

CLINICAL FACULTY IN EDUCATIONAL LEADERSHIP PROGRAMS: A GROWING FORCE

This study was conducted to develop a demographic profile of full-time educational leadership clinical faculty, to identify their professional responsibilities, and to compare their job satisfaction and perceptions of the educational leadership field with those of tenure-line faculty. Utilizing an on-line questionnaire, 140 clinical faculty and 755 tenure-line faculty responded to items regarding their personal characteristics, professional activities, and perceptions of the educational leadership profession. Descriptive statistics were calculated, and independent t-test procedures were employed to determine significant differences between clinical and tenure-line faculty. Clinical faculty represented 15.6% of respondents: 50% of clinical respondents were female, and 13.6% were faculty of color. Their mean age was 59.0 years, and 83.9% were former school administrators. Numerous statistically significant differences were found comparing clinical and tenure-line faculty. As would be expected, given the different job descriptions, clinical faculty devoted more time to teaching and advising, field-based activities, and problems of practice and less time to research/writing than did their tenure-line colleagues. Also, clinical respondents were more satisfied with their positions and with the quality of their preparation programs than were tenure-line faculty. The different beliefs and activities of tenure-line versus clinical faculty can create either tensions or opportunities as leadership preparation units engage in programmatic restructuring.

Educational leadership programs should be comprised of a diverse group of faculty who reflect varied professional strengths that serve their students and constituents (National Commission on Excellence in Educational Administration (NCEE), 1987). Desired faculty attributes include curricular expertise, teaching excellence, scholarly productivity, and previous school administrative experience. Faculty also should be regularly involved in schools, assisting school leaders with solving problems of practice (Jackson & Kelley, 2002). Faculty engagement with the field, however, can be elusive. Some critics have asserted that the typical educational leadership program is disconnected from practice and includes relatively few professors with recent school administrative backgrounds (Bredeson, 1996; Levine, 2005). Additionally, because higher education norms often reward scholarly research over field-based service (Young, Petersen, & Short, 2002), tenure-line professors may be discouraged from becoming involved in local schools.

The nontenure-line clinical faculty position can address some perceived problems within the educational leadership professoriate. Staffed

by former school administrators, these positions can bring practitioner credibility to programs perceived as disengaged from the “real world” of schools. Clinical faculty can teach courses, advise students, supervise internship placements, and maintain field relationships, thereby permitting tenure-line faculty to focus on research.

The clinical position typically is a full-time university appointment, in contrast to adjunct assignments whereby practicing administrators occasionally teach graduate courses. The clinical appointment can resolve some perceived deficiencies of adjunct assignments. Overuse of adjuncts has been criticized for diminishing program quality, particularly if adjuncts have insufficient knowledge of the curriculum and their instruction consists of “telling war stories” (Levine, 2005, p. 36). Additionally, adjuncts typically work in isolation and rarely participate in the activities of the leadership preparation unit (Shakeshaft, 2002).

Relatively little is known about the clinical faculty role, perhaps because the clinical position appears to be a relatively recent phenomenon in this field. Consequently, as part of a larger study of the educational leadership professoriate, we engaged in this research to develop a profile of clinical faculty. This study addressed the following questions: (a) What are the demographic characteristics and professional responsibilities of clinical faculty compared to tenure-line faculty? (b) How do clinical faculty members’ job satisfaction and perceptions of their programs and of the educational leadership field compare to those of tenure-line faculty?

Literature Review

This literature review provides a perspective on the clinical faculty position in academe, including the adoption of the professional school model. Existing research is a point of departure for this inquiry and sheds light on the perceived benefits of and attitudes toward clinical roles in the academy.

Historical Perspectives on Clinical Faculty

Employment of nontenure-line faculty members has been viewed with some trepidation in academe. Noting a rapid increase in nontenure-line positions since the early 1970s, with 58% of the U.S. higher education teaching force in 1993 employed in contingent faculty roles (full- and part-time nontenure-line appointments), the American Association of University Professors (AAUP) (1993) expressed concerns that growing contingent faculty numbers could diminish educational quality and affect the stability of the higher education profession. Accordingly, the AAUP (2003) recommended that no more than 25% of a department’s total instruction should be delivered through contingent arrangements, regardless of whether these positions were full- or part-time appointments. The American Federation of Teachers (AFT) and the National Education Association (NEA) also have

issued reports urging limits on the numbers of contingent faculty (Rhoades, 2008). In 2001, nontenure-line faculty members comprised 34% of full-time faculty appointments in U.S. colleges and universities (Benjamin, Hollinger, & Knight, 2005), and in the Fall semester of 2003, 56% of instructional staff members in U.S. colleges and universities were employed in full-time positions, while 44% maintained part-time employment (Forrest Cataldi, Fahimi, & Bradburn, 2005). For institutions with tenure-track systems, approximately 26% of full-time faculty members were in nontenure-line positions (Forrest Cataldi et al., 2005). In the Fall semester of 2009, 68% of faculty in public four-year colleges and universities were employed full time, and 48% of faculty in private institutions were employed full time (Snyder & Dillow, 2011). The full-time faculty in these recent data were not broken down by tenure-line and nontenure-line appointments.

Rhoades (2008) reported that across disciplines contingent faculty appointments disproportionately were held by women and by African American and Hispanic faculty, a practice that he described as socially unjust. Females comprised 38% of full-time and 48% of part-time instructional faculty in Fall 2003 (Forrest Cataldi et al., 2005). By the Fall semester of 2009, however, females accounted for 43% of full-time instructional faculty (Snyder & Dillow, 2011). Unfortunately, these data across academe were not reported by sex and race for clinical versus tenure-line full-time faculty members.

