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# Understanding Leadership Practice Utilizing a Naturalistic Decision-Making Model Among Health Care Leaders

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UNDERSTANDING LEADERSHIP PRACTICE UTILIZING A NATURALISTIC DECISION-  
MAKING MODEL AMONG HEALTH CARE LEADERS

by

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A Dissertation submitted to the Department of Leadership, School Counseling & Sports

Management in partial fulfillment of the requirements for the degree of

Doctorate of Education

UNIVERSITY OF NORTH FLORIDA

COLLEGE OF EDUCATION & HUMAN SERVICES

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## DEDICATION

I would like to extend heartfelt thanks and dedicate this dissertation to those that have supported me through this journey. A host of family, friends, and associates have helped me attain this life achievement.

I would like to especially acknowledge my husband, Royce Hart Jr. He has been there with me through all the late nights, frustrations, milestones, bumps in the road, and victories. He is my number one supporter and best friend. I thank my father and mother, Alvin and Ernestine Carroll, who have always instilled in me a drive to succeed and operate in excellence for as long as I can remember. They have supported me in every endeavor.

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## ABSTRACT

This study analyzes the leadership practice of two experienced female leaders from the health care sector to understand their decision-making processes as it relates to their personal theorizing. Ineffective and unethical leadership in American business is a reality in today's society. Organizations are in need of leaders who approach leadership from a paradigm which supports effective leadership practice (Avey, Wernsing, & Palanski, 2012; Fry & Slocum, 2008; Fry, 2003; Fry & Nisiewicz, 2013; Jurkiewicz & Giacalone, 2004). It is my assertion regarding this study that effective leadership may be connected to a leader's values which impact their leadership practice and decision-making.

This study relies on a conceptual and theoretical framework based in Cornett's (1990) Naturalistic Decision Making Model. It is imperative to the development of healthy learning organizations that the relationships influencing a leader's naturalistic decision-making be explored. At the time of this writing, no naturalistic collective case study research in the health care industry has been completed to relate a leader's naturalistic decision-making, or personal practical theories (PPTs) as defined by Cornett (1990). Furthermore, research has not been explored in a field outside of education regarding the formation of a leader's PPTs and the relationship between a leader's experiences and leadership practice (Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilligler, 1990; Cornett, 1990).

Study findings demonstrated that Cornett's (1990) naturalistic decision-making model (NDM) is a useful heuristic for a health care leader's reflective leadership practice.

Health care leaders' perceptions of leadership are systematically achieved through the process of reflective thought which the NDM assists in emerging. The NDM is an efficacious tool for personal and professional development. The constructs of this model were effective in allowing the health care leaders studied to reflect on their leadership practice and decision making. This research found that the collective theme amongst the participants was a value-based leadership paradigm.

The data collected in this research project suggests that the PPTs of health care leaders are developed through their life experiences. They are described in the context of their core values and leadership personal and formal theorizing. They are understood through their life experiences, interactions with other leaders, and interactions with those around them.

Discovering the relationships involved with a leader's naturalistic decision-making is of great importance to the educational and health care communities. It has the potential to impact human resources policies and training leading to stronger and more effective organizations. Understanding this phenomenon may lead to more reflective and thoughtful decision-making among health care leaders. It has the potential to impact organizational policies, structure, training, commitment, and profits. This may lead to healthier and intrinsically motivated employees and more effective learning organizations (Fry, 2003; Fry & Nisiewicz, 2013).

## CHAPTER 1: INTRODUCTION/BACKGROUND

The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Leadership involves an individual's ability to motivate others towards a shared vision (Senge, 2006; Northouse, 2010; Covey, 2004). Leadership for the purposes of this research is defined as a process by which someone is able to influence groups of individuals towards a common goal or purpose (Northouse, 2010).

This research project specifically focuses on the leadership practice of health care leaders. "Complexity in the health care industry undoubtedly creates special challenges for leadership and leadership development, stemming from a combination of both environmental and organizational factors" (McAlearney, 2008). Leadership issues affect health care organizations, health care cost, and health care quality (Levey, Hill, & Greene, 2002). The National Institute of Medicine (2001) suggests that health care leadership change and improvement is necessary to ensure a better health care environment in the future. Policy change, creation, and implementation will only commence through improved health care leaders and leadership.

Health care organizations are complex systems containing various stakeholders with varying interests. The primary goal of a health care organization "is to provide high-quality, safe care to those who seek help, whether they are patients, residents, clients or recipients of care" (Schyve, 2009, p.1). Research has demonstrated that the vast majority

of health care leaders operate from a transactional leadership style. This is in stark contrast to the type of leadership, transformational and values-based leadership, which may be better aligned to the core values of health care practitioners (Levey et al., 2002; Thyer, 2003).

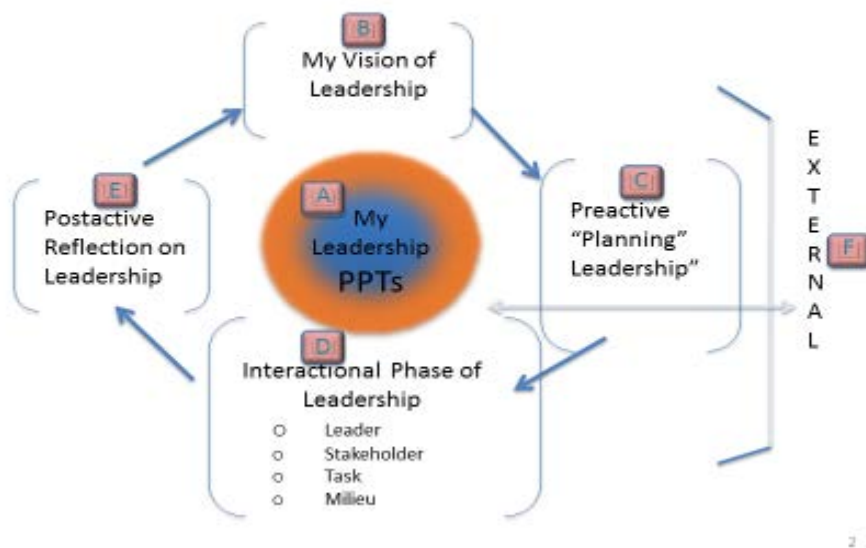
Personal Practical Theories (PPTs) (Cornett, 1990) are those deep beliefs that all practitioners have that enable them to act in complex situations. They are Personal in that they are rooted in the autobiography of the leader based upon experiences outside the role of leader. They are Practical, in that they are based on the experiences of that leader 'on the job'. They are theories, in that they are systematic and identifiable by trained observers (Cornett, 1990) and through the participant's own action research (Cornett, Yeotis, and Terwilliger, 1990; Cornett & Johnson, 2015, pp. 3-4). These theories guide personal reflection and decision-making. In addition to personal theories, formal theories can be linked to individual personal theorizing. Often leaders use formal theory and education to inform their perceptions and experience. Therefore, formal theory may guide a leader's practice and decision making. Formal theories are evidence-based theories based on scientific research (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

PPTs work centrally together, thereby guiding decision making. The Naturalistic Leadership Decision-Making Model is utilized to guide interpretation of this phenomenon (Figure 1). This model consists of six major constructs (A) My Leadership PPTs: PPTs form the heart of the decision-making processes. (B) My Vision of

Leadership: The vision of leadership originates based on prior experience and personal interaction. This vision is always impacted by a leader's PPTs; (C) Preactive "Planning Leadership": Planning for interaction with key stakeholders that is informed by an individual's PPTs that guides deliberations about assisting in the progression to the Interaction Phase of Leadership. (D) Interactional Phase of Leadership: Key interactions with an individual's stakeholders. The constructs of this phase are leader, stakeholder, task, and milieu. (E) Postactive Reflection on Leadership: After interactions take place, the leader reflects on the components of each interaction (Cornett & Johnson, 2015). "This is often guided by questions such as, 'How did that work?' 'What took place and how did the participant (s) feel?', 'How did I do?' (These reflections are guided by an individual's PPTs) and tacit assumptions about the effectiveness of these PPTs in the particular situation. This phase then continues onto a revised image of the overall conception... (of their leadership). (F) External Factors: External factors affect all leader decision making and reflective practice" (Cornett & Johnson, 2015, p.8).

This model is naturalistic in origin meaning that the model is designed to be used in a real-world context. Naturalistic decision-making is a concept by which "we attempt to understand how people make decisions in real world contexts that are meaningful and familiar to them" (Lipshitz, Klein, & Orasanu, 2001, p.332). Research utilizing this model has primarily been completed with teachers and a few educational leaders (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

**Figure 1** Naturalistic Leadership Decision-Making Model



*Figure 1.* Taken from “Understanding superintendent decision-making: Results of an analysis of leader theorizing in a high performing school district.” by J.W. Cornett, J. Johnson, 2015, *National Council for Professors of Education Administration*. Washington DC. Copyright 2015 by J.W. Cornett.

However, it is the goal of this research to demonstrate this model’s utility in the healthcare industry.

Leaders who engage in the process of analyzing their PPTs form a realization of who they really are as leaders. They are then able to have a better knowledge of what drives their leadership decision-making. Through these introspective and reflective



process leaders may improve their leadership practice (Cornett, 2012; Cornett & Johnson, 2015).

I have personally gone through the process of discovering and relating my PPTs to my leadership action experiences. Through various self-testing, personal examination and introspection exercises I personally processed my own theorizing. This process was very enlightening and a valuable asset to my continual growth as a leader. My PPT analysis was informed by my life experience as a health care leader. I have been involved in the health industry for over 15 years at the time of this writing. My life has been influenced by values rooted in my Christian faith. These values have contributed to my leadership decision-making and practice. As a result of the analysis of my PPTs six assumptions were garnered as a framework.

1. A leader's core values affect her leadership philosophy/approach and practice.
2. Transformational approaches to leadership inform effective leadership practice.
3. As a part of effective leadership, leaders strive to effect change and influence others' lives positively.
4. Collaborative leadership is a component of leadership effectiveness.

5. Professional competence and commitment to continuing education, personal, and professional development are essential to effective leadership practice.
6. A leader's health, wellness, and personal well-being impacts effective leadership practice.

This analysis has caused me to deduce that leadership practice influenced by values-based leadership approaches may be necessary and essential towards the production of effective learning organizations. Theories of values-based leadership have been extensively researched in the scientific literature. Studies have demonstrated the connections among these leadership approaches and effective decision making, organizational effectiveness, and employee satisfaction (Frost, 2014; Fry, 2003; Graber & Kilpatrick, 2008; Viinamäki, 2012).

The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Qualitative treatment of health care leadership is warranted and could add to the knowledge base in these areas. Qualitative research as discussed by Marshall and Rossman (2011) is descriptive, exploratory, explanatory, and emancipatory. Qualitative research is needed to further understand the mechanisms of a leader's practice and its effect on a health care leader's naturalistic decision making. The knowledge still needed in the qualitative paradigm of study is inclusive of gaining an understanding of the lived experience of a leader's development. The complexity of what motivates and directs this

type of leadership can be qualitatively studied to gain further insight into this phenomenon. Qualitative research designs which utilize case study procedures focusing on semi-structured interviews and artifact analysis will add to this body of research and may influence the health care industry.

### **Problem**

Health care organizations are in need of leaders who approach leadership from a paradigm which supports effective leadership practice to move the health care system forward (Chapman, 1993; Holder & Ramgem, 2012; Levey et al., 2002; Maupin & Warren, 2012; Suhonen, Stolt, Virtanen, & Leino-Kilpi, 2011). It may be imperative to the development of health care learning organizations that the relationship between leadership practice and leader decision-making be explored.

This study attempted to analyze the leadership practice of various leaders from the health care sector. This sector was chosen due to my practitioner knowledge in this area. At the time of this writing, no collective case study research in health care has been completed to understand a leader's leadership practice as it relates to a leader's naturalistic decision-making or personal practical theorizing (PPTs) as defined by Cornett (1990). Furthermore, no research studies have been identified which explore utilizing a qualitative methodology and collective case study research design to gain insight into a leader's understanding of these phenomena (Cornett & Johnson, 2015; Cornett, Yeotis, and Terwilliger, 1990; Cornett 1990).

Discovering the relationships involved with a leader's naturalistic decision-making may be of great importance to the educational and health care communities. Understanding this phenomenon may lead to more reflective and thoughtful decision-making among health care leaders. It has the potential to impact organizational policies, structure, training, commitment, and profits. This may lead to healthier and intrinsically motivated employees and more effective learning organizations (Baker, 2003; Chapman, 1993; Fry, 2003; Fry & Nisiewicz, 2013; Holder & Ramgem, 2012; Levey et al., 2002; Mclearney, 2008; Senge, 1990).

### **Purpose of this Study**

The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing.

### **Research Questions**

1. How are the Personal Practical Theories (PPTs) of health care leaders identified, described, and understood by the individual?
2. To what extent is Cornett's (1990) naturalistic decision-making model useful for understanding the complexities of leadership decision-making in health care leaders?
3. What are the perceptions of health care leaders regarding their decision-making processes as a result of their personal theorizing?
4. Do health care leaders' personal theorizing align with existing leadership formal theories?

5. Is Cornett's (1990) naturalistic decision-making model useful as a heuristic for a health care leader's reflective leadership practice?

### **Significance**

Examining the complex relationships between a health care leader's naturalistic decision-making and personal theorizing has scholarly and practical significance. Health care organizations can be improved by having a greater understanding of how leaders develop their decision-making processes which may consequently impact their leadership practice, organizational members' experiences and society at large (Baker, 2003; Chapman, 1993; Holder & Ramgem, 2012; Levey et al., 2002; McAlearney, 2008). Implications of this research may lead to further understanding which may improve employee workplace experiences and create more socially responsible organizations. This has the potential to help organizational leaders/managers and others to understand their personal and professional development and motivation for their work (Baker, 2003; Chapman, 1993; Holder & Ramgem, 2012; Levey et al., 2002; McAlearney, 2008). This may help leaders and those whom they influence motivation, commitment to the organization, productivity levels, and life satisfaction levels. These factors may eventually affect organizations' "bottom line" and society at large. This is important in health care due to the rising cost and recent emphasis on quality health care delivery (Holder & Ramgem, 2012; Levey et al., 2002).

Studying naturalistic leadership decision-making is a new phenomenon in the literature in the area of health care. Limited research studies have explored aspects of this

instance among health care leaders (Holder & Ramgem, 2012; Levey et al., 2002). Additionally, no studies have been identified which employ Cornett's Personal Practical Theories (PPT) framework in the context of health care leadership (Cornett & Johnson, 2015; Cornett, Yeotis, and Terwilliger, 1990; Cornett 1990). Furthermore, no research studies have been identified which explore utilizing a qualitative methodology and collective case study research design to gain insight into a leader's understanding of these phenomena (Cornett & Johnson, 2015; Cornett, Yeotis, and Terwilliger, 1990; Cornett 1990).

### **Study Design**

This study was designed to understand the naturalistic decision-making of health care leaders' leadership practice and their personal theorizing. This study utilized a collective case study qualitative design. I have determined that the collective case study design is the best method for understanding the naturalistic decision-making of a leader's leadership decision-making in regards to their personal theorizing. This research methodology and design has been executed successfully utilizing Cornett's PPT framework in educational leadership and in teacher decision-making (Cornett & Johnson, 2015; Cornett, Yeotis, and Terwilliger, 1990; Cornett 1990).

To understand the fullness of a leader's experience it has been determined that naturalistic inquiry for this topic is necessary. Naturalistic inquiry is the methodology which can best help the researcher to describe the participant's experience with the formation of values which influence their decision making. "Thick, rich, descriptive"

language is necessary to formulate a context for comprehending leadership development (Shenton, 2004). For this study interviews and document analysis, the tools of collective case study research, will be utilized to answer the research questions (Guba, 1981; Shenton, 2004; Yin, 2014).

