

Delegation and Empowerment in CAATE Accredited Athletic Training Education Programs

Johanna Hoch, MS, ATC*, Kristi White, PhD, ATC†, Chad Starkey, PhD, LAT‡, B. Andrew Krause, PhD, LAT‡

*University of Kentucky, Lexington, KY, †Angelo State University, San Angelo, Texas,

‡Ohio Univeristy, Athens, Ohio

Context: The use of delegation can potentially alleviate some of the stress with administering an athletic training education program (ATEP) and allow program directors (PDs) to focus on other aspects of their academic role.

Objectives: To determine the reasons PDs delegate and do not delegate tasks to other faculty of ATEPs accredited by the Commission on Accreditation of Athletic Training Education (CAATE), and to determine if clinical education coordinators (CECs) of accredited ATEPs feel empowered when completing these tasks.

Design and Setting: Survey of CECs and PDs of CAATE accredited entry-level ATEPs.

Patients or other participants: At the time of this research there were 358 CAATE accredited entry-level ATEPs; 143 of these institutions had both CECs and PDs on staff resulting in 286 possible participants.

Data Collection and Analysis: We developed two electronic survey instruments and established the validity and reliability.

Descriptive statistics were used to analyze and rank administrative tasks.

Results: We ranked five reasons PDs delegate and do not delegate administrative tasks to the other faculty of the ATEP. For over 80% (n=25) of the PDs surveyed, frequency statistics suggested that lack of confidence and lack of trust in others were the number one and number two reasons, respectively, for not delegating tasks to other faculty. Also, PDs ranked improving productivity as their primary reason to delegate tasks to other members of the ATEP. Finally, CECs felt empowered 59% of the time when completing assigned tasks.

Conclusions: When used properly, delegation can alleviate some of the job stresses PDs face in accredited entry-level ATEPs. However, in order for delegation to improve the PDs and CECs job satisfaction, the CECs must feel empowered when completing these tasks to the level CAATE requires.

Key words: clinical education, program directors, clinical education coordinators, leadership

Program directors (PDs) of athletic training education programs (ATEPs) accredited by the Commission on Accreditation of Athletic Training Education (CAATE) are charged with overseeing and administering all aspects of the program.¹ Aside from the charge set forth by CAATE, the PD is, in some cases, required to meet the demands of promotion and tenure.^{2,3,4} This requires meeting not only the administrative duties required by CAATE but also the demands of the PDs promotion and tenure process.² It has been noted that satisfying accreditation requirements while completing the promotion and tenure process may overwhelm the novice PD.⁵ When PDs choose to delegate tasks to other members of the faculty, they are using participative leadership. This style of leadership encourages fellow ATEP faculty to participate in decision-making processes.⁶ The use of participative leadership and delegation can potentially alleviate some of the stress with administering an ATEP and allow PDs to focus on other aspects of their job, such as completing other promotion and tenure activities and preparing for class.

Participative leadership incorporates and encourages fellow faculty participation in decision making.⁶ Benefits to participative leadership include improving the quality of decisions and promoting satisfaction among the team.⁶ Delegation, one of the five leadership styles used in participative leadership, allows for power sharing, which can increase assistant commitment and job satisfaction.⁶ Delegation not only increases the assistant's job satisfaction, but it can also increase the job satisfaction of the director by alleviating some job stress.⁶

If participative leadership and delegation are used in the ATEP, the faculty members assigned tasks need to feel empowered to complete those tasks.⁶ It has been revealed that empowered employees are more likely to complete assigned tasks compared to employees who do not feel empowered.⁶ If the athletic training faculty member does not feel empowered to complete the task, it may not be completed to the level set forth by the CAATE.

The purpose of our investigation was twofold. First, we wanted to determine why PDs delegate or do not delegate tasks to members of the ATEP faculty. Second, we wanted to determine if the CECs of accredited ATEPs felt empowered to complete the tasks delegated to them by their program director.