Some applied fields, such as medicine, nursing, and law, have developed professional school models in which clinical faculty supplement tenure-line faculty instruction to facilitate practical applications of classroom knowledge. Within this model, clinical faculty focus on teaching, field-based activities, and service to the profession and have few, if any, research expectations (Hearn & Anderson, 2001). In 1986 the Holmes Group, a consortium of College of Education deans, recommended a Professional Development School (PDS) model for schools and colleges of education that was “analogous to teaching hospitals in the medical profession” (Holmes Group, 1986, p. 67). The PDS model was conceptualized as a school-university partnership for systematic inquiry, research, and training of novice teachers and researchers, with clinical faculty supporting these activities (Bullough, Hobbs, Kauchak, Crow, & Stokes, 1997).

Education schools appear to have accepted the clinical faculty model, as approximately 35% of full-time education faculty members in U.S. colleges and universities were in full-time nontenure-line faculty appointments in the Fall 2003 semester (Forrest Cataldi et al., 2005). In addition, education programs tend to employ higher proportions of female faculty members, as nearly 59% of full-time education faculty were women in 2003 (Forrest Cataldi et al., 2005). Educational leadership units generally have hired clinical faculty members to infuse recent school administrative experience into their preparation programs (Hackmann, 2007). Thus, clinical educational leadership faculty members often have different backgrounds compared to their clinical colleagues in other education departments.

The professional school concept does not necessarily ensure that tenure-line and nontenure-line faculty work interdependently. Bullough et al. (1997) found that the creation of clinical positions resulted in tenure-line faculty disengaging from field-based aspects of their programs. Divergent agendas and role conflicts ensued, with clinical faculty more closely aligned with public school educators and tenure-line faculty focused in research and national visibility. Clinical faculty often earn lower salaries than tenure-line faculty and can perceive themselves as holding lesser status within their institutions (Hearn & Anderson, 2001). Absent a well-articulated model delineating the roles and responsibilities of each faculty academic appointment, the potential exists for role ambiguity and conflict.

Clinical Faculty in Educational Leadership Programs

In 1987 the National Commission on Excellence in Educational Administration (NCEE) endorsed the professional school model for leadership preparation programs and recommended the creation of clinical faculty appointments. Griffiths, Stout, and Forsyth (1988) envisioned clinical appointments that were “differentiated by both scholarly focus and responsibility for the many aspects of a professional preparation program” (p. 300). This clinical role subsequently was endorsed by several educational leadership scholars (Griffiths et al., 1988; Murphy, 1992; Peper, 1988; Wilson, 1993). However, empirical research has not determined whether the professional school model and clinical faculty appointments have been universally embraced in leadership preparation programs (Hackmann, Bauer, Cambron-McCabe, & Quinn, 2009).

Prior to the 2008 study (Hackmann & McCarthy, 2011) that is the basis for this article, three national studies of full-time educational leadership faculty members had been conducted since the 1970s (Campbell & Newell, 1973; McCarthy & Kuh, 1997; McCarthy, Kuh, Newell, & Iacona, 1988). These studies reported that 1–3% of full-time faculty members were in nontenure-line positions. Although clinical faculty profiles were not created, due to the small number of nontenure-line respondents, this research has provided a comprehensive demographic profile of the overall educational leadership professoriate. However, an extensive literature review has disclosed only a few empirical investigations of educational leadership clinical faculty. These studies have addressed roles and responsibilities, factors motivating individuals to aspire to these positions, and perceptions of relationships between tenure-line and clinical faculty.

Clinical roles and responsibilities. Nontenure-line faculty responsibilities appear to be context-specific, with positions crafted to address leadership preparation program needs (Bredeson, 1996; Hackmann, 2007; Hart & Naylor, 1992). Examining clinical faculty appointments at three research universities, Bredeson (1996) concluded that each program implemented unique staffing approaches. A qualitative study of eight clin-

ical faculty members disclosed they perceived they were hired because their school administrative backgrounds provided connections to practice that many tenure-line professors lacked (Hackmann, 2007). Clinical faculty taught courses, supervised field experiences, coordinated their programs, and maintained relationships with local school districts, thereby freeing tenure-line faculty to focus on their research.

Motivation, role socialization, and conflicts. Clinical faculty appear motivated to become faculty members for varied reasons. Applicants for a clinical position at one university sought to prepare aspiring school leaders, engage in professional development, and enhance their intellectual stimulation (Pounder, 1994). Seasoned administrators were more interested in stimulation and change, and individuals who were early in their administrative careers desired professional recognition. Clinical faculty in another study were motivated by a desire to teach at the university level and to influence the next generation of school leaders (Hackmann, 2007).

Socialization into the profession and role conflicts have been noted as concerns for clinical faculty. Hackmann (2007) found that tenure-line faculty autonomy contributed to role ambiguity for clinical faculty and hindered their assimilation into the departmental culture. Daily interactions with colleagues had been the norm for clinical faculty in their school districts, and many felt isolated when tenure-line faculty maintained infrequent office hours. Clinical faculty acknowledged differing goals, as they were interested in maintaining field connections while tenure-line faculty focused on the theoretical and research aspects of their work.

This review has examined the clinical faculty role, noting how the professional school model has served as a conceptual framework to facilitate the creation of clinical faculty positions in leadership preparation programs. The extant research on educational leadership clinical faculty is exceedingly sparse, leaving unanswered questions about the characteristics and roles of individuals employed in such positions. It appears that clinical faculty generally have been hired to teach courses, supervise clinical placements, and provide service and outreach. Additionally, the research has indicated that clinical roles may not be fully articulated within the leadership preparation units.