A purposive sample was taken of key informants known to me. These informants were leaders in the health care community in Northeast Florida with ten or more years of experience in their respective fields. My goal was to attain a sample of at least four participants based on study selection criteria. Only two participants accepted the invitation to participate in the study. To gain access to these informants, I developed an email letter describing the study and the prospective informant's role and time commitment prior to beginning data collection.

Three face to face interviews took place per participant in agreed upon locales. These interviews were scheduled to take a maximum of ninety minutes. Participant artifacts regarding their leadership practice such as biographies and resumes were reviewed. During the interviewing process, I took field notes and developed a reflexive journal to document my thoughts and deliberations regarding the field notes.

Interviews were audio-recorded utilizing a primary and back- up recording device. After the interviews, I transcribed the recordings. Following data collection, interview recordings were uploaded to the secure University of North Florida server for storage. The interview transcripts were sent to the informants for member-checking.

After the interviews concluded, I coded, developed themes, and interpreted the data. Due to the qualitative nature of this study results will not be generalizable. However, results will have transferability to other audiences. I communicated with each interview participant for any needed changes based on the feedback from the participant's review of interview transcripts and interpretations. Participants received by mail a document discussing the final interpretation garnered from their interviews at the end of the study.

Measures of trustworthiness are essential to qualitative research. In naturalistic inquiry the four main considerations for establishing trustworthiness are truth value, applicability, consistency, and neutrality (Guba, 1981; Shenton, 2004). Informant's interviews will be based on an interview document (Appendix C) I developed adapted from Cornett's Naturalistic Decision-Making Model (Cornett & Johnson, 2015; Cornett, Yeotis, and Terwilliger, 1990; Cornett 1990).

The final communication with each informant allowed for member checking and final data validation. However, Participant 2 chose not to participate in the member checking process. During this process, I examined relevant documents such as biographies and other artifacts which described the informants. Research demonstrates that "the use of multiple sources of evidence in case study research allows a researcher to address a broader range of historical and behavioral issues" (Yin, 2014, p.120; Guba, 1981; Shenton, 2004). This further established converging lines of inquiry where the



merging of various points of data will add to the analysis and interpretation of the research findings.

To add credibility, I became familiar with the culture of the organizations in which the participants lead. This was accomplished through artifact analysis. I reviewed artifacts which describe participants' professional career, leadership practice, and decision-making.

I extensively described my positionality concerning the research. This description included a narrative describing my experience and background in the health care field, my relevant research experience, and qualifications as a researcher (Guba, 1981; Shenton, 2004). I have also completed the process of analyzing my own personal theorizing as it relates to my decision- making and leadership practice in a health care setting. This process and results are discussed in the methodology section in Chapter 3. This further adds to researcher credibility. During data collection, I also documented my positionality in my field notes and journaling.

Informants received a summary of the themes, interpretations, and conclusions garnered from the data collection process (Guba, 1981; Shenton, 2004; Yin, 2014). Thick descriptions were developed. This ensures this type of research has the unique ability to give its text "voice" through expressive language (Eisner, 1998; Guba, 1981; Shenton, 2004; Yin, 2014). Credibility was further necessitated through a thorough investigation of previous research in complementary areas to frame researcher themes, interpretations, and conclusions.

Transferability was established by giving sufficient information concerning the background and context of the study (Eisner, 1998; Guba, 1981; Shenton, 2004; Yin, 2014). These descriptions of the phenomenon enabled comparisons to be made within similar contexts and data. Dependability is realized in the thorough description of the study's methodology to enable other researchers to replicate this studies design (Shenton, 2004; Yin, 2014).

My interpretations of data included “attaching significance to what was found, making sense of the findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order” (Marshall & Rossman, 2011; Patton, 2002, p. 480). I also reviewed reflective notes, thoughts, and insights written during the data collection progression (Marshall & Rossman, 2011). Informed consent ensured protection of participants from harm involved in this research study. Ethical measures support protecting participant privacy and confidentiality; thereby, maintaining equitability among research participants. De-identified study data was stored in a password protected computer system.

### **Delimitations**

It is beyond the scope of this study to review all types of leadership theories as it relates to health care leader decision-making. It was decided to utilize a qualitative research design rather than an experimental design due to the exploratory nature of this analysis's research questions. A purposive study sample was attained from individuals known to me in the Northeast Florida community.

## **Organization of Dissertation**

This dissertation is organized into five chapters, a bibliography, and appendixes. Chapter 2 presents a review of the literature surrounding the topic of health care leadership and naturalistic decision making. This review discusses the need for change in health care leadership, a value-based leadership paradigm is presented as an approach towards effective health care leadership. Various leadership approaches as it relates to the health care leader, naturalistic-decision making, and reflective leadership practice are reviewed. Evolving trends, practices, and procedures are discussed. Chapter 3 examines the study's research design methodology. The "researcher as instrument" approach is reviewed, data collection methods, procedures followed, and study sample selection is described. Chapter 4 includes an analysis of the data and discussion of research findings. Chapter 5 concludes the dissertation with a summary, final conclusions, implications, and recommendations for further study.

## **Summary**

Chapter 1 presents a brief overview of the dissertation inclusive of the study background/introduction, problem, purpose, research questions, significance, research design, and delimitations. Chapter 1 concludes with a discussion of the organization of the dissertation. The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Chapter 1 begins with a discussion of the historical underpinnings of general leadership and specifically health care leadership. This discussion also focuses on

concepts of value-based leadership. The Chapter further goes on to discuss the concept of naturalistic decision making and its impact on leadership practice.

The Chapter continues to discuss why a study of a health care leader's approach to decision making is needed and significant. Understanding the phenomenon by which these leaders make decisions may be essential to creating effective and sustainable organizations and societies. This Chapter concludes with an examination of the collective case study research design and methodology this study employs to gain understanding of this phenomenon.

## **CHAPTER 2: LITERATURE REVIEW**

The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. This chapter contains a non-exhaustive review of the literature concerning topics pertaining to values-based leadership, reflective leadership practice, various kinds of transformative leadership approaches, and naturalistic decision-making in health care leaders.

This review will begin with a discussion of values-based leadership as a premise for effective leadership. This is inclusive of a discussion of health care leadership, a review of values-based leadership and its significance in health care organizations will proceed. The second section of the literature review will contain an overview of reflective leadership practice. Furthermore, various values-based transformative leadership approaches will be examined pertinent to study data. This will incorporate an examination of spiritual leadership, authentic leadership, ethical leadership, servant leadership and charismatic leadership.

The review will conclude with a study of naturalistic decision making process in leaders. This will include an examination of personal practical theory development, a discussion of the current projects assumptions and areas for future research.

### **Leadership Overview**

Theoretical research about leadership has developed over the years. Research illustrates that the first known analysis of leadership for academic purposes began with

the study of the trait approach (Mello, 2003; Shafritz, Ott, & Jung, 2011). Downton (1973) first coined the term “trait” theory. This approach to leadership suggests that individuals are “born” leaders. The premise of this theory is that people have innate physical and/or personality characteristics which make them effective leaders (Mello, 2003; Shafritz, Ott, & Jung, 2011).

Historically, leadership study went on to analyze more behavioral approaches to leadership which gave rise to concepts of situational leadership. Situational leadership approaches emphasize the leaders’ abilities to exhibit effective leadership dependent upon the situation the leader is placed (Mello, 2003; Northhouse, 2010). Stogdill (1948) refuted the notion of the trait approach in the context of effective leadership. He was one of the early voices in the realm of situational leadership approach analyses. Beginning in the 20<sup>th</sup> century, leadership study began to look at more values-based leadership approaches which influence followers at a more holistic level. These approaches include authentic leadership (George, 2003), servant leadership (Greenleaf, 1977), and spiritual leadership (Fry, 2003). These leadership classifications all have foundations in Bass’s (1978) transformational leadership approach (Brown & Treviño, 2006a, 2006b; Dent, Higgins, & Wharff, 2005; Fry, 2003) . Transformational leadership approaches are informed by ethical, authentic, spiritual, and charismatic leadership theory (Brown & Trevino, 2006; Fry, 2003; Bass, 1995; Gardner, Coglisier, Davis, & Dickens, 2011).

These approaches emphasize genuine leadership which is trustworthy or authentic (George, 2003); leadership which has morality underpinnings, thereby, motivating

followers to go beyond what they believe they can accomplish towards a shared vision (Burns, 1978); leadership in which the primary motive is to serve others to reach their potential (Greenleaf, 1978); and finally leadership originating from an inner life and purpose which inspires others to feel they are contributing to something bigger than themselves (Fry, 2003).

Approaches to leadership based in values may be essential to leaders' leadership behaviors and practices. Values-based leadership has been associated with "greater accountability, increased organization valuation, and gaining the competitive edge, attracting and retaining staff and investors, and enhancing the organization's reputation within the corporate world" (Viinamaki, 2012, p. 43; Woodward & Shaffakat, 2014).

The health care industry has been guilty of unethical practices which has resulted in harm to unsuspecting individuals. An example of this evidenced in the U.S. Public Health Service Syphilis study of forty years at Tuskegee University, where African American males were unethically treated by withholding information and medication for a preventable disease (Freimuth et al., 2001; Maupin & Warren, 2012). Other examples include Henry Cotton, in the 1920s attempting to remove body parts as a solution for mental health issues (Wessely, 2009). Also, ethical issues with pharmaceutical companies in the case of GlaxoSmithKline withholding information from the American public leading to deaths due to known drug side effects (Thompson, 2001; Wilson, 2015). Other issues have arisen in the areas of sustaining life support, euthanasia, and assisted suicide (University of Minnesota-Center of Bioethics, 2005).

In 2001, the Institute of Medicine issued a challenge to the health care industry, policy makers, and leadership in their report , “Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century” (Baker, 2003; Institute of Medicine: Committee on Quality of Health Care in America, 2001; Levey et al., 2002). This report stated that health care needed drastic changes to occur. These changes must be substantial enough to impact health care cost and quality. New vision and leadership is needed to advance the current health care systems into the 21<sup>st</sup> century.

Values are tremendously important to leadership in health care. Research has demonstrated that American’s value service regarding health care leadership (Graber & Kilpatrick, 2008). “However, in healthcare organizations values-based leadership is not always easily implemented, due to their unique cultures, and their structural and operational characteristics” (Graber & Kilpatrick, 2008, p.186). These characteristics include the division of power in health care systems. Often the management staff has varying degrees of power and authority over licensed medical personnel (since licensed medical personnel such as physicians are often not employees of the hospital) (McAlearney, 2008). Operationally, physicians and management executives have differing views and focus. Physicians often concentrate on their individual patients while management focus on the health care system and service to all patients involved (Graber & Kilpatrick, 2008; Holder & Ramgem, 2012).

Improved values-based leadership in health care could lead to a new way and method of health care leadership approaches in America. According to some, through a



new emphasis on value, monumental change will be realized and sustained (Chapman, 1993; Graber & Kilpatrick, 2008). Policy change, creation, and implementation will only come through renewed and reinvigorated health care leaders working together towards a common vision and goal (Levey et al., 2002).

Values-based leadership is informed by various transformational leadership approaches such as spiritual, authentic, ethical, servant, and charismatic leadership (Avolio & Gardner, 2005; Fry, 2003; Russell, College, & Stone, 2002).

Transformational-based leadership theories have been a feature of the leadership literature (Brown & Trevino, 2006; Fry, 2003; Bass, 1995; Gardner, Cogliser, Davis, & Dickens, 2011). Transformational leadership is a framework of leadership by which a leader engages in leadership approaches which prompt followers to commit to change and transformation. These leaders are proficient in developing followers and motivating them to accomplish more than what is usually expected (Burns, 1978). This type of leadership often has characteristics of charismatic and visionary approaches to leadership (Northouse, 2010). Transformational leaders guide followers in a process where the leader effectively communicates and connects with others. This increases the leader and follower's morality and motivation (Burns, 1978).

The spiritual approach to leadership or spiritual leadership is a type of transformational leadership. An example of this type of leadership is Jesus Christ and Mohandas Gandhi. These leaders influenced their followers and lead them into reaching their potential (Northouse, 2010). Spiritual leadership has its origins in values-based

leadership theories. Constructs of this theory originate from transformational, charismatic, and servant approaches to leadership (Fry, 2003; Dent, Higgins, & Wharff, 2005). Spiritual leadership theory further emphasizes leader ethics and values. Leaders who approach leadership through spirituality find their drive and influence inherently within their inner values and worth (Fry, 2003). Research in this area has found that spiritual leadership has been correlated to life satisfaction, organizational commitment, organizational productivity, work unit performance, and sales growth (Fry, Vitucci, & Cedillo, 2005; Fry, 2003; Fry, Hannah, Noel, & Walumbwa, 2011; Giacalone, Jurkiewicz, & Fry, 2005; Karakas, 2010; Chen & Yang, 2012).

Ethical leadership is defined as “the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication reinforcement, and decision-making... The outcomes of ethical leadership include follower ethical decision-making, prosocial behavior, and follower satisfaction, motivation, and commitment” (Brown & Treviño, 2006, p. 596).

The authentic leadership approach focuses on genuine leadership. This theory discusses the authenticity of leaders and their leadership. This is a relatively new theory and is still in the beginning stages of development. This theory originated in people’s demand for trustworthy leadership (Northouse, 2010). Authentic leadership is defined by three viewpoints-intrapersonal, developmental, and interpersonal views. The intrapersonal view focuses on a leader’s internal processes which drive their leadership

practice (Shamir & Eilam, 2005). The developmental definition suggests that authentic leadership develops over the lifetime of a leader and is prompted by major life events (i.e. severe illness, new career, etc.) (Avolio & Gardner, 2005; Gardner, Avolio, & Walumbwa, 2005). Interpersonally defined authentic leadership emerges from interactions between leaders and followers (Northhouse, 2010).

George and Sims (George, 2003; George & Sims, 2007) have developed five basic characteristics of authentic leaders. Authentic leaders understand their purpose, have strong values about the right thing to do; establish trusting relationships with others; demonstrate self-discipline and act on their values; and they are passionate about their vision (i.e. act from their heart).

The servant leadership approach (Greenleaf, 1977) focuses on the leaders' treatment of their followers. The premise of this theory is that the leaders' service to their followers is the heart of leadership. Servant leaders put their follower's needs above their own. According to Greenleaf (1977), a leader first seek to serve and leadership will come as a matter of consequence from serving. The ten major attributes of this theory include listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Spears, 2004).

The charismatic leadership approach is a transformational- based leadership theory (Conger, 1999). Charismatic leaders are often highly self-confident, with clear vision, and are often regarded as change agents in their industries. Charisma is an

emotional characteristic which is often personality driven (Mclaurin & Bushanain-Amri, 2008). Research has demonstrated this type of leadership to be effective, however, new studies have suggested that until this leadership approach is clearly conceptualized such assertions cannot be made (Van Knippenberg & Sitkin, 2013).

Leaders understanding of their core values is key to understanding their personal theorizing. Personal theorizing is a concept and approach to leadership development by which leaders learn about themselves and their core values. Through this process leaders realize what guides them in their leadership activities and decision making. Cornett originally defined these theories as “Personal Practical Theories” (Cornett, 1990) in the context of teachers. Cornett further enhanced this theoretical framework to application to various types of leaders (Cornett & Johnson, 2015). Personal Practical Theories (PPTs) (Cornett, 1990) are those deep beliefs that all practitioners have that enable them to act in complex situations. These theories guide personal reflection and decision-making. In addition, personal and formal theories can be linked to individual personal theorizing. Effective learning organizations are able to impact their employees and society at large (Fry, 2003; Senge, 1990).