Mrs. Hoch is a doctoral student in the Department of Rehabilitation Sciences at the University of Kentucky. She can be reached by email at: johanna.clark@uky.edu

Methods

We surveyed the PDs and CECs of CAATE accredited ATEPs. At the time of this study there were 358 CAATE accredited entry-level ATEPs. Each of the 358 programs had a PD whose email addresses were listed on the CAATE website. We sent an initial contact email to all 358 PDs asking if their ATEP had a CEC on staff. If the program did have a CEC, we requested contact information for that person. For those institutions that did not respond within one month of data collection, we retrieved contact information for the CEC from the ATEP's website, when possible. This resulted in 143 ATEPs with both a PD and CEC. We sent the electronic survey instruments to these 286 participants.

The Institutional Review Board for the Ohio University's Office of Research Compliance approved this study. Participants read the approved informed consent and clicked the proceed option on the survey to participate in the research. The survey instruments were collected using SurveyMonkey (2007, Portland, Oregon).

We created two electronic survey instruments for this study. We assessed face validity via a panel of one current PD, one current CEC, and one past PD. The panel reviewed the initial electronic survey and made comments regarding its face validity. Many of the panel's comments addressed minor grammatical issues and modifications to terminology such as changing "document" rather than "form," "mediates" rather than "handles," "rate" rather than "rank," and "major/degree" rather than "curriculum."

After incorporating suggestions from the panel, we sent pilot instruments to four institutions that had both a PD and CEC on staff. We asked these participants to complete the surveys to establish the internal consistency reliability and content validity of the instruments. Two subjects (resulting in a return rate of 25%) completed the survey instruments and supplied us with recommendations. From these recommendations, we added the definition of empowerment to question 18.

Following the completion of the pilot study, we distributed the two survey instruments—one to PDs and the other to CECs. The PD survey consisted of three sections. Section I obtained demographic information including age, gender, academic status, highest degree obtained, years certified as an athletic trainer (AT), years as a PD, and years in their current position. In Section II we asked the PDs to estimate the percentage of task completion for the PD, CEC and other faculty for 18 administrative tasks (Table 1).^{7,8} We derived these tasks from previously unpublished research by White et al, which identified 25 administrative tasks from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) Standards and Guidelines.^{7,8} For the White et al study, the tasks were distributed to 18 PDs of CAAHEP accredited ATEPs with the goal of refining them to administrative or delegated tasks. This process reduced the tasks to 18.⁸ White et al established an internal consistency estimate of reliability coefficient alpha of .727 for the tasks deemed authoritative. A second internal consistency estimate of reliability coefficient alpha of .902 was computed for tasks identified as

Table 1. List of 18 Administrative Tasks*

- | | |
|-----|--|
| 1. | Creates new athletic training courses |
| 2. | Establishes admission requirements for athletic training education program |
| 3. | Initiates clinical affiliation agreements |
| 4. | Evaluates clinical affiliation sites |
| 5. | Assigns clinical assignment rotations for athletic training students |
| 6. | Creates/revises athletic training clinical education documents/forms |
| 7. | Collects and documents clinical evaluation forms |
| 8. | Handles disputes/situations between clinical instructors and students that occur during clinical rotations |
| 9. | Assigns teaching loads to athletic training education faculty |
| 10. | Schedules athletic training education courses to be offered each quarter/semester |
| 11. | Communicates with the school director, dean, etc. regarding the athletic training education curriculum |
| 12. | Instructs the approved clinical instructor workshops |
| 13. | Establishes policies and procedures for the athletic training education program |
| 14. | Prepares and revises the athletic training education program student policy and procedure manual |
| 15. | Completes the accreditation self-study narratives |
| 16. | Completes the accreditation self-study appendices |
| 17. | Completes accreditation annual reports |
| 18. | Accepts undergraduate students into the athletic training education program |