Research Methodology

The above research provided the context for our study of clinical faculty, which was part of a comprehensive investigation of educational leadership programs and faculty. Utilizing survey research methods, the initial phase examined PK–12 leadership preparation programs in the United States, and the second phase focused on full-time faculty staffing these programs. A questionnaire was designed to solicit information from faculty regarding their personal characteristics, professional activities, and perceptions of the educational leadership profession. To permit longitudi-

nal comparisons, the questionnaire retained many items contained in prior surveys of the educational leadership professoriate (Campbell & Newell, 1973; McCarthy et al., 1988; McCarthy & Kuh, 1997), with modifications to reflect emerging issues and recent programmatic reforms. Seven nationally recognized educational leadership colleagues reviewed the draft questionnaire, with revisions made based on their feedback.

Extensive efforts were undertaken to identify all university-based educational leadership programs and faculty in the United States, including reviewing university websites, consulting directories of the Educational Testing Service (2000) and Peterson's Graduate and Professional Programs (Oram, 2007), and searching websites of the National Council of Professors of Educational Administration (NCPEA) and the University Council for Educational Administration (UCEA). In the first phase, we identified 590 programs and invited their department heads or educational leadership program heads to complete the online leadership preparation program questionnaire. Usable responses were received from 217 program heads, who also provided contact information for their full-time faculty colleagues. This information was incorporated into our faculty database, yielding 2,381 faculty members. On March 19, 2008, email messages invited faculty members to complete the online questionnaire. Regular reminders were distributed, with the final invitation sent on May 19, 2008. Usable questionnaires were completed by 755 tenure-line and 140 nontenure-line faculty respondents, yielding a response rate of 37.6%. The faculty survey is the focus of this article.

Descriptive statistics (means and standard deviations) were calculated for all variables, using the SPSS 17.0 statistical package. Two-tailed independent *t*-test procedures were employed to determine the significance of differences between clinical and tenure-line faculty. Also, the Levene's test was conducted to test an equal variance assumption between groups. When the assumption of equal variance was violated, results were reported with the unequal variance *t*-test.

Results

This section presents findings related to the demographic characteristics of clinical faculty, their professional roles and responsibilities, and their job satisfaction and perceptions of the educational leadership field. To facilitate a more comprehensive understanding of leadership preparation program faculties, comparisons were made to tenure-line faculty positions.

Demographic Characteristics

Clinical faculty comprised 15.6% of the 895 survey respondents, and they were evenly distributed by sex. Approximately 13.5% were persons of color (4.3% African American, 4.3% biracial/multiracial, 2.1% Asian/Pacific Islander, 2.1% American Indian/Alaska Native, 0.7% Hispanic/Latino/a).

Their mean age was 59.0 years ($SD = 6.63$), and they averaged 50.7 years when hired. Age differences were observed for subgroups. Female clinical faculty entered the professoriate at a mean age of 48.2 years ($SD = 6.40$) and their current mean age was 57.3; male clinical faculty entered at a mean age of 53.9 years ($SD = 6.66$) and averaged 60.5 years. Racial minority clinical faculty reported a mean age of 56.6 years ($SD = 8.32$) and entered the professoriate at 47.4 years; Caucasian clinical faculty were hired at a mean age of 51.4 years and reported a mean age of 59.5 years ($SD = 6.29$).

Clinical faculty reported an average academic-year salary (9- or 10-month appointment) of \$57,554, with differences noted by subgroups. Female clinical faculty reported a mean salary of \$61,000, and the mean for males was \$54,058. The mean salary for Caucasian clinical faculty was \$58,707, and clinical faculty of color averaged \$51,579. Clinical faculty reported extensive school leadership experiences, with 83.9% serving as building-level or school district administrators. Approximately three fourths (74.6%) had served as principals and/or assistant principals, and nearly three in five (58.5%) had served in district-level positions, as superintendents, assistant superintendents, or other central office administrators.

Differences were noted when clinical and tenure-line respondents were compared (Table 1). Whereas 50.0% of clinical respondents were females, 44.1% of tenure-line faculty were females. Racial differences between clinical and tenure-line faculty were not as pronounced: 13.6% of clinical faculty were persons of color, compared to 14.7% of tenure-line faculty. Tenure-line faculty averaged 42.6 years of age when hired and reported a mean age of 55.0 years old in 2008 ($SD = 9.59$), which was considerably younger than clinical faculty who on average were 59 years old.

Table 1

Demographic Characteristics of Clinical and Tenure-line Faculty

	Clinical faculty	Tenure-line faculty
Female faculty	50.0%	44.1%
Male faculty	50.0%	55.9%
Minority faculty	13.6%	14.7%
Caucasian faculty	86.4%	85.3%
Building-level administrative experience	74.6%	47.4%
District-level administrative experience	58.5%	35.3%
No school administrative experience	16.1%	36.8%
Building- and/or district-level administrative experience	83.9%	63.2%
Mean age entering the professoriate	50.7 years	42.6 years
Mean age in 2008	59.0 years	55.0 years

A smaller proportion of tenure-line faculty members also had school administrative experience (63.2%, compared with 83.9% of clinical faculty) (Table 1). The mean academic year salary of clinical faculty (\$57,554) was significantly less than that of tenure-line faculty (\$68,898), but the discrepancy was far greater for men than for women. Female clinical faculty earned \$6,192 less than female tenure-line faculty, while male clinical faculty earned \$16,961 less than their male tenure-line colleagues (Table 2).