### **Health Care Leadership**

A health care organization is a unique organization in that its effectiveness is measured in its positive outcomes. This becomes of great significance since positive

outcomes are measured in lives saved and medical errors avoided. This causes a great burden on the leadership and implores health care systems to be the best. The question can be asked who are the leaders in a health care setting? Is it the doctors or nurses? Is it the administration? Or is leadership collective in this setting? Health care organizations are systems which need every entity involved working together to enable success (Schyve, 2009). The primary goal of a health care organization “is to provide high-quality, safe care to those who seek its help, whether they are patients, residents, clients, or recipients of care” (Schyve, 2009, p.1). Overwhelmingly, health care leadership operates from a transactional leadership style. However, transformational leadership styles in health care are needed and are more in line with the core values of health care practitioners (McAlearney, 2008; Thyer, 2003). Health care leadership has many tiers and levels which must work together to achieve effectiveness.

### **Goals of Health Care Leadership**

The 2001 Institute of Medicine report, “Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century” challenged the health care industry, policy makers, and leadership towards significant change and growth (Institute of Medicine: Committee on Quality of Health Care in America, 2001; Levey et al., 2002). The health care industry must change in ways which will impact health care cost and quality. Improved leadership and vision is essential to progress the current health care systems into the 21<sup>st</sup> century. Through improved thought leadership towards a new style and format of health care in America as we know it, monumental change will be realized and sustained (Levey et al.,

2002). Policy change, creation, and implementation will only come through renewed and reinvigorated health care leaders working together towards a common vision and goal.

To reach national health care goals, health care organizations must work as a cohesive unit- as a system. For this to occur there must be strong leadership (Holder & Ramgem, 2012; Levey et al., 2002). Core leadership concepts must be taught to emerging health care practitioners. Often health care worker's training focuses on the clinical and patient care aspects of their vocation, but neglects sound leadership training (Holder & Ramgem, 2012; Levey et al., 2002; Schyve, 2009).

Performance excellence in health care is a multi-faceted and complex entity. It takes a combination of visionary, transformational, and other values-based leadership paradigms (Levey et al., 2002; Thyer, 2003). It is my claim that values-based leadership in a health care setting is the ideal framework to produce this type of performance excellence.

### **The Public Health Care Delivery System**

The public health care delivery system is composed of many elements. Workers within this system include administrators, physicians, public health workers, and other licensed independent practitioners. Leadership of these organizations includes the governing body, the chief executive and other senior managers, and the leaders of the licensed independent practitioners (Schyve, 2009).

The health care system is comprised of a complex system of health care users (patients), payers (self, insurance, and government), facilities, community organizations, and practitioners. "The mission of the public health care system is to promote the

physical and mental health of communities and populations and to prevent disease, injury, and disability” (Shore, 2007, p.1). As follows are the major entities in America’s health care system:

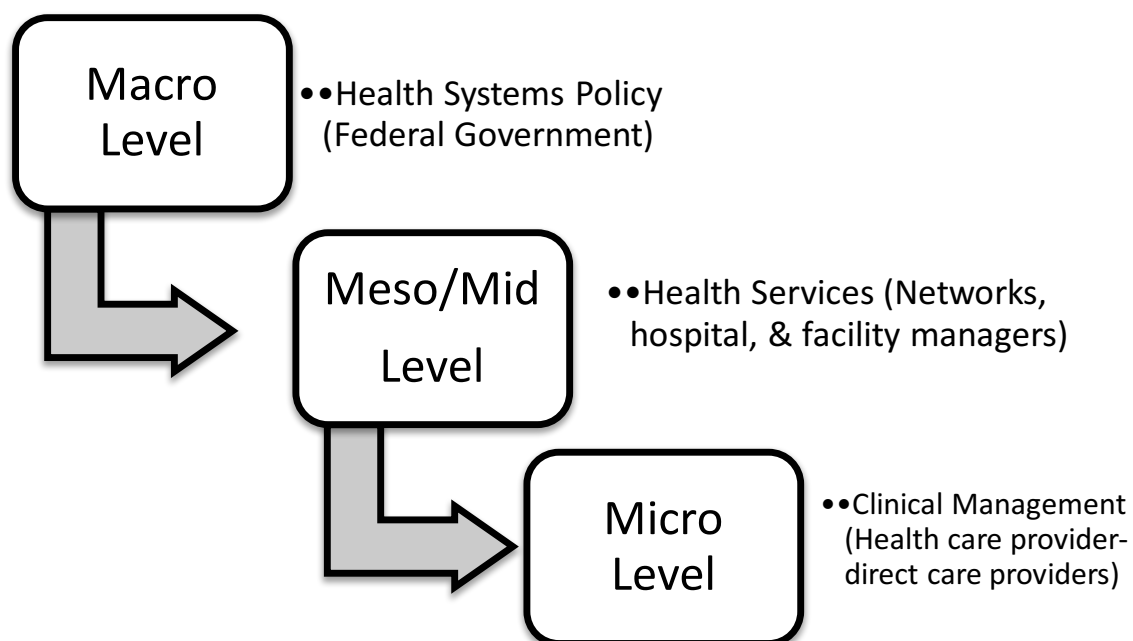
1. Approximately 3,000 county and city health departments,
2. Fifty-nine state, territorial, and island health departments,
3. U.S. Public Health Service agencies in the Department of Health and Human Services,
4. Over 160,000 public and private laboratories,
5. Hospitals and other private-sector healthcare providers, and
6. Volunteer organizations like the American Red Cross or American Diabetes Association (Shore, 2007, p.2).

The major health care organizations which comprise the infrastructure of America’s health care system include federally, (in the Department of Health and Human Services (HHS) system) the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Agency for Health Care Research and Quality (AHRQ). Leadership for the public health policy functionality resides with the U.S. Surgeon General (head of the U.S. Public Health Service) and the CDC (Hyde & Shortell, 2012; Shore, 2007).

Within the health care system, the internal leadership elements can be viewed at three specific levels- macro, meso/mid, and micro levels (see Figure 2). The macro level is the health systems policy level which is the federal government. The meso/mid-level is

comprised of networks, hospitals, and facility managers. Finally, the micro level is inclusive of all clinical management or health care providers involved in direct patient care (Baker, 2003; Holder & Ramgem, 2012).

**Figure 2.** Health Care Leadership System



*Figure 2.* Adapted from “Ortun 1999 as cited in “Health Leadership and Management Competencies: A Systematic Approach, “by R. Holder and C. Ramagem, 2012, *World Hospitals and Health Services*, 48 (3), p.10. Copyright 2012 by World Hospitals and Health Services.

### **Leadership Development in Health Care**

Day (2001) differentiates between leader development and leadership development. Leader development is a wholly individual phenomenon. This is based on developing intrapersonal competence. It is focused on human capital. This leadership model is individualistic focusing on “personal power, knowledge, and trustworthiness”



(Day, 2001, p. 584). The skills that are developed in this frame are self-awareness, self-regulation, and self-motivation. In comparison, leadership development is a social phenomenon based on a relational leadership model. This model focuses on commitments, mutual respect, and trust. It features an interpersonal competence base. The skills developed in this frame are social awareness manifested in “empathy, service orientation, and political awareness”. Social skills are also developed in this frame. These skills include “building bonds, team orientation, change catalyst, and conflict management” (Day, 2001, p. 584).

Often in the case of health care workers they operate in the leader development framework. Due to the specificity of their assignments, health care leaders are taught to seek after and value individual development, not necessarily leadership development (Edmonstone, 2011). This occurrence must change for health care leadership to improve and be more effective.

Health care organizations must strive to be learning organizations. These are organizations that are focused on learning as a mode to capacity building and effectiveness (Baker, 2003; Senge, 1990). Peter Senge (1990) discusses five key disciplines in developing learning organizations:

1. systems thinking,
2. achieving personal mastery,
3. shifting mental models,
4. building shared vision, and

##### 5. team learning.

Systems' thinking is the paramount discipline in this group. It is needed to unite all other disciplines into a working ensemble. System thinking involves seeing the continuum of the work that you do. It is seeing things as a whole and not just individualized parts (Senge, 1990). This type of thinking is needed to achieve successful outcomes in the system of health care.

The power of a shared vision will motivate leaders to move towards goal achievement. Shared vision is necessary for health care leadership development (Baker, 2003). When leaders seize a common vision, it often aligns with their personal vision. Leaders exhibit commitment, connectedness, and excitement. They personally care about the vision being accomplished. Shared vision gives organizational members ownership in the organizations goals (Senge, 1990).

Senge (1990) uses the term mental models to refer to the paradigms that leaders hold. He advocates that leaders must be able to see from different perspectives. These mental models shape how we act and organize our thinking. For organizations to be successful, leaders must see past their individual mental models to develop effective strategies for organizational growth and development.

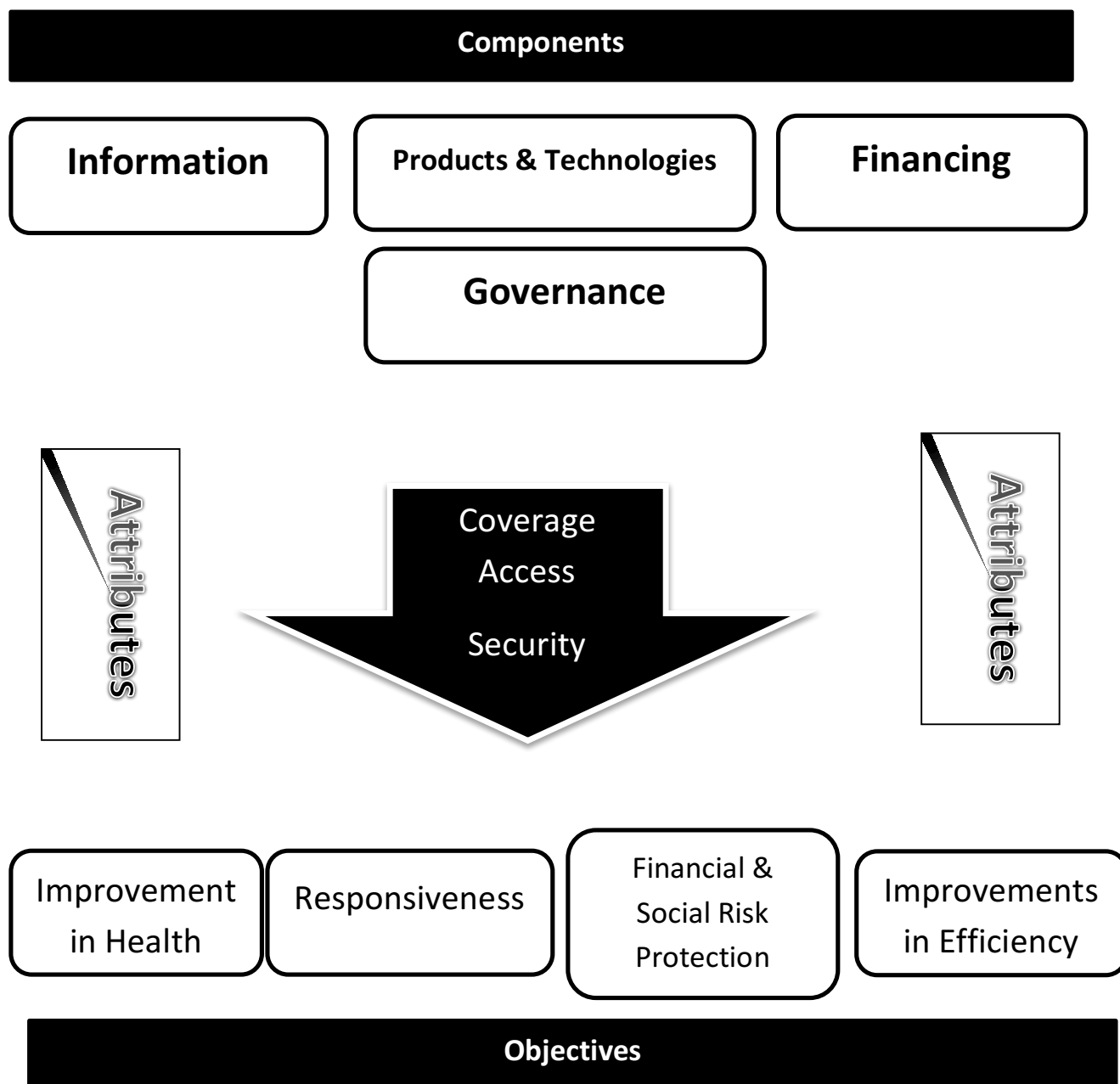
Personal mastery entails viewing your work as your calling. It entails continuous personal growth and development. This process involves knowing your core values and realizing how your work affects the greater good and society as a whole. Team learning occurs when a group operates as a whole and not individual parts. Senge (1990) terms

this phenomenon “alignment”. This gives the connotation of team effort and harmony. This concept builds on all the others and is essential to effective well-working systems.

Figure 2 illustrates all the components involved in a health care system. Health systems are “complex adaptive systems” changes to one part of the system inevitably will have an effect on all other areas of the system (Holder & Ramgem, 2012, p.9). Leaders must have leadership skills and competencies corresponding to their level of authority-macro, meso, or micro (Figure 2). Health care macro level leaders are most concerned with health care leadership and its effects on a global scale. Whereas, meso level leaders might be concerned effective health care delivery services, encompassing leadership of health care facilities and networks. Finally, at the micro-level of leadership integrated health service delivery is key. This is evidenced in coordination of the continuum of patient care to ensure populations are effectively served (Holder & Ramgem, 2012).

No system as complex as the American health care system can exist without an assortment of challenges towards goal attainment and effectiveness. These challenges span the contention between components of the system for scarce resources inclusive of finances and workers. “The United States spends the most per capita on healthcare across all countries. It lacks universal health coverage, and lags behind other high-income countries for life expectancy. High costs with mediocre population health outcomes at the national level are compounded by marked disparities across communities, socioeconomic groups, and race and ethnicity groups” (Murray, 2013, p. 591; Quincy, 2013).

**Figure 3.** Health Systems Components, Attributes, and Objectives



*Figure 3.* Adapted from “WHO 2009 Systems Thinking for Health Systems Strengthening as cited in “Health Leadership and Management Competencies: A Systematic Approach,” by R. Holder and C. Ramagem, 2012, *World Hospitals and Health Services*, 48 (3), p.10. Copyright 2012 by World Hospitals and Health Services.

Unfortunately, health care services are a commodity in which much waste occurs. “Experts estimate that perhaps one-third of all U.S. health care spending produces no benefit to the patient—and some of it actually results in harm (M. Burns, Dyer, & Bailit, 2014; Institute of Medicine: Committee on Quality of Health Care in America, 2001).

The Institutes of Medicine “defined overuse as the use of health care resources and procedures in the absence of evidence that the service could help the patients subjected to them. Misuse was defined as failure to execute clinical care plans and procedures properly” (Burns et al., 2014, p.1; Institute of Medicine, 2001). Overuse and misuse in the health care system presents a problem for health care leaders of today. Regulation of health care cost while maintaining health care quality is a major concern for health care leadership to lead America into a positive future.

### **A Values-based Leadership Framework for Health Care**

Value-based and transformational leadership approaches are needed in healthcare leadership. Currently a transactional style of leadership has infiltrated health systems causing a disconnect between health care leaders and practitioners (Thyer, 2003). Thereby, affecting the health care system as a whole and stagnating its effectiveness starting at the micro or clinical level.