* Summarized from CAAHEP⁷ and White⁸

delegated.⁸ Section III, the final section of our survey instrument, asked the PDs to rank the top five reasons they delegate tasks (1 = #1 reason I delegate; 5 = #5 reason I delegate) and the five reasons they do not delegate tasks (1 = #1 reason I do not delegate; 5 = #5 reason I do not delegate).⁹

We repeated Sections I & II of the PD survey in the CEC survey. However, Section III of the CEC survey asked the CECs to rate how empowered they felt (0 = no empowerment and 10 = empowered) when completing the 18 administrative tasks (Table 1).^{7,8}

The initial contact email with a hyperlink to the electronic survey resulted in 73 responses. One month following the initial contact email, we sent a follow-up email to those participants who had not yet responded, and this resulted in 16 additional responses. Thus, we received 104 surveys with 89 of them completed and ready for data analysis, which yielded a return rate of 31.2%.

Statistics

We processed the data using SPSS 15.0. We calculated percentages, means, and standard deviations to form a descriptive analysis of all demographic information.

Table 2. Program Director's Reasoning for Not Delegating Tasks

Reason for Not Delegating Task	Mean ± SD
Lack of trust in others	2.11 ± 1.34
Requires extra effort	2.32 ± 1.31
Fear of loss of control	3.00 ± 1.02
Personal insecurity	3.75 ± 1.07
Don't know how to delegate	4.21 ± 1.13

Note: Tasks based on work of Axley⁹

Table 3. Program Director's Reasoning for Delegating Tasks

Reason for Delegating Task	Mean ± SD
Improves productivity	2.06 ± 1.39
Builds mutual trust and confidence	2.77 ± 1.02
Promotes team concept	3.00 ± 1.39
Develops employees	3.52 ± 1.55
Promotes satisfaction of employees	3.65 ± 1.17

Note: Tasks based on work of Axley⁹

We ranked in order from lowest to highest the mean and standard deviation scores for the reasons why the PDs delegated tasks (Table 2) and why the PDs did not delegate tasks to other members of the ATEP (Table 3). Additionally, we used a total empowerment score to determine the level of empowerment felt by the CEC, which we calculated by adding scores provided by the participants and dividing them by a total score of 180 (18 administrative tasks with a high score of 10).

Results

Demographics

Of the 31 PD participants, 58% (n = 18) were male and 42% (n=13) were female with a mean age of 41.70 ± 8.61 years. The PDs had been an AT for 17.23 ± 7.55 years, a PD for 7.19 ± 6.29 years, and in their current position for 9.42 ± 7.89 years. We listed the PDs highest earned academic degree and current academic status in Table 4 and Table 5, respectively.

Of the 58 CEC participants, 53.4% (n=31) were male and 46.5% (n=27) were female with a mean age of 33.52 ± 5.23 years. The CECs had been an AT for 10.72 ± 5.14 years, a CEC for 3.34 ± 2.05 years, and in their current position for 4.19 ± 3.02 years. We listed the CECs highest earned academic degree and current academic status in Table 4 and Table 5, respectively.

Frequency statistics revealed that 81.5% of the PDs reported lack of confidence and trust in others as their number one or number two reasons for not delegating tasks. Of the PDs that participated in this research, 57.9% reported not knowing how to delegate as their least likely reason for not delegating tasks to others (Table 2). Finally, 51.6% of the PDs ranked improving productivity as their number one reason for delegating tasks (Table 3). The mean empowerment score was 58.7% ± 18%. This

Table 4. Distribution of PDs and CECs Highest Earned Academic Degree

Degree	Program Directors n (%)	CE Coordinators n (%)
Bachelor's	0 (0)	1 (1.7)
Master's	13 (41.9)	42 (72.4)
Doctorate	18 (58.1)	15 (25.9)

Table 5. Current Academic Status of PDs and CECs

Degree	Program Directors n (%)	CE Coordinators n (%)
Non-Tenure Track	11 (35.4)	37 (63.8)
Tenure Track	10 (32.3)	17 (29.3)
Tenured	10 (32.3)	4 (6.9)

revealed that CECs, as a whole, felt empowered to complete an assigned task approximately 59% of the time.