Table 2
Academic Year Salary of Respondents

	Percentage of respondents			
	Clinical faculty		Tenure-line faculty	
	Female	Male	Female	Male
Less than \$40,000	9	22	1	< 1
\$40,000–49,999	9	17	8	6
\$50,000–59,999	29	22	25	24
\$60,000–69,999	27	13	24	20
\$70,000–79,999	3	10	16	16
\$80,000–89,999	9	7	10	10
\$90,000–99,999	10	1	7	9
\$100,000–109,999	1	4	3	5
\$110,000–119,999	1	1	3	3
\$120,000–129,999	1	1	2	2
\$130,000–139,999	1	0	0	1
\$140,000–149,999	0	0	1	1
\$150,000 or more	0	0	< 1	2
Mean	\$61,000	\$54,058	\$66,192	\$71,019
Median	\$50,000– 59,999	\$50,000– 59,999	\$60,000– 69,999	\$60,000– 69,999

Professional Titles, Roles, and Responsibilities

Clinical faculty respondents reported numerous professional titles, making it difficult to categorize their professional responsibilities by title alone. The term clinical was included in the title of 31.2% of the respondents (clinical assistant, clinical associate, or clinical professors or clinical instructors/lecturers), and another 19.3% cited professorial ranks without the clinical notation. Director was included in 12.1% of titles, indicating that respondents were assigned to coordinate a program within their units, such as graduate studies, a doctoral program, a distance education program, or a center. The term lecturer or instructor was reported by 10.7% of respon-

dents, and 7.1% were termed full-time adjunct professors or adjunct instructors. Two individuals reported holding titles of dean or associate dean within their colleges; in both instances, these individuals dedicated the majority of their time to their educational leadership faculty duties. Other titles provided by a small percentage of respondents included professors of practice, scholars in residence, and collateral faculty.

Noting their professional role orientations, clinical respondents reported their main strengths were teaching/advising and field connections. Teaching and advising was the primary strength of 78.8% of respondents, while 18.6% rated service/outreach and 2.5% rated research as primary strengths. Less than three fourths (72.9%) of tenure-line faculty listed teaching/advising as their primary strength, with 20.6% noting research and 6.5% rating service/outreach as primary strengths. Clinical faculty devoted approximately half of their time (49.7%) to teaching/advising students, 12.9% to field-based activities, 8.7% to university administrative responsibilities, 7.5% to service on doctoral dissertation committees, and 5.7% to research/writing. Table 3 notes the percentage of time that clinical faculty dedicated to their varied professional responsibilities and compares the time distributions to those reported by tenure-line faculty. As expected, given the different nature of the roles, clinical faculty spent more time with teaching/advising and field-based activities and less time on research/writing than did their tenure-line colleagues.

Table 3

Percentage of Time Spent on Professional Activities

	Clinical faculty	Tenure-line faculty
Teaching/advising undergraduates	3.8	3.8
Teaching/advising graduate students	45.9	36.6
Supervising doctoral work (chairing/serving on committees)	7.5	10.1
Research/writing	5.7	17.6
Consulting	4.7	3.6
Field-based activities	12.9	5.2
Institutional committee work/ faculty governance	4.3	9.0
University administration	8.7	7.3
Editorial work for professional journals	1.0	2.6
Attending professional association meetings	2.8	3.5
Other	2.7	0.9
Totals*	100.0	100.2

*Totals may not add to 100% due to rounding.

Respondents reported their primary substantive emphasis, selecting from a list containing 26 content areas. Clinical faculty ranked the following as their top four areas of substantive emphasis: leadership (25.0% of responses), leadership for learning (13.6%), the principalship (13.6%), and clinical experiences (7.9%) (Table 4). The most often reported areas of substantive emphasis for tenure-line faculty were leadership (21.3%), leadership for learning (10.2%), the principalship (10.2%), and law (7.9%). Areas of substantive emphasis that were more generalist in nature (leadership, leadership for learning, principalship, superintendency clinical experiences) were listed by nearly two thirds of clinical respondents (65.0%), whereas fewer than half (46.0%) of tenure-line faculty identified one of these areas as their primary specializations.

Table 4

Primary Substantive Emphasis

	Percentage of respondents	
	Clinical faculty	Tenure-line faculty
Leadership	25.0	21.3
Leadership for learning/instructional leadership	13.6	10.2
Principalship	13.6	10.2
Clinical experiences/internship supervision	7.9	0.8
Educational change/reform	5.0	3.8
Superintendency	5.0	3.4
Supervision of instruction	5.0	2.5
Law	2.1	7.9
Research methodology	2.1	5.8
Personnel management/human resource management	2.1	2.0
School improvement	2.1	1.2
Curriculum	1.4	3.8
Economics/finance	0.7	4.4
Organizational theory	1.4	4.4
Policy studies	1.4	3.4
Social justice/diversity issues	1.4	2.4
Social/historical/philosophical issues	0.7	1.5
Technology	0.7	1.6
Educational planning	0.7	0.8
Ethics	0.9	0.7
Learning theory	1.4	0.5

(continued)

Table 4 (continued)

	Percentage of respondents	
	Clinical faculty	Tenure-line faculty
Politics of education	0.7	1.3
Program administration	0.7	1.1
School/community relations	0.7	1.3
Collective bargaining	0.7	0.1
School business management	0.7	0.4
Other	2.1	2.6

Perceptions of Job Satisfaction, Program Quality, Educational Leadership Issues

This section presents findings related to clinical faculty members’ satisfaction with their positions and programs, perceptions of program quality, and attitudes about problems and issues within academe and the educational leadership field. Differences between clinical and tenure-line faculty are noted.

Job satisfaction. Faculty reported their personal levels of satisfaction related to their position and leadership preparation program, using a 5-point scale (1 = very dissatisfied, 5 = very satisfied). Clinical faculty averaged between somewhat and very satisfied on six of the eight items: present position ($M = 4.61, SD = .60$), knowledge base in the field ($M = 4.35, SD = .75$), quality of programs/courses in their unit ($M = 4.34, SD = .78$), caliber of departmental colleagues ($M = 4.39, SD = .91$), mission/focus of the department/unit ($M = 4.30, SD = .93$), and caliber of graduate students ($M = 4.19, SD = .73$). They were somewhat satisfied with the structure of the department/unit ($M = 3.97, SD = 1.17$) and averaged between neutral and somewhat satisfied with their current salaries ($M = 3.61, SD = 1.13$). Clinical faculty reported higher levels of satisfaction than their tenure-line colleagues on all items, with statistically significant differences on seven items (Table 5).