Burns (1978) distinguished between transactional and transformational leadership approaches. Transactional leadership refers to leadership contingent on an exchange of compliance for rewards or punishment (Northouse, 2010). In comparison, transformational leadership causes a person to be motivated to achieve more than they

believed possible through shared vision and a sense of purpose. This type of leadership also has elements of morality influencing its mechanism of influence and motivation (Arnold, Turner, Barling, Kelloway, & Mckee, 2007; Northouse, 2010).

It is my assertion that the transformational-based approaches to leadership, specifically, values-based leadership is necessary to see monumental change in America's health care system. Transformative-based leadership styles have been associated in other health care facilities with increased quality of care resulting (Castle & Decker, 2011).

Hence, the assertion of a paradigm of values-based leadership to drive health care professional's leadership development is befitting and appropriate. Ethics and values are paramount in health care. Therefore, for the revitalization and development of health care leaders, a theory with these concepts as its foundation may be necessary. Health care leader's decisions weigh heavily and have far-reaching consequences. The current transactional approaches to leadership in health care are detrimental to the advancement of the system. Significant change is needed now, before mounting costs and lack of quality of care lead to fatal results.

### **Health Care Policymaking in America**

Measurement, laws, and funding direct change in America's health care system. Health care leaders are at the forefront of this process. Measurement addresses the need for certain policy changes based on the outcomes concerning an individual's health status. It also helps to understand health care performance, and it determines return on investment (Institute of Medicine, 2011). Law making is of great importance to the

health status of Americans. Laws often determine the culture and environment in which people live their lives. Examples of this include tobacco cessation laws, seatbelt safety laws, and school nutrition standard laws (Institute of Medicine, 2011). Lastly, funding for public health initiatives is of great importance to the maintenance and transformation of our nation's health care system. All of these activities have leaders at their helm driving these decision-making processes.

Public policymaking is a unique and often convoluted process. Policymaking models often aid the novice in understanding these distinct processes. These models take into account all of the factors and people whom influence policy. This is inclusive of special interest groups, lobbyists, other governmental entities, concerned citizens, and other professionals (Cockrel, 1997). These models help to identify the importance of certain issues, analyze the influence of important events which can impact the policymaking process, and predict the outcomes of the policy processes (Cockrel, 1997).

At each stage of the policymaking process effective leadership is key. Leaders must have the best interest of the people they serve at heart, not their personal self-interests or motives. Values-directed leaders may be best suited to undertake this process. At the point of creation and implementation of policy, values-based leadership may be needed for the best outcomes. A modern-day example of this can be seen in the creation and implementation of the Patient Protection and Affordable Care Act (PPACA) of 2010, commonly known as "Obamacare". The passage of this act affects different Americans in vastly different ways. The PPACA act is a health insurance reform law. This law encourages universal health care coverage for every American and regulated competition

in the private insurance markets (Beaussier, 2012). The new law is very intricate and has many nuances. This law is designed to improve payment measures in health care ensuring greater quality of care and health care value for the money spent (Newhouse, 2010). However, the law lacks robust cost-control measures addressing insurance premiums increases and Medicare and Medicaid spending over the long term (Beaussier, 2012).

A way of viewing this measure is analyzing it based on how it affects the American population. Harvard University policy professor, Joseph Newhouse, describes four classes of Americans that will be affected by this law in his paper, “ Assessing Health Reforms Impact on Four Key Groups of Americans” (Newhouse, 2010). The four classes of American’s affected by health reform include:

1. Americans eligible for Medicaid or Children’s Health Insurance Plan (CHIP) or those currently uninsured (30 % of U.S. population).
2. Americans with individual or small group insurance purchased through small business employers with fifty or less full-time employees (10 % of U.S. population).
3. Americans who purchased insurance through the mid-sized to large companies they work for with greater than fifty full-time employees (45% of U.S. population); and
4. Americans that have Medicare insurance (15% of U.S. population) (Newhouse, 2010, p. 1).

Health care challenges exist in implementation of this law. In that, the capacity of



the current health care system may not be able or ready to service the additional population who will eventually be awaiting health care assistance since they now have access to it and can theoretically afford it.

Effective health care leadership is needed. Health care leaders are needed that are able to shift their “mental models” and see things from a variety of different perspectives (Senge, 1990). Leadership must view others ideas and solutions to address the new sets of problems the health care system is now facing. Strong leadership is needed at all levels of the health care continuum- macro, meso, and micro (Figure 2).

Any of the values-based leadership approaches could be effective in this instance. The construct of altruistic love as found in Fry’s (2003) spiritual leadership theory regarding health care leaders’ decision-making processes is an example of a values-based leadership construct which could prove essential. The theory of spiritual leadership encourages leaders to operate with kindness, integrity; empathy/compassion, honesty, patience, and courage (Fry, 2003). These characteristics are needed when executing decisions which affect so many Americans. Leadership must be able to see the perspective of the mother who is finally able to get health insurance for their child where previously she was not. Leaders must also be able to see how this might enable Americans to have better health outcomes and long life due to creating access to health care services and removing barriers to treatment. However, they must also see the perspective of the hard-working American whose personal income is lessened due to increasing health care premiums and lower employer wages to compensate for employer new tax burdens.

Another example of health care legislation which impacts all Americans requiring sound leadership is the passing of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). This is another type of health insurance reform law. This law now makes health insurance plans release the restrictions that they once placed on financial requirements (cost of co-pays and deductibles) and treatment limitations for mental health or substance use disorders (U.S. Department of Labor and Employee Benefits Security Administration, 2010).

This law now provides a greater mechanism for those with mental health issues to receive the needed treatment for these individuals to live functional lives. In recent years, this law has held great significance with the advent of guns in the hands of the mentally ill with the mass shootings in Newtown, Tucson, Aurora, and Virginia Tech (Office of the President, 2013). President Obama has said,

We are going to need to work on making access to mental health care as easy as access to a gun. Today, less than half of children and adults with diagnosable mental health problems receive the treatment they need. While the vast majority of Americans with a mental illness are not violent, several recent mass shootings have highlighted how some cases of mental illness can develop into crisis situations if individuals do not receive proper treatment. We need to do more than just keep guns out of the hands of people with serious mental illness; we need to identify mental health issues early and help individuals get the treatment they need before these dangerous situations develop (Office of the President, 2013, p. 13).

Spiritual, ethical, authentic and servant leadership approaches may be effective in this instance. These values-driven leaders could create a shared vision among leadership and the average American concerning this issue. The values-based leader must be able to work with key stakeholders and establish a standard of excellence concerning the implementation of policy and laws. They must exhibit courage, humility, commitment to learning, tenacity, and be agents of change (have an ability to lead through uncertainty) (Frost, 2014; Graber & Kilpatrick, 2008; Viinamäki, 2012). If health care leaders embraced these leadership approaches throughout this process, they may be able to persevere through the challenges of getting support and prospective policy changes passed.

These are not easy or simple decisions to make. However, the future of America depends on the reflective and contemplative nature of leaders making these and other decisions which affect the course of life for most Americans. This is a matter of great urgency due to the lasting effects the decisions leaders make today for the generations to come.

Transformative values-based leadership may be essential to the system of health care. These types of leadership approaches infuse the ethics and values needed for leaders in health care arenas to make the best decisions concerning the nation and the public. Health care is a complex system with many tiers and levels of responsibility and leadership. The working together of all these components is essential to supporting a greater and more effective health care system in America.

## **Transformative Values-based Leadership**

Human beings have thought of leaders and leadership in various contexts over the ages. Leadership can be defined as a process by which someone is able to influence groups of individuals towards a common goal or purpose (Northhouse, 2010). Leadership involves an individual's ability to motivate others towards a shared vision (Covey, 2004; Northhouse, 2010; Senge, 1990). Bass (1990) termed various characteristics which have been associated with leadership over the years:

- leadership can be transformational;
- leadership is a process;
- leadership has behavioral components which can influence outcomes;
- leadership can be situational;
- leadership can be personality-based;
- leadership is developmental; and
- leadership can be values-driven (Burke, 2011; Frost, 2014; Fry, 2003; Northhouse, 2010; Viinamäki, 2012).

This is not an exhaustive listing of leadership characteristics; however, it illustrates the variety and diversity of individual conceptualization.

Currently, leadership is studied at a more holistic level. Which in turn has more values-based leadership approaches which influence followers (Bass, 1985; Brown & Treviño, 2006a; Dent, Higgins, & Wharff, 2005; Frost, 2014; Fry, 2003; Viinamäki,

2012). These approaches include authentic leadership (George, 2004), servant leadership (Greenleaf, 2002), and spiritual leadership (Fry, 2003). These leadership classifications all have foundations in Bass's (1978) transformational leadership approach (Brown & Treviño, 2006a, 2006b; Dent et al., 2005; Fry, 2003).

Through the centuries leadership evolved from leadership practice based in classical organizational theory which was a rational system of leading and management. This meant that organizations existed to accomplish production related and economic goals. Production was increased through specialization and division of labor. Individuals and organizations acted in agreement with rational economic principles. These systems were very bureaucratic (Mello, 2003; Shafritz, Ott, & Jang, 2001).

History continued with another rational system of leadership in the 1920's with the neoclassical organizational movement. This system was more open, in that organizations did not survive as self-contained islands secluded from their surroundings anymore (Shafritz et al., 2001). Leadership was beginning to be viewed as a more naturalistic system where workers were more than tools of productivity. Leadership began to see employees with social and psychological needs in the workplace (Shafritz et al., 2001).

This gave way to a naturalist perspective of leaders towards their subordinates. The time from the 1930's to 1960's has been termed the era of the human resource theory (Shafritz et al., 2001). The human resource theory was a positivistic theory which assumed that organizations existed to serve human needs. This perspective considered

organizations and people essential to one another. In this theory there must be a fit between organizations and the individual (Shafritz et al., 2001). This was substantiated in this era by the Hawthorne studies which demonstrated that things like attention given to workers as individuals, worker autonomy, and feedback always motivated employees. These studies eventually discovered that financial reward and social reward were important to employees (Shafritz et al., 2001).

In the 1970's and 1980's organizations were viewed as multifaceted structures of individuals and coalitions where conflict is unescapable and influence is the primary "weapon" for use in battle and conflicts (Woodward & Shaffakat, 2014). Currently, we live in a post-modern, non-positivistic society; a society resonant with cultural reform regarding leadership. From the 1990's to our current era, organizational culture and change leadership have been paramount (Shafritz et al., 2001).

Organizational culture is "the culture that exists, something akin to societal culture. It is composed of many intangible phenomena, such as values, beliefs, assumptions, perceptions, behavioral norms, artifacts, and patterns of behavior" (Shafritz et al., 2001, p. 338). Organization change literature, over the years has focused on the premise that "...lasting organizational reform requires changes in organizational culture. Organizational cultures that reflect unwanted values, such as hierarchy, rigidity, homogeneity, power based on authority and associations in closed networks, and reliance on rules, restrict flexibility and can be formidable barriers to effecting lasting change" (Cameron & Quinn, 2006; McGuire & Rhodes, 2009 as cited in Shafritz et al., 2001, p.

338). Lasting organizational change is essential to the formation of effective health care leadership and organizations (Castle & Decker, 2011; Thyer, 2003).

A values-based leadership perspective first surfaced in the scientific leadership literature with researcher Charles Barnard (1938). His work discussed shared values being needed when managing complex organizations. Philip Selznick (1957) believed that organizations are developed through values based leadership and realized organizational values (Viinamäki, 2012). Others have also discussed the significance of shared values to creating effective organizations and organizational culture (Burke, 2011; Mintzberg, Ahlstrand, & Lampel, 2005; Schein, 1985). There is a direct connection between organizational culture & values. Values should drive organizational culture; “from a leadership perspective, organizational values are seen as the underlying attitudes and beliefs that help determine individual behavior, of both personnel and leaders” (as cited by Barnard, 1938, p. 279; Treviño & Brown, 2004, p. 75 in Viinamäki, 2012).

Values-Based Leadership (VBL) itself refers broadly to leadership based on foundational moral principles or values such as integrity, empowerment, and social responsibility (Viinamäki, 2012). The values-based dimension of leadership corresponds and aligns with transformational, transactional, ethical, and charismatic leadership approaches. However, further research is needed concerning the relationships between these approaches (Bass & Avolio, 2013; Brown & Treviño, 2006a; Viinamäki, 2012). Other values-based leadership paradigms include spiritual leadership, authentic

leadership, and servant leadership (Bass, 1985; Brown & Treviño, 2006a; Fry, 2003; Gardner et al., 2011; Greenleaf, 2002).

Approaches to leadership based in values may be essential to leaders' leadership behaviors and practices. VBL is often "positively related to satisfaction with the leaders, perceived leader effectiveness, and followers' job dedication and willingness to report ethical violations. Some also refer to the fact that VBL fosters greater accountability, increased organization valuation, and gaining the competitive edge, attracting and retaining staff and investors, and enhancing the organization's reputation within the corporate world" (Brown & Treviño, 2006a; Viinamäki, 2012, p.43; Woodward & Shaffakat, 2014).

Values are tremendously important to leadership, especially in health care. Research has demonstrated that American's value service regarding health care leadership (Graber & Kilpatrick, 2008). "However, in healthcare organizations values-based leadership is not always easily implemented, due to their unique cultures, and their structural and operational characteristics" (Graber & Kilpatrick, 2008, p.186). Research has demonstrated that values-based leaders are people-focused leaders, and exhibit values-based ethics and conduct. These are also characteristics exemplified in transformational, charismatic, authentic, servant, and spiritual leadership (Fry, 2003).

Machiavellianism is a leadership typography which has also been discussed in the literature regarding health care leader's attitudes and behaviors (Collins, 2014; Richmond & Smith, 2005). This type of leadership is characterized as "impersonal, rational, and



strategy-orientated rather than people oriented” (Richmond & Smith, 2005, p. 20). Some literature suggests that certain aspects of this type of leadership is needful in health care settings. The case for this type of leadership in health care is grounded in the assertion that hospitals are business entities which need to be profitable to enhance greater quality of care (Collins, 2014; Richmond & Smith, 2005). Machiavelli personality types have been found to be associated with risk-taking and creativity (Collins, 2014). However, the negative aspects of this leadership type such as unethical decision- making would have to be tempered and restrained in health care leaders to produce the best outcomes in health care organizations (Collins, 2014; Richmond & Smith, 2005).

### **Naturalistic Decision-making**

A leader’s understanding of their core values is key to understanding their personal theorizing. Personal theorizing is a concept and approach to leadership development by which leaders learn about themselves and their core values. Through this process leaders realize what guides them in their leadership activities and decision making. Cornett originally defined these theories as “Personal Practical Theories” (Cornett, 1990) in the context of educational leaders. Cornett further enhanced this theoretical framework to application to various types of leaders.

