39. The reasons for remaining in your present position/institution may not be the same as those that attracted you. Please indicate the importance of the following in keeping you where you are. *Please circle one number for each item.*

	No	Low	Mode-rate	High	Very High
			Of What Importance?		
Duties/responsibilities of position	1	2	3	4	5
Personal status/prestige	1	2	3	4	5
Strong institutional reputation	1	2	3	4	5
Good benefits - retirement, etc.	1	2	3	4	5
Attractive salary	1	2	3	4	5
Competence/congeniality of colleagues	1	2	3	4	5
Geographic location	1	2	3	4	5
Physical facilities of institution	1	2	3	4	5
Potential for advancement	1	2	3	4	5
Mission/philosophy of institution	1	2	3	4	5
Other *(please specify)* _____	1	2	3	4	5

Q40. Assume that you had a job offer today, select the one position type that you most prefer. *Please circle one number.*

1   similar position
2   new position at higher level in present area
3   new position in new administrative area
4   outside higher education

Q41. Ultimately, what type of position most resembles the epitome of your professional aspiration? *Please give title of position:*

_____

Part Three: Personal Data

Q42. Please indicate your sex:

    1   male
    2   female

Q43. What is your racial or ethnic group? *Please circle one.*

    1   Caucasian/White
    2   Black/Afro-American
    3   Hispanic
    4   Native American/American Indian
    5   Asian/Oriental
    6   Other *(please specify)* _____

Q44. In what region of the United States were you born? *Please refer to front inside cover for regional codes.*

    1   New England
    2   Middle States
    3   North Central
    4   Northwest
    5   Southern
    6   Western
    7   Outside U.S. *(please specify country)* _____

Q45. In what year were you born? 19_____

Q46. Please indicate you present marital status. *Circle one.*

    1   Single (never married)
    2   Married (living with spouse)
    3   Separated
    4   Divorced
    5   Widowed

Q47. How many children do you have? _____

Q48. What is your present health status? *Please circle one.*

    1   Excellent
    2   Good
    3   Fair
    4   Poor

Q49. How would you describe your physical and psychic energy levels?

    1   Hyperenergetic
    2   More energy than most persons
    3   Average energy level
    4   Less energy than most

Q50. Please indicate your birth rank (only child, first, second, middle, last, etc.)

    _____

Q51. What is (was) the highest level of education that your parents have completed? *Please circle one number in each column.*

	Mother	Father
eighth grade or less	1	1
some high school	2	2
completed high school	3	3
some undergraduate work	4	4
two-year degree/certificate	5	5
completed bachelor's degree	6	6
some work beyond bachelor's	7	7
completed master's degree	8	8
some work beyond master's	9	9
completed doctoral degree	10	10
completed professional degree (as MD, DDS, etc.)	11	11

Q52. What is (was) the principal (paid) employment of your parents? *Please be specific by listing an occupation title.*

1   Mother _____

2   Father _____

Q53. How would you classify the community where you spent most of your youth? *Please circle one number.*

1   rural
2   small town/village
3   small city
4   large city
5   suburb of large city

Q54. How many hours do you spend in a typical week on the following activities?

1   physical recreation   _____

2   recreational reading   _____

3   professional reading   _____

4   other recreation   _____
     (exclusive of above)

Q55. Please list as many as six adjectives that best describe you as a person.

_____   _____

_____   _____

_____   _____

If information you feel is important has not been covered in this questionnaire, please use the space below for additional comments.

Thank you for taking time to participate in this study. Please return questionnaire in the enclosed stamped envelope. Study results will be available for distribution to participants upon request. To obtain an individual copy. please write or call:

Muriel A. Hawkins
College of Allied Health
Chicago State University
Ninty-Fifth Street at King Drive
Chicago. IL 60628-1598
(312) 995-2552

AH2-06-02

Chicago State University

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Telephone (312) 995-2552

October 7, 1986

Dear Dean:

A few weeks ago I requested your participation in a national study of
deans in academic health centers.

Will you please take a few minutes to complete and return the en-
closed questionnaire, if you have not done so already? Your opinion
counts, but it cannot be counted without your response.

For your convenience, a self-addressed, stamped return envelope is
enclosed. I appreciate your participation.