Table 5
Satisfaction with Position and Leadership Preparation Program

	Clinical faculty		Tenure-line faculty		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Present position	4.61	.60	4.27	.97	-4.981	240.478	0.000**
Knowledge base in the field	4.35	.75	3.98	.87	-4.327	768.0	0.000**
Quality of programs/courses in department/unit	4.34	.78	3.96	1.02	-3.766	768.0	0.000**
Caliber of department/unit colleagues	4.39	.91	3.90	1.09	-4.616	771.0	0.000**
Mission/focus of department/unit	4.30	.93	3.83	1.16	-4.814	186.853	0.000**
Caliber of graduate students in program	4.19	.73	3.90	.96	-3.837	190.098	0.000**
Structure of department/unit	3.97	1.17	3.58	1.23	-3.224	161.473	0.002**
Current salary	3.61	1.13	3.43	1.21	-1.539	164.447	0.126

Note. 1 = very dissatisfied, 5 = very satisfied

p* < .01, *p* < .001

Program quality. Rating the current quality of their institution's leadership preparation program on a 4-point scale (1 = poor, 4 = excellent), clinical faculty scored their programs between good and excellent ($M = 3.36$, $SD = 0.66$). Using a 5-point scale (1 = much worse, 5 = much better), they also noted that their programs generally were somewhat better than they were five years earlier ($M = 4.20$, $SD = .92$) and 10 years earlier ($M = 4.44$, $SD = .93$). One statistically significant difference was found, with clinical faculty more likely than tenure-line faculty to rate program quality better compared with five years earlier ($t = -2.026$, $df = 670$, $p = .043$).

Problems within the profession. Respondents rated the extent to which they considered 39 statements to be problems within the educational leadership profession, using a 4-point scale (1 = very serious problem, 4 = no problem). Clinical faculty rated 10 items between a moderately serious and rather serious problem. The five items rated of most concern were the growing state regulatory powers in leadership preparation programs ($M = 2.35$, $SD = 1.01$), lack of financial support for students ($M = 2.41$, $SD = 1.09$), availability of diploma mill (i.e., low quality) programs ($M = 2.47$, $SD = 1.18$), increased competition for students ($M = 2.49$, $SD = 0.97$), and increase in on-line preparation programs ($M = 2.54$, $SD = 1.06$). Table 6 lists mean scores for the 39 items.

Comparing clinical faculty and tenure-line faculty responses, nine statistically significant differences were identified. Clinical faculty were more likely to report that the lack of professors with practitioner experience was a problem, and tenure-line faculty expressed higher levels of concern about the following: availability of diploma mill programs, small portion of people of color in educational leadership faculty roles, reliance on adjunct instructors, overall poor quality of preparation programs, inferior quality of discourse at professional meetings, increase in off-campus teaching, lack of departmental collegiality, and poor departmental intellectual climate (Table 6).

Table 6
Perceptions of Problems within the Profession

	Clinical faculty		Tenure-line faculty		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Growing state regulatory powers in leadership preparation programs	2.35	1.01	2.39	1.06	0.400	727.0	0.689
Lack of financial support for students	2.41	1.09	2.32	1.01	-0.817	734.0	0.414
Availability of diploma mill (low quality) programs	2.47	1.18	2.23	1.12	-2.025	730.0	0.043*
Increased competition for students	2.49	0.97	2.55	1.04	0.605	733.0	0.545
Increase in online preparation programs	2.54	1.06	2.35	1.07	-1.661	733.0	0.097
Small portion of people of color in top administrative positions	2.66	1.02	2.57	1.04	-0.861	737.0	0.390
Low level of department salaries	2.67	0.90	2.63	1.01	-0.402	739.0	0.688
Too much emphasis on standards-based accountability/testing	2.71	1.01	2.60	1.06	-1.026	731.0	0.305
Politics of academic life	2.73	0.93	2.56	0.98	-1.660	733.0	0.097
Lack of professors with practitioner experience	2.75	1.09	2.98	1.03	2.066	732.0	0.039*
Small portion of people of color in educational leadership faculty roles	2.75	1.02	2.53	1.07	-1.979	736.0	0.048*
Lack of university support for department	2.81	1.03	2.63	1.10	-1.618	743.0	0.106
Pressure to publish scholarly work	2.88	0.99	2.91	1.03	0.194	727.0	0.846
Heavy teaching/advising load	2.90	0.93	2.77	1.02	-1.185	729.0	0.236
Lack of theory-to-practice connections in programs	2.90	0.92	2.75	0.99	-1.434	733.0	0.152
Reliance on adjunct instructors	2.90	1.01	2.59	1.03	-2.891	729.0	0.004**
Alternative certification options	2.91	1.01	2.70	1.05	-1.924	732.0	0.055
Lack of quality clinical/internship experiences	2.92	1.02	2.84	0.98	-0.742	732.0	0.458
Heavy dissertation load	2.93	1.00	2.83	1.13	-0.918	160.578	0.360

(continued)

Table 6 (continued)