Personal Practical Theories (PPTs) (Cornett, 1990) are those deep beliefs that all practitioners have that enable them to act in complex situations. They are Personal in that they are rooted in the autobiography of the leader based upon experiences outside the role of leader. They are Practical, in that they are based on the experiences of that leader ‘on

the job'. They are theories, in that they are systematic and identifiable by trained observers (Cornett, 1990) and through the participant's own action research (Cornett, Yeotis, and Terwilliger, 1990 as cited in Cornett & Johnson, 2015; Cornett & Johnson, 2015, pp. 3-4). These theories guide personal reflection and decision-making. In addition, personal theories and formal theories can be linked to individual personal theorizing. As leaders, formal theory and education often guides our interpretation and experience. Formal theory is therefore embedded in our psyche and informs our practice and decision making (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

The Naturalistic Leadership Decision-Making Model is utilized to guide interpretation of this phenomenon. This model consists of six major constructs (A) My Leadership PPTs: PPTs form the heart of the decision-making processes. (B) My Vision of Leadership: The vision of leadership originates based on prior experience and personal interaction. This vision is always impacted by a leader's PPTs; (C) Preactive "Planning Leadership": Planning for interaction with key stakeholders that is informed by an individual's PPTs that guides deliberations about assisting in the progression to the Interaction Phase of Leadership. (D) Interactional Phase of Leadership: Key interactions with an individual's stakeholders. The constructs of this phase are leader, stakeholder, task, and milieu. (E) Postactive Reflection on Leadership: After interactions take place, the leader reflects on the components of each interaction (Cornett & Johnson, 2015). "This is often guided by questions such as, 'How did that work?' 'What took place and how did the participant (s) feel?', 'How did I do?' (These reflections are guided by an

individual's PPTs) and tacit assumptions about the effectiveness of these PPTs in the particular situation. This phase then continues onto a revised image of the overall conception... (of their leadership). (F) External Factors: External factors affect all leader decision making and reflective practice" (Cornett & Johnson, 2015, p.8). Our PPTs should work centrally together, thereby guiding decision making. Cornett (1990) has developed the "Naturalistic Leadership Decision-Making Model" to guide interpretation of this phenomenon (Figure 1).

Research utilizing this model has primarily been completed with teachers and educational leaders (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990). However, it is the goal of this research to demonstrate this model's utility in the healthcare industry. Theories of values-based leadership such as the aforementioned leadership approaches have been extensively researched in the scientific literature. Studies have demonstrated the connections between these leadership approaches effective decision making, organizational effectiveness, and employee satisfaction (Frost, 2014; Fry, 2003; Graber & Kilpatrick, 2008; Viinamäki, 2012). Leaders who engage in the process of analyzing their PPTs form a realization of who they really are as leaders. They are then able to have a better knowledge of what drives their leadership decision-making. Through these introspective and reflective process leaders may improve their leadership practice (Cornett, 2012; Cornett & Johnson, 2015).

The premise for this research is rooted in values-based and transformational leadership theories. The following assumptions for this research were developed based on

an analysis of my personal decision making and personal practical theory analysis. A leader's core values affect their leadership philosophy/approach and practice.

1. Transformational approaches to leadership inform effective leadership practice.
2. As a part of effective leadership, leaders strive to effect change and influence others' lives positively.

**Figure 1** Naturalistic Leadership Decision-Making Model



*Figure 1.* Taken from “Understanding superintendent decision-making: Results of an analysis of leader theorizing in a high performing school district.” by J.W. Cornett, J. Johnson, 2015, *National Council for Professors of Education Administration*. Washington DC. Copyright 2015 by J.W. Cornett.

3. Collaborative leadership is a component of leadership effectiveness.
4. Professional competence and commitment to continuing education, personal, and professional development are essential to effective leadership practice.
5. A leader's health, wellness, and personal well-being impacts effective leadership practice.

This analysis has caused me to deduce that leadership practice influenced by values-based leadership approaches may be necessary and essential towards the production of effective learning organizations. Effective learning organizations are able to impact its employees and society at large (Fry, 2003; Senge, 1990). The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing.

It is my conceptual understanding that as leadership is broadly defined by the health care leader that leadership practice and decision-making can be understood to have values-based premises and components which are substantiated and grounded in a leader's PPTs. No studies have been identified which examine this phenomenon from a qualitative approach in the industry of health care. Cornett's PPT model has primarily qualitatively analyzed this phenomenon in educational settings for research purposes (Cornett & Johnson, 2015; Cornett, 1990). Therefore, it has applicability to the proposed study populations of health care leaders.

Transformational leadership theory is the foundation for theories of value-based leadership. For this research five leadership approaches which underlie the basis of the aforementioned leadership assumptions were selected. The ethical, authentic, spiritual, charismatic, and servant leadership approaches have values and transformational underpinnings (Avolio & Gardner, 2005; Fry, 2003; Russell et al., 2002). These approaches may be paramount regarding health care leadership practice (Fry 2003; Frost, 2014, Graber & Kilpatrick, 2008; Viinamaki, 2012).

### **Reflective Leadership Practice**

Health care practice literature asserts that reflective leadership practice is an essential component of competent and effective health care leaders (Mann, Gordon, & MacLeod, 2009). Donald Schön (1983) presented the idea of a reflective practitioner. A reflective practitioner is “one who uses reflection as a tool for revisiting experience both to learn from it and for the framing of murky, complex problems of professional practice” (Schön, 1983 as cited by Mann et al., 2009, p. 597).

A pioneer of reflective thought was John Dewey (1933). He related reflection to thoughtful, active deliberation of a person’s beliefs and knowledge. Dewey suggested that reflective individuals utilized critical thought to analyze these beliefs based on supporting activities (Mann et al., 2009). Health care literature demonstrates utility for reflective practice for health care leaders (Driscoll & Teh, 2001; Mamede & Schmidt, 2004; Mann et al., 2009). A majority of health care literature specifically analyzed health care practitioners such as nurses and doctors regarding this practice. This research is

qualitative and exploratory in nature due to the infancy of this concept in the area of health care (Mann et al., 2009). The literature utilizes a variety of reflective practice models to define reflective practice in health care leadership. Research of this concept in the health care field is in the early stages. Conclusive evidence was not found to delineate the utility of this concept for all health care leaders. Furthermore, a variety of models were utilized across studies with varying constructs pertaining to reflective practice. This makes it difficult to draw conclusions across different studies (Driscoll & Teh, 2001; Finlay, 2008; Mamede & Schmidt, 2004; Mann et al., 2009).

### **Summary**

Chapter 2 provides a review of the pertinent literature regarding health care leadership, values-based leadership, personal theorizing, naturalistic decision-making, and reflective leadership practice. The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing.

The review began with a discussion of values-based leadership as a basis for effective leadership practice. Within this topic, health care leadership, values-based leadership and its significance in health care organizations was discussed. Values-based leadership may be an essential component for health care organizations and their leaders. Transformative leadership is the foundation for values-based leadership theories and practice. Reflective leadership practice is an early stage concept in the health care

leadership literature. However, literature states that health care leaders' reflectivity about their leadership practice may be an essential component of leadership effectiveness.



### **CHAPTER 3: PROCEDURES AND METHODS**

The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. This study utilized a collective case study qualitative design. I have determined that the collective case study design is the best method for understanding the naturalistic decision-making of a leader's leadership decision-making in regards to their personal theorizing. This research methodology and design has been executed successfully utilizing Cornett's PPT framework in educational leadership and in teacher decision-making (Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

A qualitative research design was selected for this project's methodology. Naturalistic inquiry for this topic is necessary to understand the depth of a leader's experience in formation of values which influence their decision making. Thick, rich, descriptive language is necessary to formulate a context for comprehending leadership development (Guba, 1981; Marshall & Rossman, 2011; Patton, 2002; Shenton, 2004). Collective case study research allows for a variety of evidence such as interviews and document analysis to be considered to answer the research questions (Guba, 1981; Shenton, 2004; Yin, 2014).

#### **Qualitative Research**

Qualitative study of research is inherently naturalistic meaning that it takes place where the phenomena is occurring (Eisner, 1998; Guba, 1981; Marshall & Rossman, 2011; Shenton, 2004). Various methods can be used to study research participants in this matter. Qualitative researchers utilize observation, interview, and records to interpret and

describe their data in their natural settings (Eisner, 1998; Marshall & Rossman, 2011; Patton, 2002). Qualitative research is unique in that it is continuously developing, unlike quantitative study which follows a distinct regimental formula in its analysis. This quality makes qualitative research particularly interpretive (Marshall & Rossman, 2011; Eisner, 1998). The researcher must be able to bring their audience to some similitude of understanding and meaning concerning the phenomenon being studied. In this type of research the researcher is the instrument. The researcher analyzes the data based on their connoisseurship of the subject matter. They are aware of their own biases, subjectivities and perceptivity (Eisner, 1998). Qualitative research also has the unique ability to give its text voice through expressive language and rich, thick descriptions (Eisner, 1998; Shenton, 2004).

In all research the researcher must build an argument for their work. It is a researcher's duty to persuade the reader that their work has value, meaning, and significance. The importance of why a phenomenon must be studied must be evident (Marshall & Rossman, 2011). Questions to consider when beginning any research project are the feasibility of the study. The researcher must consider if they have access to the population or site that is needed in their study, are they methodologically competent enough to undertake their suggested study? Do they have enough resources to see the study through to full fruition? The researcher has to consider ethical issues that might arise through the duration of their work (Johnson & Christensen, 2012; Marshall & Rossman, 2011; Patton, 2002). Finally, does the researcher care greatly about their topic of interest? This will aid in assurance that the study will reach completion.

Challenges that often face researchers who choose qualitative methodologies include development of a practical and thoughtful conceptual framework for their study. This is imperative and will help in the selection of an appropriate research design (Marshall & Rossman, 2011; Patton, 2002; Shenton, 2004; Yin, 2014). Other challenges which exist for researchers in this area include effectively establishing that the study exhibits trustworthiness, ethical practices, and demonstration of researcher competence (Marshall & Rossman, 2011; Patton, 2002).

Qualitative research can be approached in four ways. A phenomenological approach is one in which the “lived” experience of an individual concerning a particular phenomenon is studied (Johnson & Christensen, 2012; Patton, 2002). An ethnographic approach is used “to describe the cultural characteristics of a group of people and to describe cultural scenes” (Johnson & Christensen, 2012, p. 383). The case study approach is used to explore a certain number of cases in depth of select individuals. Lastly, in the grounded theory approach; grounded theory seeks to inductively create a theory based on data collected about a particular phenomenon (Johnson & Christensen, 2012; Patton, 2002).

Conceptually, leadership can be broadly defined by the health care leader and leadership practice and decision-making can be understood to have a values-based foundation grounded in a leader’s Personal Practical Theories (PPTs). No studies have been identified which examine this phenomenon from a qualitative approach in the industry of health care at the time of this writing. Cornett’s PPT model has primarily qualitatively analyzed this phenomenon in educational settings for research purposes

(Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

Therefore, it has applicability to the proposed study populations of health care leaders.

Qualitative treatment of health care leadership would be warranted and add to the knowledge base in these areas. Qualitative research as discussed by Marshall and Rossman (2011) is descriptive, exploratory, explanatory, and emancipatory. Qualitative research is needed to further understand the mechanisms of a leader's practice and its effect on a health care or business leader's naturalistic decision making. Understanding naturalistic decision-making in these industries may be an essential component in producing introspective, moral, and socially responsive learning organizations and leaders; thereby, positively influencing society at large.

The knowledge still needed in the qualitative paradigm of study is inclusive of gaining an understanding of the lived experience of a health care leader's development (Holder & Ramgem, 2012; Levey et al., 2002). The complexity of what motivates and directs this type of leadership can be qualitatively studied to gain further insight into this phenomenon. Qualitative research designs which utilize case study procedures focusing on semi-structured interviews and artifact analysis will add to this body of research and may influence the health care industry. Qualitatively designed studies utilize three distinct strategies: naturalistic inquiry, emergent design flexibility, and purposive sampling (Johnson & Christensen, 2012). Qualitative data collection methods include interviews, observation, and analysis of documents (artifacts). For this study interviews and document analysis were selected. I selected these methods due to prior research completed utilizing the same conceptual framework in the educational field (Cornett &

Johnson, 2015; Cornett et al., 1990; Cornett, 1990). Interviews can yield greater depth of individual thought, ideas, perception, and reactions the topic.

Qualitative research methods give those impacted by health care leaders and the leaders themselves voice. Voice is an essential characteristic of qualitative research methodology. Voice is one of the differentiating characteristics of qualitative research versus quantitative research. Eisner (1998) states, “The presence of voice and the use of expressive language are...important in furthering human understanding” (pp. 36-37). Voice in qualitative research demonstrates the unique quality of empathy between researcher, participant, and audience. Voice enables the audience to feel, sense, and know the experiences, feelings, and perspectives of the research participants. This adds a humanistic quality to research analysis and interpretation (Eisner, 1998; Patton, 2002).

A qualitative research design will help further examine the complexity of issues surrounding health care leader’s leadership practice and personal theorizing. The interpretive character of qualitative research steers the researcher to studying the meanings of his/her particular qualitative inquiry, in this case health care leadership practice and personal theorizing. The researcher looks to what the experience holds for the participant and gains an understanding of why something is taking place (Eisner, 1998). This is similar to Patton’s (2002) idea of holistic perspective. It is the researcher’s main aim to gain understanding of the research phenomenon as whole and not just individualistic parts.

This means that an account and interpretation of an individual’s social environment, or an organization’s outward context, is essential for complete

understanding of what has been observed during field work or said in an interview. This holistic approach assumes that the whole is comprehended as a multi-part system that is greater than the sum of its segments (Patton, 2002, p. 59). The nature and many different facets of qualitative research lends itself to interpretive qualities overall. Judgments and interpretations are made during the design, collection and data analysis phases of research.

Finally, qualitative work will continue to expand holistic understanding and knowledge development in this evolving area. Qualitative research in this area can benefit others by discovering the antecedent knowledge that exists concerning this topic. This will help create and expand subtleties, nuances, and deeper themes that occur in this area. This cannot be achieved by quantitative methodology alone.

Qualitative knowledge is important to pursue due to the richness of the resulting data. At times, a quantitative approach is not practical or ethical. Quantitative studies can also be limiting when attempting to discover certain types of knowledge and create understanding of phenomenon. Through qualitative research the researcher is able to examine complex realities in a holistic manner (Marshall & Rossman, 2011). A further limitation of qualitative research methodology is that this type of research is not generalizable to other populations due to this research's unique properties (Johnson & Christensen, 2012; Marshall & Rossman, 2011).

## **Research Sample Description**

The sample for the study consisted of two health care leaders in the Northeast Florida area. Purposive sampling was utilized as a sampling technique. The purposive sampling technique was utilized based on research employing this framework by Cornett (Cornett et al., 1990; Cornett, 1990; Cornett & Johnson, 2015). Purposive sampling is sampling in which cases are selected that provide rich data and provide a good source to study the phenomenon researchers are interested. Participants are selected based on specific criteria (Johnson & Christensen, 2012; Patton, 2002)

I developed specific inclusion criteria to aid in the selection of participants. All participants met the following inclusion and exclusion criteria:

1. Professionals who work in the health care sector in Northeast Florida.
2. Male or female adults 18 to 80 years old who have worked at least 10 years in the health care industry.
3. Professionals with at least 10 years in the health care industry in Northeast Florida who are willing to participate in three to four in-person interviews regarding their leadership and decision-making practices.

Participants were excluded based on the following criteria:

1. Those adults (18-80 years old) with 10 or more years' experience in the health care industry who fulfil the above inclusion criteria not wishing to take part.
2. Any member of a group that is naturally at-risk (e.g., pregnant women, mentally disabled persons, economically or educationally disadvantaged persons, etc.) or special vulnerable groups that are covered by federal

regulations (e.g. children/minors, prisoners, pregnant women, students receiving services under the Individuals with Disabilities Education Act).

### **Sampling Procedure**

Participants were selected from my personal professional network. I utilized my business professional social networking site LinkedIn to create a listing of prospective participants based on selection criteria. My LinkedIn network base at the time of selection included a total of 1,155 contacts. Possible participants which met inclusion criteria were compiled on a list which included participant's name, gender, race, years in health care, whether they met inclusion criteria, and any additional notes. This led to a total of twelve prospective participants. From this listing, I further eliminated based on my personal knowledge of participants' availability. I also considered the demographic similarities and differences of the prospective participants based on suggestions offered during previous peer debriefing sessions. Care was also taken to select individuals who I perceived to be reflective and willing to disclose information regarding their research practice and decision-making. Four prospective candidates were then selected.