Discussion

Since the PDs are charged with the oversight of CAATE-accredited ATEPs, they often experience burnout and other workload issues.¹⁰ However, if participative leadership is used appropriately, it can improve the quality of decisions made, increase the assistants satisfaction with these decisions, and develop the skills of those making the decisions.⁶ Thus, using participative leadership in ATEPs can improve PD job satisfaction, faculty job satisfaction, and the overall quality of the ATEP.

Reasons for not Delegating Tasks

PDs ranked lack of trust in others as the number one reason they do not delegate tasks. The literature indicates that directors are less likely to delegate tasks when they do not trust their subordinates because this process grants the authority to make decisions without the approval of the director.¹¹ Since the directors are ultimately responsible for their respective programs, they may be apprehensive to delegate tasks.^{1,9}

The PDs second ranked reason for not delegating tasks was the extra effort required. Often PDs complete administrative tasks because they are straightforward tasks or because it takes less time to complete the tasks than it does to explain how to complete the tasks.⁹ However, past research has found workload to be one of the least beneficial aspect of the PD position.¹⁰ PDs claimed their workload spread them too thin and they had too many responsibilities.¹⁰ If the PDs take time to delegate tasks, the initial effort will be greater, but the workload issues might decrease over time.^{6,9}

The third ranked reason for not delegating tasks was that PDs feared they would lose control of a particular aspect of the program. Delegation is meant to enhance the assistant's professional career, give them autonomy when making decisions, and prepare them for managerial roles in the future.¹¹ Potentially the PDs fear this autonomy and the assistant's success in their new role could remove their authority over certain aspects of the program.

PD's personal insecurities ranked fourth as a reason for not delegating tasks. These reasons relate to feelings of being disposable. Fear plays

an important role in delegation as directors might feel replaceable.⁹ However, the many benefits of delegating, such as increasing decision effectiveness, should counter balance this fear.^{6,9,11}

Finally, PDs ranked their fifth reason for not delegating tasks as not knowing how to delegate tasks. Participative leadership uses delegation as a decision-making procedure.⁶ In order to effectively delegate, the director must understand the three dimensions to delegation: cognitive, affective, and intuitive.¹² The cognitive dimension relates to understanding the needs of the assistant and providing the available resources. The affective dimension relates to motivating the individual and keeping the lines of communication open. Finally, the intuitive dimension involves a combination of both the cognitive and affective dimensions.¹² Once the director understands these dimensions, delegation could decrease the PDs workload and increase overall job satisfaction.^{6,10}

Reasons for Delegating Tasks

The number one reason PDs delegated tasks to other members of the ATEP faculty was to improve productivity. Since the literature has revealed PDs suffer from an increased workload and burnout,¹⁰ it is important they delegate tasks. Delegating tasks not only increases the PD's job satisfaction but also increase their levels of productivity in other areas such as promotion and tenure or classroom instruction.

Building mutual trust and confidence was the number two reason PDs choose to delegate tasks. When the director trusts their assistants, there is more time available to get work done, which ultimately increases the efficiency of the ATEP.⁹

Promoting the team concept was the third reason PDs ranked as why they delegated tasks. PDs and faculty of accredited ATEPs must remain a team with the same goal of educating the athletic training students.^{1,6} Establishing trust through delegation allows the assistants to feel like a member of the team.⁹

Developing their employees was the fourth reason PDs delegated tasks. Through delegation, PDs invest in the future as other faculty members become educated on how to complete tasks appropriately.⁹

PDs ranked promotion of employee satisfaction as the least likely reason they delegated tasks. Ultimately, delegation is used to emphasize an individual's self-sufficiency, individual achievement, and professional development.¹¹ Therefore delegation should increase the employee's self-satisfaction and job satisfaction. When members of the ATEP faculty are satisfied with their job, they will most likely take pride in task completion. This will ultimately decrease the anxiety of the PDs, thus PDs will become more willing to delegate in the future.^{6,9}