	Clinical faculty		Tenure-line faculty		t	df	p
	M	SD	M	SD			
Pressure to submit proposals/acquire external funding	2.98	1.03	3.05	0.97	0.649	735.0	0.516
Rising average age of professors	3.04	0.89	2.88	0.95	-1.631	732.0	0.103
Lack of commitment to social justice in our profession	3.20	0.87	3.01	0.98	-1.856	727.0	0.064
Lack of high quality students	3.27	0.79	3.17	0.82	-1.122	736.0	0.262
Small portion of women in top admin. positions	3.31	0.88	3.13	0.94	-1.858	733.0	0.064
Overall poor quality of preparation programs	3.33	0.75	3.10	0.88	-2.571	724.0	0.010**
Large portion of part-time students in prep. programs	3.36	0.83	3.19	0.90	-1.822	733.0	0.069
Small portion of women in ed. leadership faculty roles	3.37	0.86	3.23	0.92	-1.480	729.0	0.139
Inferior quality of discourse at professional meetings	3.42	0.78	3.23	0.93	-2.278	155.504	0.024*
Quality faculty leaving for positions outside academe	3.45	0.76	3.40	0.82	-0.521	733.0	0.603
Residency requirements resulting in declining enrollments	3.46	0.81	3.56	0.76	1.224	728.0	0.221
Increase in off-campus teaching	3.50	0.71	3.28	0.91	-2.828	166.84	0.005**
Pressure to be more visible/involved in schools	3.50	0.68	3.43	0.77	-0.898	732.0	0.369
Lack of departmental collegueship	3.51	0.88	3.17	1.01	-3.571	729.0	0.001***
Students uninterested in becoming educational leaders	3.52	0.71	3.50	0.75	-0.239	735.0	0.811
Lack of appropriate competency standards for graduate students	3.55	0.62	3.46	0.76	-1.159	730.0	0.247
Students uninterested in professoriate	3.58	0.68	3.49	0.80	-1.130	730.0	0.259
Poor departmental intellectual climate	3.61	0.71	3.23	0.93	-4.871	177.692	0.000***
Difficulty placing students in appropriate positions	3.63	0.59	3.67	0.61	0.637	739.0	0.524
Professors spending too much time on private consulting	3.67	0.63	3.62	0.68	-0.607	734.0	0.544

Note. 1 = very serious problem, 4 = no problem

*p < .05, **p < .01, ***p < .001

Perceptions of issues in leadership preparation. Respondents noted levels of agreement on 36 statements related to attitudes and beliefs about leadership preparation programs and their roles and responsibilities as faculty members, using a 5-point scale (1 = strongly disagree, 5 = strongly agree). Clinical faculty averaged above a 3.50 mean score on 18 items, indicating relatively high levels of agreement (Table 7). The five items with the highest mean scores were the following: universities should reward faculty service contributions to school districts and professional organizations ($M = 4.36$, $SD = .61$), if I had it to do over again I would still become an educational leadership professor ($M = 4.35$, $SD = .74$), faculty preparing school leaders should have served as school administrators ($M = 4.10$, $SD = .84$), former practitioners make the best educational administration professors ($M = 4.10$, $SD = .89$), and greater emphasis should be placed on ethics in leadership preparation programs ($M = 4.01$, $SD = .82$). On the other end of the spectrum, clinical faculty averaged a mean score of 2.50 or below on two items: I am likely to leave academia for other employment ($M = 2.04$, $SD = 1.03$) and more of the educational administration literature should be theory-based ($M = 2.50$, $SD = .89$).

Significant differences between clinical and tenure-line faculty were found on 14 items (Table 7). For those items with significance levels of .001 or higher, clinical faculty were more likely than tenure-line faculty to agree with the following: faculty preparing school leaders should have served as school administrators, former practitioners make the best educational administration professors, preparation programs should be standards-based, professorial tenure should be abolished in higher education, and alternatives to traditional certification should be adopted. Tenure-line faculty were significantly more likely to agree that adjunct instructors are overutilized in leadership preparation programs and that more educational administration literature should be theory-based.

Table 7
Perceptions of Leadership Preparation Issues

	Clinical faculty		Tenure-line faculty		t	df	p
	M	SD	M	SD			
Universities should reward faculty service contributions to school districts, professional associations	4.36	0.61	4.22	0.72	-1.857	697.0	0.064
If I had it to do over again, I would still become an educational leadership professor	4.35	0.74	4.23	0.94	-1.162	690.0	0.246
Faculty preparing school leaders should have served as school administrators	4.10	0.84	3.54	1.26	-5.681	195.695	0.000***
Former practitioners make the best educational administration professors	4.10	0.89	3.52	1.26	-5.722	185.013	0.000***
Greater emphasis should be placed on ethics in leadership preparation programs	4.01	0.82	3.92	0.89	-0.984	695.0	0.325
Greater emphasis should be placed on utilizing data to improve teaching and learning in leadership preparation programs	3.96	0.81	4.09	0.76	1.601	699.0	0.110
Leadership preparation programs should be standards-based (using ISLJC or other standards)	3.90	0.90	3.41	1.19	-4.813	176.406	0.000***
Leadership preparation programs should be more field-based	3.85	0.84	3.66	0.94	-2.112	154.052	0.036*
Curriculum for preparing aspiring school leaders should be organized around problems of practice rather than the disciplines	3.83	0.77	3.62	0.98	-2.407	171.242	0.017*
Greater emphasis should be placed on social justice in leadership preparation programs	3.78	0.88	3.77	1.06	-0.082	695.0	0.935
At national conferences, more emphasis should be placed on issues related to teaching and program reform	3.77	0.73	3.58	0.89	-2.330	162.909	0.021*

(continued)

Table 7 (continued)

	Clinical faculty		Tenure-line faculty		<i>t</i>	<i>df</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Faculty should be centrally involved in university governance and decision-making	3.71	0.75	3.86	0.84	1.718	696.0	0.086
Quality teaching and research are interdependent	3.68	1.03	4.00	1.12	2.707	699.0	0.007***
Faculty should participate extensively in professional meetings	3.67	0.76	3.73	0.80	0.756	700.0	0.450
Greater emphasis should be placed on technology in leadership preparation programs	3.65	0.85	3.59	0.94	-0.634	696.0	0.526
I would like more contact with professors at other universities	3.62	0.67	3.79	0.80	1.993	694.0	0.047*
Each student should pass an exam to receive an administrative license	3.53	1.09	3.39	1.23	-1.069	690.0	0.286
Faculty should be more concerned about well-being of their universities	3.53	0.88	3.52	0.85	-0.063	692.0	0.950
Increased emphasis on qualitative research methods would strengthen inquiry in PK-12 educational leadership	3.44	0.85	3.34	1.05	-1.096	166.187	0.275
Promotion/tenure criteria should be more explicit	3.39	0.81	3.32	1.20	-0.738	174.417	0.462
Faculty should have fewer committee assignments and fewer administrative/quasi-administrative tasks	3.38	0.81	3.58	0.99	2.245	161.323	0.026*
Social sciences should be emphasized in leadership preparation	3.37	0.81	3.45	0.97	0.788	689.0	0.431
Adjunct instructors are overutilized in leadership preparation programs	3.31	1.16	3.70	1.11	3.240	687.0	0.001***
Professorial tenure should be abolished in higher education	3.31	1.15	2.25	1.29	-7.725	677.0	0.000***
Increased emphasis on quantitative research methods would strengthen inquiry in PK-12 educational leadership	3.21	0.79	3.21	0.95	0.016	695.0	0.987