### **Recruitment Procedure**

Each selected participant received a letter via email describing the study, time commitment, and voluntary nature of the study. This letter also contained the informed consent paperwork which was reviewed and signed at the first interview. Each prospective participant was given seven days to respond to the initial recruitment email before a follow- up email was sent.



As a result, three of the four prospective participants responded. Of those three participants one declined citing they were unavailable to participate due to their current work restraints. I then scheduled interviews with the two participants who accepted. Interviews took place November 2016 through January 2017.

### **Research Protocols and Instrumentation**

A variety of research protocols and instruments were developed for this study. The five primary research tools utilized are as follows:

#### **Leader Decision-Making and Reflective Leadership Practice Interview**

**Guide-Adapted (Cornett, 2012)** (Appendix C). This instrument was first developed and applied by Jeffrey Cornett in 1990 (Cornett et al., 1990; Cornett, 1990). The tool is based on this study's conceptual framework inclusive of Cornet's Naturalistic Decision-Making Model (Cornett et al., 1990; Cornett, 1990). It was first employed in the development of educational leaders PPTs and personal theorizing in academic settings. Regarding this study, a shortened (adapted) version was created as an interview guide for the purpose of interviewing health care leaders. This adaptation includes demographic questioning concerning the participants' leadership reflective practice and values. The tool is an open-ended questionnaire which causes the participant to reflect on the elements that guide their leadership decision-making and practice based on their experiences.

**Personal Practical Theories and Personal Theorizing Tool** (Appendix D). I created this instrument as a visual aid which defines personal practical theorizing as

it relates to leader theorizing. This tool was constructed based on Cornett's (1990) Naturalistic Decision-Making Model and PPT's definition. This tool was used as a prompt regarding the premise of the study and procession of interviewing questioning. This tool was used throughout the study interviews.

#### **Cornett's Naturalistic Decision-Making Model Tool** (Appendix E).

This model was created by Cornett (Cornett, 1990). This tool is a reproduction of the theoretical model by which this study is grounded. This tool is a visual handout which describes impact and role of a leader's personal practical theories plays on a leader's decision- making. This tool was utilized during study interviews and in the participants' final report.

Participants were also asked to provide various documents which described their leadership practice, professional background, and career. Documents collected from participants for further analysis included resumes, biographies, and reference letters. This enabled me to gain a more complete picture of the scope of participants' backgrounds and leadership experiences.

#### **Researcher as Instrument.** All research begins with scientific inquiry.

Qualitative researchers seek to understand and create knowledge concerning specific topic areas (Johnson & Christensen, 2012; Marshall & Rossman, 2011; Patton, 2002).

Researchers who utilize qualitative research methodologies must realize the perspectives that they bring to their research explorations.

The researcher as instrument/tool is essential to quality qualitative research. In qualitative research the role of the researcher becomes part of the research findings. The researcher's perspective, judgments, and interpretations become integrated and embedded in the research methodology, collection, and design. Eisner (1988) states, "the self is the instrument that engages the situation and makes sense of it...it is not a matter of checking behaviors, but rather of perceiving their presence and interpreting their significance" (p.34). In this concept researchers' must examine their subjectivities.

The idea of "researcher as tool" mirrors Patton (2002) description of the use of voice, perspective, and reflexivity in qualitative research. Reflection is a part of reflexivity. Patton (2002) defines reflexivity as "a way of emphasizing the importance of self-awareness, political/cultural consciousness, and ownership of one's perspective" (p.299). The qualitative researcher must be "reflective about their own voice and perspective" (Patton, 2002, p. 41).

Regarding examining researcher as instrument/tool, events in the researchers past may influence the researcher's research agenda. The majority of my past research experience has been in the area of quantitative research. My first substantial exposure to qualitative research was in the University of North Florida's Educational Leadership Doctoral program. My research background includes clinical and health behavior quantitative research.

As an undergraduate, I was a Psychology/Pre-Medicine student at Michigan State University and worked in two clinical laboratories- a biochemistry laboratory and a neuroscience laboratory. This early exposure to the quantitative research approaches

impacted my perspective towards research. At that time, I believed the only meaningful research to undertake was quantitative in nature. This paradigm was further cultivated with my research work for the University of Florida at the Addictive and Health Behaviors Research Institute during my graduate years attaining my Masters of Public Health. As a research coordinator, I was involved in research design, processes, and write up.

This experience with quantitative health research has impacted my views of research. My subjectivities have been informed by my background in the medical sciences and health education. As such, an interest in holistic health- health engaging spirit, soul, and body has been the focus of my research endeavors- specifically in the area of spirituality and health in recent years. This was further fueled during my time spent in seminary. I fully recognize that my leadership paradigm relates strongly to the premise and concepts of traditional spiritual leadership theory, ethical leadership, servant leadership, and other values-based leadership styles and theories. This can be interpreted as a strength and weakness. This perspective will help me to recognize these traits in the research participants; however, it can also be a bias. In that, I could hear and see only what I want to relate to the research topic. Researcher bias could cause me to potentially negate or misinterpret particular thoughts and ideas that do not relate to the concepts of values-based leadership.

Therefore, issues of subjectivity and objectivity could be of concern due to the interpretative nature of qualitative research. Quantitative methodology often calls for objective thinking. As a researcher, I have primarily worked with quantitative data during

my time at the University of Florida. My research was directed by quantitative methodologies where objectivity is often the emphasis. Peshkin (1998) warns that researchers who do not acknowledge their own subjectivity do themselves and their audience a great disservice. This subjectivity will inform researcher interpretations and perspectives. Peshkin states,

I hold the view that subjectivity operates during the entire research process...The point I argue here is that researchers, notwithstanding their use of quantitative or qualitative methods, their research problem, or their reputation for personal integrity, should systematically identify their subjectivity throughout the course of their research (p.17).

I will need engage in epistemic sight or “knowledge secured through sight” (Eisner 1998, p.68) concerning this research study. I hold issues of spiritual leadership and values-based leadership in high regard therefore this predisposition will influence data interpretation. This will affect the researcher subjectivity and perspective.

Peshkin (1988) suggests that researchers should examine their own subjectivities in terms of research. Further, researcher subjectivities which may affect this research include my background in the health sciences, religiosity and spirituality. My gender, race/ethnic background, and class as an upper middle-class African-American female will also inform this research. This could be beneficial in this research study due to my understanding the essence of the values which correspond to values-based leadership. However, it could also lead to research bias when reviewing and interpreting data.

**Appropriateness of Instruments and Research Protocols to Study.** The research protocols and instruments are appropriate for this study. The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. The theoretical model which underpins this study is Cornett's Naturalistic Decision-making Model (NDM) (Cornett, 1990). All research protocols and tools are grounded in this theory.

The NDM has been utilized in the educational field in a similar manner as this study (Cornett & Johnson, 2015; Cornett et al., 1990; Cornett, 1990). Cornett first examined this phenomenon in 1990 in a study of the personal theorizing and decision-making of a social studies teacher (Cornett, 1990). In this research study, Cornett utilized the single case study naturalistic qualitative methodological approach with a teacher participant. In this study, data was collected via classroom observation, formal and informal interviews (Cornett, 1990; Lincoln & Guba, 1985). In this case, purposive sampling was also utilized based on predetermined study inclusion criteria.

An interview guide was also employed due to the naturalistic nature of this study. This research and the current research study must account for the emergent quality of this data. Therefore, interview questioning is only a guide as not to influence study participant responses, flow of thought, and participant perspectives (Cornett, 1990; Patton, 2002). Cornett also reviewed artifacts regarding his study; audio-taped and transcribed resulting interviews. This methodology and research procedure was utilized again by Cornett in subsequent studies (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett et al., 1990).

## **Data Collection Procedures**

I received notice of final approval from the University of North Florida Institutional Board Review Board in September 2016. Data collection for the study began November 2016. In Week 1 of the study a purposive sample was taken of key informants known to me. These informants were leaders in the health care community in Northeast Florida with ten or more years of experience in their respective fields. My goal was to attain a sample of at least four participants based on study selection criteria.

After recruitment procedures, two participants accepted the invitation to participate in the study. To gain access to these informants, I developed an email letter describing the study and the prospective informant's role and time commitment prior to beginning data collection. I emailed this letter to selected potential participants. Participants were given seven days to respond to the initial letter prior to a secondary letter being sent. Responses were received by three prospective participants during week 3. One prospective participant did not respond to any outreach attempts. One prospective informant declined participation in the study due to current work restraints and availability.

Other activities which took place in week 3 included scheduling interview #1, interview #2, and interview #3 for Participant 1. Participant 1 was out of town during the time of data collection so all interviews were completed via skype and audio recorded for transcription. Interviews were completed for Participant 1 over ten days' time. Participant 2 interviews took place over longer timeframe. Her interview took place over

the time span of a 30-day period. Data was collected during the holiday period (December 2016 and January 2017) which affected the data collection schedule.

One to two days prior to each interview each participant received a pre-interview email which confirmed the date and time of the upcoming interview and provided a brief overview of items to be discussed during their next interview. This email also briefly reviewed the study purpose and confidentiality information. During each interview participants had the opportunity to ask and have questions answered. Interviews were recorded utilizing two recording devices for each interview. After the interviews, interview digital files were uploaded to the University of North Florida's server for storage. All interviews took between sixty to ninety minutes.

Participants were asked to submit relevant artifacts regarding their leadership practice and professional development were solicited prior to interview #2. Participant 1 and 2 submitted their Curriculum Vitas. Both participants also submitted relevant papers regarding their formal theories which were discussed during interviews. Participant 1 also submitted a press release for a national program she was a key stakeholder with the federal government. Throughout the time of data collection, I also searched via the internet for any relevant artifacts regarding the participant's leadership practice. Through this process I reviewed each participant's professional website and the artifacts submitted by the participant.

In weeks three through six, face to face interviews took place per participant in agreed upon locales. Participant 1 interviews took place online via skype. Participant 2 interviews took place in her office at the current university she is employed. Participants



were encouraged to email me with any questions, comments, or concerns through the duration of the study. Beginning in week five participant artifacts regarding their leadership practice were reviewed. Throughout the interview process, I transcribed the interview recordings. Transcription took three months to complete.

During week 17 I began developing themes, coding, and interpreting data. After week seven I began sending copies of the transcribed interviews to each respective participant for member-checking. Participants submitted interview transcripts back to me upon their review. Only minor changes or no changes were suggested.

Participants were emailed the final interpretations and findings from their interviews. Participants were asked to relay any changes based on interpretations and themes that I developed. Only one participant, at the time of this writing, submitted her thoughts and opinions of the study's findings and interpretations. Changes to the final write-up were considered based on the participants' responses to my final write-up.

Beginning in week 17 and throughout the duration of the study I coded the data and looked for relevant and common themes. Data was then interpreted and conclusions obtained. Due to the qualitative nature of this study results will not be generalizable. However, results will have transferability to other audiences. Data collection procedures were developed based on research studies completed by Cornett utilizing the Naturalist Decision-Making Model (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett et al., 1990; Cornett, 1990).

Data collection procedures were limited by my time constraints which may affect trustworthiness. I was not able to immerse myself in the participants' professional lives.

It was not feasible to work with the participants for a sustained period of time and utilize observation as a research method. Observation methods were used in past research procedures concerning work of this kind. Also, I was not able to include individuals whom report to the participants in the research. This would have added further depth and related truth value to the study findings.

### **Data Analysis**

Data are organized centered upon themes. Themes were generated based on theory based on naturalistic data (Marshall & Rossman, 2011). Data was then coded numerically. Open-coding took place initially to determine conceptual categories for the data. Theoretical elements will then be ascertained corresponding to the categories. Axial coding was implemented based on the conceptual categories that demonstrate shared attributes among themes (Marshall & Rossman, 2011; Patton, 2002).

Consequently, I analyzed the resulting coded data for patterns or groupings based on the theoretical framework. These clusters and sub clusters were further examined to discover how the data function in context (Marshall & Rossman, 2011; Patton, 2002). Subsequently, the clusters of formulated diagrams and/or outlines of the relationships realized were documented for interpretation. My interpretations of data included “attaching significance to what was found, making sense of the findings, offering explanations, drawing conclusions, extrapolating lessons, making inferences, considering meanings, and otherwise imposing order” (Marshall & Rossman, 2011; Patton, 2002, p. 480).

Throughout this process I took thematic, methodological, and theoretical memos on the data regarding the patterns, themes, and clusters. I also reviewed notes, reflective memos, thoughts, and insights written during the data collection progression (Marshall & Rossman, 2011).

**Trustworthiness.** In qualitative research, it is of great importance that the researcher employ various measures to ensure trustworthiness. Concerning naturalistic inquiry there are four main considerations for establishing trustworthiness (Guba, 1981; Shenton, 2004). These considerations are truth value, applicability, consistency, and neutrality. Truth value indicates methodology which “establishes the ‘truth’ of the findings” concerning the research participants (Guba, 1981, p. 79). Truth value focuses on the context in which the research is being conducted. Applicability refers to how transferable the research study is to other groups and in other contexts. Consistency signifies the replicability of the research across contexts and with various participants. Neutrality focuses on the positionality of the researcher (Guba, 1981). This concept causes the researcher to recognize their predispositions which can result in bias which can affect the research findings.

Trustworthiness is established in this research design through quality criterion which warrants credibility, transferability, dependability, and confirmability (Shenton, 2004). To ensure the credibility of this study researchers have established appropriate research methodologies. Triangulation methods were utilized through collection of various types of data such as semi-structured interviews and artifact analysis. Care was also taken to select different types of informants from differing organizations in the

health care industry. Each informant was interviewed three times (Cornett & Johnson, 2015; Cornett et al., 1990; Cornett, 1990). Informant's interviews were based on an interview document (Appendix C) I developed and adapted from Cornett's Naturalistic Decision-Making Model (Cornett & Johnson, 2015; Cornett et al., 1990; Cornett, 1990).

Each informant received a copy of their interview transcripts for their review. All informants had an opportunity to discuss any changes, clarifications, or concerns based to their interview transcript documents. This allowed for member checking and final data validation. Participant 1 misinterpreted instructions for member-checking of interview #1. She completed line by line editing for grammar and sentence structure. There were only minimum changes to the context of the interview. Participant 1 had no changes for Interview #2 and #3 transcripts. Participant 2 did not engage in the member-check process. However, during the last interview she stated that she thought that everything that was stated would not need changes. This could be the reason she did not return the transcripts. Also, due to my relationship with Participant 2, she could have been too trusting of me and felt as if she did not need to check the work. However, this reasoning is speculative and further follow-up would be needed. Member checking and truth value was further completed through sending each participant a copy of all of the findings and interpretations. Participants were asked to review the findings and give their thoughts and opinions. Only Participant 1 participated in this process. Participant 2 did not respond to the communication at the time of this writing.

All interviews took place beginning in week three over the time frame of three weeks. During this process, I also examined relevant documents such as curriculum vitas and other artifacts which described the informants. Research demonstrates that “the use of multiple sources of evidence in case study research allows a researcher to address a broader range of historical and behavioral issues” (Yin, 2014, p.120; Guba, 1981; Shenton, 2004). This further established converging lines of inquiry where the merging of various points of data added to the analysis and interpretation of the research findings.