Sincerely,

Muriel A. Hawkins

Enclosures
MAH/clj

APPENDIX C

Chicago State University

TODAY'S ALLIED HEALTH DEANS

A National Study
of Deans in
Academic Health Centers

Muriel A. Hawkins
Investigator

AH2-08-02

In an era of declining enrollments and decreases in governmental allocations to education, schools of allied health may be facing a period of reassessment. Since current leadership in the allied health professions is provided by deans, participation in this study is a way for you to assist in compiling a national knowledge base about deans' careers, as well as their professional and personal concerns. Please *circle* the number corresponding to your choice for each item, unless instructed otherwise.

Regional Codes for Question 5 and Question 44:

Regions	*States Covered*
New England	CT, ME, MA, NH, RI, VT
Middle States	DE, DC, MD, NJ, NY, PA, Puerto Rico
North Central	AZ, AR, CO, IL, IN, IA, KS, MI, MN, MO, NE, MN, ND, OH, OK, SD, WV, WI, WY,
Northwest	AK, ID, MT, NV, OR, UT, WA
Southern	AL, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA
Western	CA, HI

TODAY'S ALLIED HEALTH DEANS
Part One: Current Professional Data

Q1. Please indicate your current title.

1   Dean __68.4%__
2   Director __15.8%__
3   Deputy
4   Vice President, Health Affairs
5   Other *(please specify)* _____15.8%_____

Q2. What type of allied health unit do you administer?

1   College __31.6%__
2   School __43.9%__
3   Division __12.3%__
4   Department __3.5%__
5   Other *(please specify)* __8.8%_____

Q3. How many allied health programs are offered in your unit? *Please indicate number in each category:*

1   Certificate   __7.0%__
2   Associate   __12.3%__
3   Baccalaureate   __12.3%__
4   Master's (basic)   __5.3%__
5   Master's (prof., as in O.T., P.T., etc.) __1.8%__
6   Doctoral   __1.8%__

Q4. In what type of institution are you currently employed?

1   public   __71.9%__   missing __3.5%__
2   private   __24.6%__

Q5. In what region of the United States is your institution located? Please refer to front inside cover for regional codes.

1   New England   __5.3%__
2   Middle States   __22.8%__
3   North Central   __33.3%__
4   Northwest   __1.8%__
5   Southern   __33.3%__
6   Western   __3.5%__
7   Outside U.S. *(please specify country)* _____

Q6. In your region, which of the following describes your institution locally?

1   Urban   __84.2%__
2   Suburban __8.8%__
3   Rural   __1.0%__

Q7. Please answer *both* of the following questions.

1   What is the approximate, total student enrollment at your institution? __13,771.2__
2   What is the total allied health enrollment in your unit? (please include all students at all levels). __478.4__

Q8. Please give the title of the individual to whom you currently report (your immediate supervisor, as Chancellor, President, etc.)
(President=21.1%; Divisional Dean=21.1%; Chancellor=19.3%; V.P./Health=15.8%; Provost=14.0% and Other Titles=8.8%)

Q9. Please circle the type of contract you have with your institution.

1   Eleven/twelve-month __98.2%__
2   nine/ten-month   __1.8%__

Q10. Please indicate your current academic rank:

1. Not eligible in present position __1.8%__
2. Professor __71.9%__
3. Associate Professor __24.6%__
4. Assistant Professor __1.8%__
5. Instructor __1.0%__
6. Lecturer __1.0%__
7. Other *(please specify)* _____

Q11. Do you have tenure as a faculty member?

1. yes __82.5%__
2. no __17.5%__

Q12. If tenured, please circle the discipline in which you hold tenure.

1. Medicine __21.1%__
2. Dentistry __3.5%__
3. Allied Health Sciences __36.8%__
4. Arts and Sciences __1.0%__
5. Business/Law __1.0%__
6. Engineering __1.0%__
7. Education __1.8%__
8. Other *(please specify)* __22.8%__

Q13. What was your salary during the 1985-86 academic year? Please circle the category indicating salary range.

1. less than $40,000 __3.5%__
2. $40,000 - $49,999 __5.3%__
3. $50,000 - $59,999 __21.1%__
4. $60,000 - $69,999 __22.8%__
5. $70,000 - $79,000 __17.5%__
6. $80,000 - $89,000 __21.1%__
7. $90,000 or more __8.8%__

Q14. Please circle the number of courses you taught during the 1985-86 academic year.