(continued)

Table 7 (continued)

	Clinical faculty		Tenure-line faculty		t	df	p
	M	SD	M	SD			
Educational leadership programs should be housed in departments with educational foundations	3.19	1.01	3.11	1.12	-0.646	683.0	0.519
Alternatives to traditional certification should be adopted	3.07	1.06	2.61	1.12	-3.977	139.735	0.000***
Academic standards for graduation at the doctoral level at my institution should be higher	3.06	1.05	3.17	1.14	0.883	587.0	0.377
There are not enough full-time students in leadership preparation programs	3.06	1.17	3.14	1.21	0.660	677.0	0.51
Academic standards for admission to graduate study at my institution should be higher	2.96	1.07	3.15	1.09	1.656	690.0	0.098
There is too much emphasis on licensure in leadership preparation programs	2.95	0.95	3.02	1.08	0.620	695.0	0.535
Scholars with specialized training in a related discipline make the best professors in our field	2.88	1.03	2.72	1.03	-1.485	694.0	0.138
Excellence in teaching and research are seldom exhibited by the same individual	2.73	1.16	2.38	1.22	-2.690	685.0	0.007**
Students should be required to complete on-campus residency requirements to earn doctorate	2.69	1.30	2.71	1.27	0.141	626.0	0.888
More educational administration literature should be theory-based	2.50	0.89	3.09	1.10	6.019	163.14	0.000***
I am likely to leave academia for other employment	2.04	1.03	1.93	1.15	-0.857	662.0	0.392

Note. 1 = strongly disagree, 5 = strongly agree
 *p < .05, **p < .01, ***p < .001

Discussion and Implications

The most important finding of this study pertains to the dramatic increase in full-time clinical faculty members, which has grown from 1% of the educational leadership professoriate in 1994 (McCarthy & Kuh, 1997) to 15.6% in this study. It appears that leadership preparation programs are incorporating the clinical faculty appointments recommended by NCEEA (1987) in the late 1980s. Additionally, our data are consistent with findings in academe generally that full- and part-time nontenure-line faculty appointments are increasing, whereas the percentage of instructional staff in tenure-line positions is decreasing (AFT, 2009; Forrest Cataldi et al., 2005). With nearly one in six full-time educational leadership faculty respondents occupying clinical roles in 2008, nontenure-line faculty are positioned to have a significant voice in program decision making.

Some clinical and tenure-line faculty differences were expected. For example, clinical faculty were older when they entered the professoriate, presumably because most were hired after successful school administrative careers. Clinical faculty respondents reported considerably more administrative experience than their tenure-line colleagues, which is logical since some research indicates that the clinical role in educational leadership units is designed in part to increase the proportion of faculty members with recent school administrative experience (Hackmann, 2007). Clinical faculty also were more likely than their tenure-line counterparts to identify teaching and service as their greatest strengths and were less likely to designate research as their major strength; this finding again reflects the nature of the clinical role. Solidifying the leadership preparation unit's connections with the field often is expected of clinical faculty (Hackmann, 2007), and some have urged all leadership courses to include major field components (Murphy, Moorman, & McCarthy, 2008). The growing number of clinical educational leadership faculty should be helpful in cementing such field experiences as well as relationships with school districts.

Educational leadership clinical faculty were more likely than their tenure-line peers to be content generalists. Across both groups, the most popular areas of emphasis were leadership, leadership for learning, and the principalship, but clinical faculty were far less likely to list law, economics/finance, organizational theory, or research methods as their specializations. Because most clinical faculty members appear to be recruited directly from administrative roles, it is to be expected that they would be leadership generalists instead of content specialists. Given that the percentage of clinical faculty has significantly increased since the mid-1990s (McCarthy & Kuh, 1997), and assuming that this trend will continue, implications for the curriculum of leadership preparation programs may be notable. Fewer programs may have faculty who are qualified to teach law, finance, politics of education, organizational theory, and other specialized topics, and programs increasingly may rely on adjuncts to teach some of

these courses. Alternatively, units may replace specialized courses with more generalized courses or have clinical faculty teach the existing courses, even though they may lack specialized training.

Although contingent faculty members across disciplines in academe are more likely to be females (Rhoades, 2008), this is not necessarily the expectation in educational leadership units. Indeed, one might intuitively assume that men would be more prevalent among clinical than tenure-line educational leadership faculty, as many are drawn from the superintendency and fewer than one fourth of superintendents nationally are women (Glass & Franceschini, 2007). Overall, half of the clinical faculty in educational leadership units in 2008 were females, compared to 44.1% of tenure-line faculty being women. Even though women are underrepresented in the superintendency, they outnumber men in other school district central office roles (Mahitivanichcha & Rorrer, 2006), and there is gender parity in the principalship (Snyder & Dillow, 2011). Our findings indicated that three fourths of clinical faculty possessed building-level administrative experience (compared to less than three fifths who had been superintendents), so clinical faculty are drawn from administrative roles in addition to the superintendency, which likely accounts for the gender equity among clinical faculty. Also, perhaps female practitioners are more attracted to higher education because they have more interest than their male counterparts in teaching and preparing aspiring school leaders. Or possibly women are more disillusioned than men with their school district administrative appointments and/or are more willing to take a salary cut to move from school administration into higher education. This study did not explore whether clinical faculty respondents had sought tenure-line positions, so this topic should be investigated. Based upon our interactions with numerous full-time clinical faculty members in our own leadership preparation units through the years, our hypothesis is that the majority of both female and male clinical faculty members in educational leadership units do not aspire to tenure-track roles, because faculty positions with research expectations are not as attractive to most former school leaders.