To add credibility, I became familiar with the culture of the organizations in which the participants lead. This was accomplished through artifact analysis. I reviewed artifacts which described participant’s professional career, leadership practice, and decision-making. Iterative questioning and multifaceted dialogues during data collection supported the truth value of the data. I allowed for peer review throughout the research process from those familiar with qualitative research in their professional network. I engaged in approximately six peer debriefing meetings regarding the research study. “Reflective commentary” was utilized throughout data collection and in the dissertation write up (Shenton, 2004, p. 73). This was inclusive of pattern matching, explanation building, addressing rival explanations, and utilizing logic models (Shenton, 2004; Yin, 2014). These comments were kept in my reflective journal. Through explanation building causal links to the studied phenomenon are discussed reflexive of theoretically viable prepositions (Yin, 2014). Addressing rival explanations involves exploring alternate justifications for case study phenomenon (Yin, 2014). Finally, logic models “stipulate and operationalize a complex chain of occurrences of events over an extended period of

time” (Yin, 2014, p. 155). Replication logic is realized in multiple case-study design through the selection of cases in that the cases either are a literal representation, thereby producing like results, or a theoretical representation producing conflicting results (Yin, 2014).

I extensively described my positionality concerning the research. This description included a narrative describing her experience and background in the business and health care fields, my relevant research experience, and qualifications as a researcher (Guba, 1981; Shenton, 2004). I also have completed the process of analyzing my own personal theorizing as it relates to my decision- making and leadership practice. This further adds to researcher credibility.

At the conclusion of the study, informants received a summary of the themes, interpretations, and conclusions garnered from the data collection process (Guba, 1981; Shenton, 2004; Yin, 2014). Thick rich descriptions were developed. This ensures the type of research has the unique ability to give its text voice through expressive language (Eisner, 1998; Guba, 1981; Shenton, 2004; Yin, 2014). Credibility was further necessitated through a thorough investigation of previous research in complementary areas to frame researcher themes, interpretations, and conclusions.

Transferability was established by giving sufficient information concerning the background and context of the study. As previously stated thick and rich descriptions were be employed (Eisner, 1998; Guba, 1981; Shenton, 2004; Yin, 2014). These descriptions of the phenomenon enabled comparisons to be made within similar contexts and data. Dependability is realized in the thorough description of the study’s

methodology to enable other researchers to replicate this studies design (Shenton, 2004; Yin, 2014).

Confirmability applies similar criterion measures as credibility. The provisions of triangulation to prevent investigator bias; a description of the researcher's positionality to include a discussion of the researcher's beliefs and assumptions; discussion of study limitations and their effects; and a thorough description of the study's methodology also addressed the issues of confirmability (Shenton, 2004; Yin, 2014). Included in the appendices of this study (Appendices G-N) are the data sheets used in the analysis of the data. Inclusion of this data adds to the trustworthiness of this study and also addresses confirmability and credibility concerns through providing a method of audit for the reader.

### **Ethical Considerations**

In regards to ethics, I took measures to have respect for persons, beneficence (do no harm to participants), and justice (who will benefit from the study) (Marshall & Rossman, 2011). I attained approval from the University of North Florida's Institutional Review Board prior to data collection. Informed consent was received for this research study from all research participants. They knew how their stories and perspectives are being relayed. The informed consent document was revisited during each interview and the final follow-up meeting. Research participants were not treated as mere subjects fulfilling a researcher's agenda.

When conducting qualitative research participant confidentiality must be maintained. To preserve participant's integrity each participant was notified of measures to ensure confidentiality. This was completed at the beginning of each interview (Guba, 1981; Shenton, 2004). Ethically, I was consistent in my commitments and promises to participants. This built further trustworthiness with the participants. I disclosed the participant's option to withdraw from the study at any time (Guba, 1981; Shenton, 2004). This also occurred at the beginning of the interviews.

Ethical considerations are tremendously important in qualitative research. Research participants' voice, life stories, and experience must be respected. Violation of ethical principles in qualitative research can cause a research participant to feel violated and exposed. Qualitative researchers must strive to accurately present research participant's voice in a way that will advance knowledge and understanding while protecting the rights of the research participants. For further ethical considerations, I engaged in peer debriefing sessions with Jeffrey Cornett, PhD who was my dissertation chairperson and the dissertation committee. Cornett and the dissertation committee provided examination into research study processes and further insight into this study's theoretical framework.

### **Researcher Positionality/Reflexivity**

The idea of researcher positionality mirrors Patton's (2002) description of the use of voice, perspective, and reflexivity in qualitative research. Patton (2002) defines reflexivity as "a way of emphasizing the importance of self-awareness, political/cultural



consciousness, and ownership of one's perspective" (p.299). The qualitative researcher must be "reflective about their own voice and perspective" (Patton, 2002, p. 41). This idea also integrates aspects of researcher connoisseurship. Connoisseurship aids the researcher throughout the process of qualitative research. It assists the researcher in their view and interpretations of the world. It provides perceptivity or the ability to recognize the "interplay of qualitative relationships" (Eisner, 1998, p.64). Therefore, this journey of self-discovery and analysis concerning my personal theorizing and relationships between leadership and education is essential to crafting a reflective and meaningful work.

In the summer of 2013, I went through the thoughtful and contemplative process of understanding and realizing my PPTs. This process entailed taking a thorough analysis of collected data concerning my decision-making processes and leadership. I completed various self-analysis questionnaires/data sheets. Data sheets were analyzed for prevailing themes, reflective practice, deliberations, and decision-making processes. As follows are the findings of this analysis from my 2013 report.

The statements considered to arrive at these PPTs are as follows:

1. identification of personal influences as a leader;
2. five things I feel especially good about in my career;
3. my week's decision log identifying major decisions related to leadership;
4. five things I did this week;
5. personal theory influences;
6. formal theory influences; and,

7. daily planning and deliberations.

**Influences: Past and Present PPTs.** A leader's PPTs are constantly in flux, since they are impacted by the leader's life experiences and activities. A leader should be constantly growing and improving in their leadership capabilities. Various aspects of my life have influenced her PPTs over time. These occurrences have validated and reinforced my current PPTs. In 2014, I experienced great change concerning my husband's health. I have always been his primary caregiver for the duration of our marriage (10 years at the time of this writing).

Table 1

*A. Hart's PPTs and Definitions*

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**What Are My PPTs and How Do I Define Them?**

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PPT Statement	Definition
PPT1. There is an integrative/holistic power of health and well-being in an individual's life.	Health and well-being is a construct that affects the individual physically, mentally, and spiritually. Good health and well-being has the capacity to affect every aspect of a person's life.
PPT2. All human beings should feel compelled to make a difference and positively affect another's life.	Life is made up of a series of personal interactions with others. Unselfish giving and thinking of others besides yourself is a quality in people which makes the world a good place to live.
PPT3. Spiritual and servant Leadership must inform effective leadership practice.	The constructs of spiritual and servant leadership are essential in everyday leadership practice.

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PPT4. Team work/ collaborative leadership is a necessary component of effective leadership.	The collaboration of ideas and talents are necessary to overcome leadership challenges.
PPT5. Leaders must demonstrate and value professional competence, professionalism and commitment to learning/education.	Professional competence, professionalism, and commitment are characteristics that people want to follow. Education/learning is the foundation of these principles.
PPT6. Leaders must trust and respect others.	All people deserve to be treated with a level of respect. Leaders must trust others to be effective. Leaders are not able to do everything on their own.
PPT7. Effective leaders strive for excellence in all that they do.	A commitment to excellence is a necessary part of being true to yourself. Followers will attempt to model this type of behavior.

Table 2

*A. Hart's Personal Theory Influences and Corresponding PPTs*

<i>Personal Theory Influences</i>	<i>Thoughts (Deliberations)</i>	<i>PPTs</i>
Mother and Father	My parents have been my guides and support for as long as I can remember. They taught me foundational life skills which I have built on carried me thus far. Both stressed education as a conduit for growth and empowerment.	2,5,6,7

Seminary Instructor (Jim Hockaday)	Jim Hockaday taught and demonstrated to me the spirituality and health connection. As a mentor, he modeled professionalism, leadership excellence, and professional competence.	1,2,3,4,5,6,7
Best Friend (Kimberly Austin)	My friend Kim has been there for me for 15 years. She has been there for the most instrumental moments of my life. She taught me the value of teamwork and collaborative leadership. She also was a model for showing kindness and forgiveness to others.	2,3,4,6,7
Pastor/Spiritual Mentor (Bishop Keith A. Butler)	My Pastor has been in my life since 1989. I have grown up learning various pieces of wisdom on life. I would not be the person I am today without his teaching. He reinforced and supplemented my learning from my parents.	1,2,3,4,5,6,7
Mentor (Stacia Pierce)	I was introduced to Stacia Pierce as a freshman in college. She was the first woman I saw as immensely successful and I admired her ability to teach others from her life experience. She	1,2,3,4,5,6,7

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educated me on various things pertaining to living a successful life and goal achievement.

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My husband had Type 1 Diabetes (insulin-dependent) from a child and was diagnosed with End-Stage Renal Disease when we were first married. These two diseases can be managed through insulin treatments and dialysis. My husband, handled the insulin management himself and I was trained as a dialysis technician eight years ago so we could complete the dialysis treatments at our home.

However, on April 13, 2014 everything changed. On that date my husband received a kidney and pancreas transplant at Mayo Clinic- Jacksonville. This revolutionized our lives. In a few hours, my husband became a non-diabetic and no longer required dialysis. There were many ups and downs throughout this process and the 6-month recovery period was not easy. However, this experience caused me to learn more about myself and my leadership ability. During this ordeal, my home health and medical staffing business had to continue. As a leader, I was already aware that I struggled with delegation, however, during this time I had no choice. Even through all of this my servant leader character was evident. This reinforced the following PPTs:

PPT 1, there is an integrative/holistic power of health and well-being in an individual's life. I saw this exemplified through my marital relationship. This situation gave us a renewed life experience. This new life experience was not focused on sickness and disease.

PPT 3, spiritual and servant leadership must inform effective leadership practice. As a result of this experience, I had to exercise servant leadership behavior dealing with my husband through his recovery and with my company's staff. I had to be cognizant of the staff's needs despite what we were going through as a family. This was a very trying and stressful time in our lives. I had to lean on my personal spiritual values and faith to give me strength and ability through this time.

PPT 4, team work/ collaborative leadership is a necessary component of effective leadership. This experience caused me to depend on my office staff like never before. I had to defer to them when I physically could not be present at the office because I was at the hospital with my husband. They had to work as a team to make sure the business processes occurred even if I was not there to ensure they happened. This reinforced this core value in my leadership paradigm. Team work is necessary to ensure effective business outcomes. Through this experience I grew as a leader and was able to see my PPTs in action.

Further coursework in my formal doctoral program also corresponded with my PPTs. Through my doctoral program coursework I gained a deeper insight into whom I was as a leader and the factors which have influenced my leadership paradigm and development over time. Coursework assignments which further validated my current PPTs were my leadership practicum activity and development of a holistic development plan.

**Formal Theoretical Influences.** This was thoroughly assembled and reviewed

during my analysis to formulate my PPTs (Table 3). My formal theory influences included theory which resonated with me through my years of Master's and Doctoral coursework. These theories included Fry's (2008) theory of spiritual leadership, Greenleaf's (1977) theory of servant leadership, and James M. Burn's (1978) transformational leadership theory. Table 4 illustrates the percentage of my PPTs that were coded to impact each formal theory influence from my analysis.

Transformational leadership and the Bible heavily influenced and aligned with all of my current PPTs. This was not surprising since I had always exhibited constructs of this theory and historically in my work and life. Spiritual and servant leadership theory addressed 85.7% of my PPTs. As previously stated, these formal theories were reinforced by my leadership practice and personal experiences. However, it seems that servant leadership theory had more of an influence than Fry's spiritual leadership theory (Burns, 1978; Fry, 2003).

Table 3

*A. Hart's Formal Theory Influences and Corresponding PPTs*

Formal Theory Influences	Thoughts (Deliberations)	PPTs
Theory of Spiritual Leadership	I identify with this theory and its constructs. I have lived this theory. However, I did not know that this theory existed until I began my doctoral program at UNF. This theory is fascinating to me in that it is not based upon an individual's	1,2,3,4,5,6

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	religious background (if the person is not religious), but it involves issues of vision and purpose.	
Theory of Servant Leadership	I have known of servant leadership, but never knew the actual constructs and definition until my doctoral program at UNF. This theoretical framework is a model of how I believe I lead.	1,2,3,4,5,6
Bible	I have been guided by the principles of the Bible from a young child. The lessons learned from this book have shaped who I am as a person and impacted me in a great way.	1,2,3,4,5,6,7
Transformational Leadership Theory	While as a doctoral student at UNF I learned about transformational leadership. I have always admired transformational leaders. I have unknowingly operated with many of these characteristics and have been attempting to grow in this leadership area over the years. I believe this leadership style impacts	1,2,3,4,5,6,7

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people greatly and motivates them to change like no other style.

Table 4

*A. Hart Formal Theory Influences and Corresponding PPT Percentages*

Formal Theory Influence	Percentage of PPTs Addressed
Theory of Spiritual Leadership	85.7%
Servant Leadership Theory	85.7%
Transformational Leadership Theory	100%
Bible	100%

Spiritual leadership emphasizes the premise that organizational culture infused with values and shared vision are needed to motivate others towards change. Values and shared vision are essential to stimulating intrinsic motivation of the leader and others (Fry, 2003).

A spiritual leader who exhibits vision influences other leaders, demonstrates integrity, inspires hope/faith, and raises a standard of excellence (Fry, 2003). Altruistic love is defined by forgiveness, kindness, empathy, honesty, patience, courage, trust, and humility (Fry, 2003; Fry, Vitucci, & Cedillo, 2005). Spiritual leadership theory describes hope/faith beyond traditional religious thought. However, individual motivation towards the qualities which spiritual leadership theory induces could have a religious origin dependent on the leader. The theory of spiritual leadership interprets hope/faith as endurance, perseverance, diligence, audacious goal-setting, and positive expectation of

overcoming challenges (Fry et al., 2005; Fry, 2003; Phipps, 2011). The spiritual leader's ability to create a culture of these concepts and realizing its member's individual callings and needs to be understood and appreciated will produce organizational commitment and productivity (Fry & Slocum, 2008; Fry et al., 2005; Fry, 2003; Reave, 2005).

Greenleaf's servant leadership theory focuses on the leader's treatment of their followers. The premise of this theory is that the leaders' service to their followers is heart of leadership. The servant leader puts their follower's needs above their own. As a leader you first seek to serve and leadership will come as a matter of consequence from serving (Greenleaf, 2002). The ten major attributes of this theory include listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Spears, 2004).

Transformational leadership is "the process whereby a person engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower" (Northouse, 2010, p. 172). Transformational leaders are interested in the growth, development, and motivations of their followers. Examples of transformational leaders include Mohandas Gandhi, Ryan White, and Jesus Christ. This type of leadership is designed to raise the morality of others (Northouse, 2010). Factors of transformational leadership include:

1. idealized influence/charisma;
2. inspirational motivation;
3. intellectual stimulation; and
4. individualized consideration (Northouse, 2010).

My final formal theory influence was the Bible. I am a person of Judeo-Christian faith; the principles of the Bible have guided me in my life decisions and choices. All of my formal theory influences follow similar themes and patterns of thought. A majority of my PPTs have ethical, moral, and values-based underpinnings. The major themes supported by my formal theorizing include leadership as a means to serve others, develop others to their fullest potential, commitment to integrity, exemplifying excellence, and demonstrating altruistic love. Altruistic love is defined as “unconditional, unselfish, loyal, and benevolent care, concern, and appreciation for both self and others” (Fry, 2003, p. 712).

### **Summary**

Chapter 3 presents an overview of the dissertations methodology inclusive of the research design, research sample, research protocols, instrumentation, data collection procedure, data analysis, research ethical considerations, and researcher positionality. The purpose of this study is to understand health care leaders’ naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Chapter 3 begins with a discussion of qualitative research design and naturalistic inquiry. The Chapter further goes on to discuss the research sample of four participants with ten years or more of health care professional experience in Northeast Florida.