1. none __47.4%__   missing __1.8%__
2. one __21.1%__
3. two __15.8%__
4. three-five __12.3%__
5. more than five __1.8%__

Q15. Please indicate the number of students you advised in each of the following categories during the 1985-86 academic year:

Q15a. Undergraduate students advised:

1. none __64.9%__   missing __1.8%__
2. one-three __3.5%__
3. four-nine __3.5%__
4. ten-twenty __10.5%__
5. more than twenty __15.8%__

Q15b. Master's students advised:

1. none __61.4%__   missing __5.3%__
2. one-three __14.0%__
3. four-nine __10.5%__
4. ten-fifteen __7.0%__
5. more than fifteen __1.8__

Q15c. **Doctoral students advised:**

1 none 64.9%   missing 5.3%
2 one 17.5
3 two 7.0%
4 three-five 5.3%
5 more than five 1.68%

Q15d. **Nontraditional students advised (as University Without Walls, etc.):**

1 none 82.5%   missing 5.3%
2 one 3.5%
3 two 1.8%
4 three-five 5.3%
5 more than five 1.8%

Q16. **Please indicate in percentages (%) the amount of time you devoted to each of the following activities during the 1985-86 academic year:**

1 Administration — 65.0% %
2 Program Development/Improvement (curriculum) — 12.4% %
3 Teaching — 12.2% %
4 Research — 10.3% %
5 Public/Professional Service — 14.0% %
6 Consulting — 5.0% %
7 Other (specify) _____ — 9.1% %
               Total = 100%

Q17a. **During the 1985-86 academic year, were you personally engaged in the execution of *training* projects?**

1 yes 33.3%   missing 1.8%
2 no 64.4%

Q17b. **If yes, how many?** 1.47

Q17c. **Indicate source(s) of funding for *training* projects in Q17a:**

1 institutional 7.0% missing 59.56%
2 external 21.1%
3 both institutional and external 10.5%
4 non-funded 3.5%

Q18a. **During the 1985-86 academic year, were you personally engaged in the execution of *research & development* projects?**

1 yes 38.6% missing 1.8%
2 no 59.6%

Q18b. **If yes, how many?** 1.61%

Q18c. **Indicate source(s) of funding for *research & development* projects in Q18a:**

1 institutional 10.5% missing 59.6%
2 external 17.5%
3 both institutional and external 8.8%
4 non-funded 3.5%

Q19. **Indicate your current membership in ASAHP (American Society of Allied Health Professions):**

1 institutional membership 33.3%
2 individual membership 12.3%
3 both institutional and individual memberships 42.1%
4 non-membership in either category 12.3%

Q20. **Please indicate the *number of other professional associations, excluding ASAHP, in which you currently hold membership:** average = 6

Q21. Are you currently a member of a higher education association, such as AAHE (American Association of Higher Education)?

1 yes 36.8%
2 no 63.2%

Q22. How many days during the 1985-86 academic year did you spend attending professional meetings/conferences?
_____3.5_____ days

Q23a. Which one of the following statements best describes your feelings toward your present position? *Please circle one.*

1 highly satisfying to me personally 38.6%
2 enjoy it most of the time 38.6%
3 equally satisfying and frustrating 15.8%
4 frustrated most of the time 3.5%
5 highly frustrating to me personally 3.5%

Q23b. In summary of Q23a, are you generally satisfied in your present position? *Please circle one.*

1 yes 89.5%
2 no 7.0%
3 undecided 3.5%

Q24. In your present position, do you perceive yourself as being:

1 very successful 45.6%
2 moderately successful 40.4%
3 somewhat successful 12.3%
4 not very successful 1.8%
5 unsuccessful

Q25. Please list as many as six words or phrases describing what you perceive to be the major functions or responsibilities of the allied health deanship:

1 Leadership = 38.59%

2 Budgeting = 35.8%

3 Faculty Development/Recruitment = 35.08%

4 Planning = 31.05%

5 Funding = 29.82%

6 Program Development = 22.80%

OTHER HIGH: Public Relations = 21.05%   Administration/Management = 14.0%
Counseling = 12.28%   Part Two: Professional Background Data

Q26. In the spaces below, list as many as eight significant professional positions that you have held. All spaces need not be filled, as some individuals may have extensive employment histories and others may have only recently begun a professional career. Please use reverse chronological order (begin with present position, etc.):

Position Title (or rank)	Type of Institution (University, hospital, private practice, etc.)	Number of Years in Position
(present position)		

Q27a. A mentor is thought of as someone with whom you have had a long-term, professionally oriented relationship, one in which the person guided, advised and assisted in your personal and career development. Based on the preceding definition, have you had a mentor(s) in your career in higher education administration?

1 yes 63.2%
2 no 36.8%

Q27b. Please provide the following information about your mentor(s).