The salary differentials we found between male and female clinical faculty were puzzling. Female clinical faculty reported academic-year salaries that were nearly \$7,000 more than male clinical faculty. Yet, females entered the professoriate at a mean age that was six years younger than their male counterparts—presumably after less lengthy school administrative careers than their male colleagues. Salary data collected on full-time higher education faculty members historically have shown that males have higher academic-year salaries than females (Snyder & Dillow, 2011). This has been true in educational leadership units as well for tenure-line faculty, although the gender gap has narrowed since the mid-1990s (Hackmann & McCarthy, 2011). Thus, the 2008 finding that educational leadership female clinical faculty had significantly higher salaries than their male clinical colleagues deserves further investigation as it runs

counter to the gender-based salary data reported across disciplines and for tenure-line educational leadership faculty.

Clinical faculty of color reported salaries that were over \$7,000 less than Caucasian clinical faculty in educational leadership units in 2008, and they entered the professoriate at a mean age four years younger than Caucasian faculty. These racial salary discrepancies are troubling even though they are more in line with data reported across disciplines and for tenure-line educational leadership faculty (Hackmann & McCarthy, 2011).

In terms of satisfaction, clinical faculty members were more satisfied than were their tenure-line colleagues on all statements, and many differences were statistically significant. Additionally, clinical faculty were more likely than tenure-line faculty to state that their leadership preparation programs were better in 2008 than they were five years earlier. Possibly, clinical faculty were relieved to move out of their administrative roles, because of school district political and/or personnel dynamics, budget draw-downs, or other stressful administrative aspects, which would cause them to be more satisfied with their university roles, departmental characteristics, and students. In contrast, perhaps tenure-line faculty, who have been immersed in university issues and politics for a longer period of time (and have not held recent PK-12 administrative roles for comparison) may be less sanguine about academe and various aspects of their programs and positions. Also, since clinical faculty usually do not have research expectations, they may feel more congruence between their teaching and field-based activities and not feel as stretched as tenure-line faculty who are trying to balance teaching/advising, service/outreach, and research demands as they climb the academic ranks. In addition, dissertation direction, which is often quite time consuming, is primarily the domain of tenure-line faculty, which may in part account for their being less satisfied than their clinical peers.

The finding that clinical faculty were more satisfied with program quality than were tenure-line faculty may have important implications for leadership preparation curricular reforms. Critics of leadership preparation program quality have asserted that the curriculum is irrelevant (Levine, 2005) and ill equipped to provide aspiring leaders with the necessary skills to successfully lead the nation's schools during the current accountability era (Hess & Kelly, 2007). Although clinical faculty bring credibility to their positions by virtue of their school administrative backgrounds, they may not create a sense of urgency for curricular reforms as they transition into their faculty appointments. Clinical faculty are not challenging the programmatic status quo, and it appears that if dramatic curricular reforms are to be implemented they are more likely to be suggested primarily by tenure-line faculty.

The attitudinal differences between clinical and tenure-line faculty may influence some programmatic decisions, should leadership preparation units choose to restructure their programs. For example, clinical faculty were much more oriented to practice than were their tenure-line

colleagues, and they were more likely to value field connections and to report a concern that too few educational leadership faculty members have PK–12 administrative experience. They also were more supportive of standards-based preparation than were tenure-line faculty. In contrast, tenure-line faculty were more likely to be concerned about the number of adjuncts providing instruction and the availability of low quality programs, and they were less positive about the merits of their own leadership preparation. As programs hire more clinical faculty, which seems likely given the current economic situation facing many of the nation's higher education institutions, a shift in priorities and the culture of educational leadership programs may occur. When faculties consider curricular reforms, clinical faculty with a more generalist and field-based orientation may advocate for shifts away from specialized courses, in favor of courses that globally focus on leadership standards and address problems of practice. The diversity of beliefs between clinical and tenure-line faculty potentially could create tensions or opportunities as faculties engage in discussions about programmatic restructuring. The content of preparation programs will be affected, and depending on one's perspective, this change may be a positive or negative development.

Conclusion

This study adds to the knowledge base on leadership preparation, because it provides new data on full-time clinical faculty in leadership preparation programs. Clinical faculty respondents in this study overwhelmingly were former school administrators, and they reported that their primary responsibilities were teaching and advising students and engaging in field-based activities. Undoubtedly, the extensive administrative experiences that these individuals bring to their units can be helpful in assisting aspiring school leaders with understanding the field-based applications of curriculum content in their preparation programs.

Nearly one in six full-time educational leadership faculty respondents was employed in a nontenure-line position. Although we did not explore the extent to which programs have fully integrated the professional school model advocated by the NCEEA (Griffiths et al., 1988), responses indicate a bifurcation of faculty ranks, with tenure-line faculty members dedicating more time to research and clinical faculty focusing on teaching, advising students, and sustaining field connections. Given the fact that programs are incorporating new types of faculty, it is crucial for educational leadership units to carefully consider how roles and responsibilities are apportioned across the various positions. Both clinical and tenure-line faculty can serve valuable functions in fulfilling the work of the unit, and it is important for faculties to reach consensus on their shared responsibilities in delivering high quality leadership preparation.

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