Empowerment of the CEC

We found that CECs feel empowered to complete an assigned task 59% of the time. Previous research has shown that assistants must feel empowered when completing assigned tasks.^{6,13} Many benefits exist when assistants feel empowered. These benefits include stronger task commitment, greater initiative, stronger organizational commitment, and a lower turnover rate.⁶ These accomplishments could also benefit the ATEPs because PDs need the CECs to complete the assigned tasks to the best of their abilities to meet CAATE requirements.⁶

Limitations

There were several limitations associated with this research. First, the list of administrative tasks we used came from the CAAHEP Standards. Since this time, the CAATE Standards have replaced the CAAHEP Standards; however, the tasks in these two documents did not differ greatly. A second limitation we noted was that we did not collect specific appointment titles for each PD and CEC within their university. For example, we were unable to differentiate between full time tenure-track faculty and dual appointment faculty. Finally, this was a novel approach to studying empowerment and delegation within athletic training education, which may lead to criticism.

Conclusion

PDs who participated in our study reported having the knowledge and ability to delegate tasks. However, we found that the CECs feel empowered to complete the delegated tasks only 59% of the time. The literature has indicated that faculty must feel empowered to complete tasks at a satisfactory level.^{6,9} Therefore, we feel that further research must be conducted to determine when the CEC feels a lack of empowerment when completing a task. Also, if perceived feelings of empowerment are measured, this will improve decision making and program objectives. We also feel that future research should investigate PDs and their leadership education. We believe improvements in leadership education will increase the PDs knowledge and ability to delegate and ultimately increase empowerment of fellow ATEP faculty. Finally, this research found that CECs felt empowered to complete the delegated tasks 59% of the time. This percentage could have a negative effect on the program, and we feel increasing this number via improving PD knowledge of participative leadership will have a positive effect on the program.

References

1. Commission on Accreditation of Athletic Training Education. *Standards for the Accreditation of Entry-Level Athletic Training Education Programs*. http://caate.net/ss_docs/standards.6.8.2006.pdf. Accessed April 1, 2008.
2. Judd M, Perkins, S. Athletic training education program directors' perceptions on job selection, satisfaction and attrition. *J Athl Train*. 2004;39:185-192.
3. Hertel J, West T, Buckley W, Denegar C. Educational history, employment characteristics, and desired competencies of doctoral-educated athletic trainers. *J Athl Train*. 2001;36:49-57.
4. Starkey C, Ingersoll C. Scholarly productivity of athletic training faculty members. *J Athl Train*. 2001;36:156-159.
5. Walsh K, Dewald L. Tenure-track program directors: can you have it all? *J Athl Train*. 2000;35:S-42.
6. Yukl G. *Leadership in Organizations*. New Jersey: Prentice Hall; 2002.
7. Commission on Accreditation of Allied Health Education Programs. *Standards and Guidelines*. <http://www.caahep.org>. Accessed April 24, 2004.

8. White K. *Participative Leadership and Decision Making Techniques of Program Directors within CAAHEP Accredited Undergraduate Athletic Training Education Programs* [dissertation]. Athens: Ohio University; 2005.
 9. Axley S. Delegate: why we should, why we don't and how we can. *Ind Manage*. 1992;16-19.
 10. Perkins S, Judd M. Dilemmas of program directors: then and now. *J Athl Train*. 2001;36:396-400.
 11. Tourigny L, Pulich M. Delegating decision making in health care organizations. *The Healthc Manager*. 2006;25:101-113.
 12. Barter M. Follow the team leader. *Nurs Manage*. 2002:55-57.
 13. Greco P, Laschinger H, Wong C. Leader empowering behaviours, staff nurse empowerment, and work engagement/burnout. *Nurs Leadership*. 2006;19:41-56.
-