Mentor's Position When you Met	Your Position When you Met	No. of Yrs. of Relationship	Sex of Mentor	Race of Mentor
		4.0 years	male=54.7 female=3.8%	white

Q28. Are you currently a mentor for someone else?

1 yes 66.7%   missing 5.3%
2 no 28.1%

Q29. How did you first become a candidate for your present position? *Please circle one.*

1 applied directly 35.7%
2 recommended by mentor 32.1%
3 nominated by person(s) other than mentor 17.9%
4 invitation from a search committee 3.5%
5 assumed acting appointment 10.7%
6 appointed by senior administrator
7 created position and secured funding
8 other *(specify)* _____

Q30. Please give the order of your rank in present position:

1 first to hold position 35.1%   missing 1.5%
2 second in position 31.6%
3 third in position 17.5%
4 fourth in position 3.5%
5 fifth (or beyond) in position 10.5%

Q31. Please circle the most significant type of administrative training that may have prepared you for, or enhanced your skills in your present position:

1 none (no administrative training) 22.8%
2 degree in administration 22.8%
3 college-level course(s) in administration 8.8%
4 workshop or seminar 5.8%
5 internship or fellowship 5.3%
6 other *(specify)* 31.6% _____

Q32. Indicate the number of books or monographs you have written or edited. *Please circle one category.*

1 none 36.8%
2 one 10.5%
3 two-four 29.8%
4 five-nine 17.5%
5 ten-fifteen 3.5%
6 more than fifteen 1.8%

Q33. Indicate the number of professional articles and scholarly papers you have written or coauthored. *Please circle one category.*

1   none   1.8%
2   one-five   29.8%
3   six-ten   17.5%
4   eleven-fourteen   10.5%
5   fifteen-twenty   3.5%
6   more than twenty   36.8%

Q34. Please provide the following information about your academic preparation. If you are currently enrolled in a degree program, please indicate "E" for "Enrolled" under the year column.

	Primary Field of Study	*Name of Degree (BS, BA) or Certificate*	*Year Degree Awarded*
Bachelor's			
Master's			
Doctorate			
Professional (MD, JD, etc.)			
Other			

Q35a Are you credentialed (licensed, registered or certified) in an allied health or other health-related discipline?

1   yes
2   no

Q35b. Please list the professional disciplines in which you are credentialed (physical therapy, medicine, medical record administration, dietetics, etc.):

_____

_____

Q36. If you had it to do over again, would you still assume your current position?

1   yes   78.9%   missing   1.8%
2   no   12.3%
3   undecided   7.0%

Q37. How much longer do you plan to remain in your present position? *Please circle one number.*

1   leaving after this year   10.5%   missing   1.8%
2   one-three years   28.1%
3   four-six years   26.3%
4   seven-ten years   19.3%
5   more than ten years   14.0%

Q38. Please indicate the importance of each of the following which attracted you to your present position/institution. *Please circle one number for each item.*

Of What Importance?

SPEARMAN RANK-ORDER CORRELATION
COEFFICIENTS (r_s < .001 levels of significance)

		No	Low	Mode-rate	High	Very High
.63	Duties/responsibilities of position	1	2	3	4	5
.76	Personal status/prestige	1	2	3	4	5
.75	Strong institutional reputation	1	2	3	4	5
.65	Good benefits - retirement, etc.	1	2	3	4	5
.75	Attractive salary	1	2	3	4	5
.54	Competence/congeniality of colleagues	1	2	3	4	5
.66	Geographic location	1	2	3	4	5
.71	Physical facilities of institution	1	2	3	4	5
.71	Potential for advancement	1	2	3	4	5
.53	Mission/philosophy of institution	1	2	3	4	5
	Other *(please specify)* _____	1	2	3	4	5

Q39. The reasons for remaining in your present position/institution may not be the same as those that attracted you. Please indicate the importance of the following in keeping you where you are. *Please circle one number for each item.*

Of What Importance?

	No	Low	Mode-rate	High	Very High
Duties/responsibilities of position	1	2	3	4	5
Personal status/prestige	1	2	3	4	5
Strong institutional reputation	1	2	3	4	5
Good benefits - retirement, etc.	1	2	3	4	5
Attractive salary	1	2	3	4	5
Competence/congeniality of colleagues	1	2	3	4	5
Geographic location	1	2	3	4	5
Physical facilities of institution	1	2	3	4	5
Potential for advancement	1	2	3	4	5
Mission/philosophy of institution	1	2	3	4	5
Other *(please specify)* _____	1	2	3	4	5

Q40. Assume that you had a job offer today, select the one position type that you most prefer. *Please circle one number.*

1. similar position 28.1%   missing 10.5%
2. new position at higher level in present area 22.8%
3. new position in new administrative area 35.1%
4. outside higher education 3.5%

Q41. Ultimately, what type of position most resembles the epitome of your professional aspiration? *Please give title of position:*

Most Popular: Vice President for Academic Affairs = 19.2%
University Professor (with tenure) = 15.7%
Academic Dean = 7.0%
Retirement = 5.3%

Part Three: Personal Data

Q42.   Please indicate your sex:

   1   male   78.9%
   2   female   21.9%

Q43.   What is your racial or ethnic group? *Please circle one.*

   1   Caucasian/White   86.0%
   2   Black/Afro-American 10.5%
   3   Hispanic   1.8%
   4   Native American/American Indian   none
   5   Asian/Oriental   1.8%
   6   Other *(please specify)*   none

Q44.   In what region of the United States were you born? *Please refer to front inside cover for regional codes.*

   1   New England   10.5%
   2   Middle States   36.8%
   3   North Central   33.3%
   4   Northwest   1.8%
   5   Southern   8.8%
   6   Western   7.0%
   7   Outside U.S. *(please specify country)*   1.8%

Q45.   In what year were you born? 19 33 (average birth year reported; agerage age=53)

Q46.   Please indicate you present marital status. *Circle one.*

   1   Single (never married)   8.8%
   2   Married (living with spouse)   82.5%
   3   Separated   1.8%
   4   Divorced   7.0%
   5   Widowed

Q47.   How many children do you have?   2.96

Q48.   What is your present health status? *Please circle one.*

   1   Excellent   73.7%
   2   Good   22.8%
   3   Fair   3.5%
   4   Poor   none

Q49.   How would you describe your physical and psychic energy levels?

   1   Hyperenergetic   15.8%
   2   More energy than most persons   64.9%
   3   Average energy level   17.5%
   4   Less energy than most   1.8%

Q50.   Please indicate your birth rank (only child, first, second, middle, last, etc.)

   _____

Q51. What is (was) the highest level of education that your parents have completed? *Please circle one number in each column.*

	Mother		Father	
eighth grade or less	22.8%	1	15.8%	1
some high school	15.8%	2	26.3%	2
completed high school	26.3%	3	22.8%	3
some undergraduate work	8.8%	4	15.8%	4
two-year degree/certificate	8.8%	5	3.5%	5
completed bachelor's degree	8.8%	6	3.5%	6
some work beyond bachelor's	5.3%	7	1.8%	7
completed master's degree	3.5%	8	8/8%	8
some work beyond master's		9		9
completed doctoral degree		10		10
completed professional degree (as MD, DDS, etc.)		11		11

Q52. What is (was) the principal (paid) employment of your parents? *Please be specific by listing an occupation title.*

1   Mother _____

2   Father _____

Q53. How would you classify the community where you spent most of your youth? *Please circle one number.*

1   rural   17.5%
2   small town/village 17.5%
3   small city 26.3%
4   large city 26.3%
5   suburb of large city 12.3%

Q54. How many hours do you spend in a typical week on the following activities?

1   physical recreation   4.81%
2   recreational reading   5.33%
3   professional reading   7.2%
4   other recreation   5.90%
     (exclusive of above)

Q55. Please list as many as six adjectives that best describe you as a person.

Committed = 24.5%	Caring = 15.7%
Humanistic = 22.8%	Ambitious = 14.0%
Intelligent = 15.7%	Competent = 14.0%
	Confident = 14.0%

If information you feel is important has not been covered in this questionnaire, please use the space below for additional comments.

APPROVAL SHEET

The dissertation submitted by Muriel A. Hawkins has been
read and approved by the following committee:

Dr. Todd Hoover, Director
Associate Professor, Curriculum and Human Resource
Development
Loyola University of Chicago

Robert Cienkus, Ph.D.
Associate Professor, Curriculum and Human Resource
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David Broski, Ph.D.
Dean
College of Associated Health Professions
The University of Illinois at Chicago

The final copies have been examined by the Director of the
Dissertation and Committee and the signature which appears
below verifies the fact that any necessary changes have been
incorporated and that the dissertation is now given final
approval by the Committee with reference to content and
form.

The dissertation is therefore accepted in partial fullfill-
ment of the requirements for the degree of Doctor of
Philosophy.

April 28, 1988   _Todd Hoover_
Date   Director's Signature