The Chapter continues to discuss the instruments utilized in this study. This study uses four distinct instruments derived from Cornett’s Naturalistic Decision-making Framework (Cornett & Johnson, 2015; Cornett et al., 1990; Cornett, 1990). The study’s data analysis techniques inclusive of my methods to ensure trustworthiness of the data are

examined. The Chapter concludes with a discussion of the ethical considerations exercised to ensure the data would not become compromised at any point during the study. Finally, my positionality is assessed to assist the reader in understanding my background regarding my interpretations and analysis of the data.

## CHAPTER 4: DATA ANALYSIS AND RESULTS

In the previous chapters, I presented a rationale for the study, provided a review of relevant literature, and detailed the methodology and design of the research effort. The focus of this research was to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. A collective case study qualitative design was utilized for the examination of research. An examination of previous research determined that the collective case study design was the best method for understanding the naturalistic decision-making of leaders in regards to their personal theorizing. This research methodology and design has been executed successfully utilizing Cornett's PPT framework in educational leadership and in teacher decision-making (Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

The research questions were:

1. How are the Personal Practical Theories (PPTs) of health care leaders identified, described, and understood by the individual?
2. To what extent is Cornett's (1990) naturalistic decision-making model useful for understanding the complexities of leadership decision-making in health care leaders?
3. What are the perceptions of health care leaders regarding their decision-making processes as a result of their personal theorizing?
4. Do health care leaders' personal theorizing align with existing leadership formal theories?
5. Is Cornett's (1990) naturalistic decision-making model useful as a heuristic for a

health care leader's reflective leadership practice?

I worked with participant 1 and 2 to understand their naturalistic decision-making as health care leaders and its alignment with their leadership practice and personal theorizing. This was accomplished through a series of semi-structured interviews and artifact analysis over the period of three months November 2016- January 2017. The primary focus of data collection was to give “voice” to these health care leaders lived experience. Each participant's reflective statements were analyzed and interpretations deduced. Reflective statements are those salient statements said by each participant reflective of their personal theorizing, experience, and leadership practice. Two cases are presented in this chapter. There is no intentional ordering of the interviews or presentation of the cases.

### **Context of the Cases**

Initially, I prepared to engage three participants in the research study. I examined my professional network via the LinkedIn social media platform. I examined possible participants based on the study's inclusion and exclusion criteria. I initially developed a listing of twenty possible participants. The list distinguished each participant by gender, race, business sector, areas of healthcare experience, years in health care industry, fit with inclusion criteria, and any other substantive thoughts. I labeled each participant based on my personal knowledge of the prospective participant and information contained in their LinkedIn profile at the time of review.

Based on this examination, ten possible participants were eliminated based on inclusion criteria. I further examined the remaining list of possible participants to select participants who were most similar based on gender, race, business sector, areas of healthcare experience, years in health care industry. This resulted in selection of four possible participants to contact. I gained the contact information for each participant from their social media profile; with the exception of one participant by which I contacted a mutual professional contact for the information.

To gain access to these informants a recruitment email was sent to four possible participants with a one week response deadline. As a result, two prospective participants accepted the invitation, one declined, and the other did not respond. The recruitment email letter described the study and the perspective informant's role and time commitment prior to beginning data collection. Once the informants accepted a mutual convenient time was scheduled to complete all interviews.

This chapter will proceed to discuss a detailed description of the theorizing of each participant. Extensive detail was provided to demonstrate the trustworthiness, by providing rich descriptions of the data. Further, descriptive tables can be found throughout the Appendices of this write up (Appendices G-N). Each participant's reflective statements are analyzed and compared. After this discussion, I will answer the research questions of this study based on the data collected.

## **Participant Theories**

**Participant 1.** Participant 1 is a 60- year- old Caucasian female who has been in the health care field for 32 years. Participant 1 has worked in multiple areas in the health care field with a focus on educational training, exercise, health, and wellness. Participant 1 holds a Bachelor of Science in Vocational Education; a Master of Science in Health Services Administration, and a Doctorate of Educational Leadership in Health Care Education. Participant 1 worked in the educational field as an instructor for 24 years. She has various national certifications and board seats in the personal training and fitness field which she has held for 31 years. Her work has caused her to travel stateside and abroad facilitating, speaking, and training in multiple domains of health and wellness. Participant 1 has had clients in 74 countries (Participant 1, personal communication, January 2017). Prior to opening her own consulting firm, she worked for two Fortune 100 health corporations in the Northeast Florida area. For the past 11 years Participant 1 has managed her own consulting firm focused on research, organizational leadership, wellness coaching, education, and consulting services (Participant 1, personal communication, January 2017).

Personally, Participant 1 was married at the early age of 19 and divorced early in life. She never remarried. She has two successful adult female children in their 30s (a medical doctor, and a business executive). She comes from a military family and has experienced death in her immediate family due to various health conditions.



Participant 1 was interviewed three times. The interview protocol can be found in Appendix C. During those times the following statements presented themselves during the discussion from my questioning based on Cornett's Naturalistic Decision Making Model (Appendix E). For readability, each interview statement has the accompanying interview question preceding the statement for cross-referencing purposes. I have selected statements from the interviews to be included in this chapter. All other statements which coincide with interview questions can be found in Appendix F. My interpretations are also stated and will be discussed further in this chapter. Interview questions focused on single constructs of the model or multiple constructs as shown in Table 18 (Chapter 5). The first construct of Cornett's Naturalistic Decision-Making Model, Construct A, is the leader's PPTs. All other constructs center around these. Participant 1 PPTs were defined as (1) passion, (2) having a values system, (3) having knowledge skills and abilities, (4) having a global perspective, (5) spirituality, (6) integrity/ethics, and (7) authenticity (Participant 1, Interview 1, November 22, 2017). Table 18 in Chapter 5 has an overview of the alignment between Cornett's Naturalistic Decision- Making Model and the interview questions utilized in this study. For readability, each interview statement has the accompanying interview question preceding the statement for cross-referencing purposes. I selected statements from the interviews to be included in this chapter. All other statements which coincide with interview questions can be found in Appendices K-N.

Participant 1's passion was demonstrated in a variety of her life experiences. Her passion often framed her reasoning and decision-making. Participant 1 also spoke of

purpose during the interviews. She has a sense of purpose. During interview 2 she stated, “I think your passion gives you your drive for your purpose” (Participant 1, Interview 2, November 29, 2016). Participant 1 also emphasized her conceptualization of spirituality as a needed component in defining who she was as a leader. In Interview 2 she stated, “I connect purpose with spirituality” (Participant 1, Interview 2, November 29, 2016). She further stated, “That, is your gift and the more that you tune into that, the more you will get direction from that” (Participant 1, Interview 2, November 29, 2016).

Table 5

*Participant 1 PPT and Reflective Statements*

	Participant’s Reflective Statements
PPT1. Passion	(2.5) “Passion, you must be passionate about what you are doing. Your value systems are very important. Integrity and ethics are foremost. Confidence and a healthy ego. Ego meaning you are confident in walking into a room of CEOs and giving them direction, but you're not cocky. Using knowledge, skills, and abilities for the good. Not in an abuse role. What's best for everyone, not just me.” (Participant 1, Interview 1, November 22, 2017)
PPT2. Having a Values System	(2.3) “They were very confident. They were very centered. You know that’s the term used today. They were very centered in who they were and what their beliefs were. Even though they didn't try to force their beliefs on you. You could see in every

action and everything that they did they were true to their core values. They were true to who they were. Integrity, incredible value system, sense of purpose, ethical behavior... unquestionable ethics... did what was the right thing to do. Or they parted ways with initiative that were different than this.” (Participant 1, Interview 1, November 22, 2017)

#### PPT3. Having KSAs

“So, I think with education it creates awareness and it takes you through a process to give one ideas for future direction, ideas. I always believe that you continue to use transferrable skills as you go through life you just define them differently.” (Participant 1, Interview 1, November 22, 2017)

#### PPT4. Having a Global Perspective

(2.4) “You know growing up in a military family, in my early childhood. I would in my young adult hood it was my academic degrees and application of what I learned. I tried things. Having a global perspective. Sitting with parliament, sitting with world leaders. The same time I learned about the German restaurant was the same time I was dropped into Germany.” (Participant 1, Interview 1, November 22, 2017)

#### PPT5. Spirituality

(2.3a) “If I say spirituality, I think you understand me better in that regard. I think there are a lot of leaders that have a great deal of talent. They have many assets, but if they are not centered in their spirituality,

they are ineffective because they don't know how to use it. So, as you observe people as I'm sure you do as I do... Your spirituality gives you purpose. Your purpose gives you passion, which gives one direction.” (Participant 1, Interview 1, November 22, 2017)

#### PPT6. Integrity/Ethics

(2.2) “I think every leader has to define their own success. What does success mean to them? I think a leader has to be poised in good times and bad times. I think a leader has to be accepting of all perspectives even if they are different than their own. People have different personalities and skill sets. If a debacle arises I just try to always listen for the message. If the message is good, I don't have to like you to work with you.” (Participant 1, Interview 1, November 22, 2017)

#### PPT7. Authenticity

(2.2) “Yeah, and I think a leader recognizes that the right answer comes from different team members at different times to move a project forward and that's a blessing. You have to look at it as a blessing. I think a leader has to always know that there is no "I" in team. I know that's a cliché', but you cannot do everything yourself. So, you put people around you that have ideas. A leader can't think for other people; you can't fight the system for other people...” (Participant 1, Interview 1, November 22, 2017).

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Participant 1's theorizing, having a values system, frames the rest of her PPTs. PPTs were described to her as being evidence of a leader's core values as it relates to a leader's leadership practice. Within her interviews when having a values system was discussed further core values that Participant 1 related to said. These further core values included innovation, collaboration, resiliency, and empowering others.

Participant 1's PPT of having knowledge, skills, and abilities is evidenced throughout her life experiences. Participant 1 has always valued education and has been passionately committed to it. She went on to attain a terminal degree (doctorate) and has been active as a professor in institutions of higher education for a majority of her professional career. She stated the following in Interview 1, "But I think when you learn something it makes you stronger" [speaking of community work] (Participant 1, Interview 1, November 22, 2017). She further stated,

So, I think with education it creates awareness and it takes you through a process to give one ideas for future direction, ideas. I always believe that you continue to use transferrable skills as you go through life you just define them differently. (Participant 1, Interview 1, November 22, 2017)

Participant 1's overseas experiences from childhood to adulthood has informed her theorizing and framed her life experiences. She was able to see and experience various cultures which she says, "gave me different perspectives" (Participant 1, Interview 1, November 22, 2017). The nature of this study and certain time constraints did not allow for me to gain further understanding and insight into this area of Participant

1's life. These experiences contributed to her personal development. "And then how they communicate, some of which made me understand myself better...having those experiences [international travel]" (Participant 1, Interview 1, November 22, 2017).

Participant 1 framed many of her life experiences and leadership practice from the context of spirituality. She mentioned it numerous times during our interview sessions. She provided personal and formal theory examples with spiritual underpinnings. Participant 1's PPT of integrity/ ethics is closely related to her PPT 2, having a values system, PPT 5, spirituality, and PPT 7, authenticity. Participant 1 felt that integrity/ethics should have a separate PPT from spirituality. She reasoned that ethics and integrity not always present in leaders. She framed integrity/ethics outside of spirituality. However, it is her belief that spirituality is necessary for effective leadership. She stated the following when asked for the characteristics of effective leaders.

They were very confident. They were very centered. You know that's the term used today. They were very centered in who they were and what their beliefs were. Even though they didn't try to force their beliefs on core values. They were true to who they were. Integrity, incredible value system, sense of purpose, ethical behavior... unquestionable ethics... did what was the right thing to do. Or they parted ways with initiative that were different than this.

(Participant 1, Interview 1, November 22, 2017)

As a contrast, Participant 1 said the following when speaking of the importance of spirituality in leadership:

I think there are a lot of leaders that have a great deal of talent. They have many assets, but if they are not centered in their spirituality, they are ineffective because they don't know how to use it. So, as you observe people as I'm sure you do as I do... Your spirituality gives you purpose. Your purpose gives you passion, which gives one direction. (Participant 1, Interview 1, November 22, 2017)

Participant 1's PPT of authenticity could be viewed in her other theorizing. Throughout interviews she often relayed this PPT with her others. She was authentic in how she viewed leadership and characteristics of authenticity.

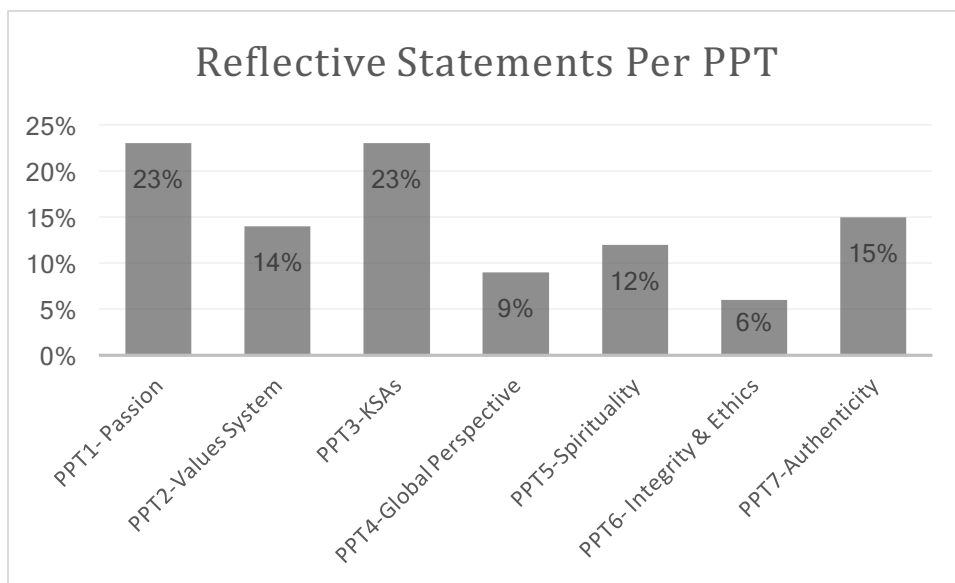
They were very confident. They were very centered. You know that's the term used today. They were very centered in who they were and what their beliefs were. Even though they didn't try to force their beliefs on you. You could see in every action and everything that they did they were true to their core values. They were true to who they were. Integrity, incredible value system, sense of purpose, ethical behavior... unquestionable ethics... did what was the right thing to do. Or they parted ways with initiative that were different than this. (Participant 1, Interview 1, November 22, 2017)

Participant 1's conceptualization of authenticity was seen in her other theorizing, decision-making, and leadership practice.

Figure 4 represents a comparison of the total number of reflective statements from all three interviews for each PPT. Each statement was coded to align with specific PPTs

and a proportion was achieved. The number of coded reflective statements for each PPT was divided by the total reflective statements. According to the data the PPTs of passion (PPT 1) and having knowledge, skills, and abilities (PPT 3) aligned with the most reflective statements during the interviews. This equated to 23% for both. Next was Participant 1's authenticity (PPT 7) at 15%, and then having a value's system (PPT 2) at 14%.

**Figure 4** Reflective Statements Per PPT, Participant 1



*Figure 4.* Reflective statements per PPT. PPT2-Having a values system; KSAs=Having knowledge, skills, and abilities; PPT4-Global Perspective=Having a global perspective

This demonstrated that based on her interview statements, her passion and having knowledge, skills, and abilities were her strongest PPTs.



This was also illustrated in her accomplishments. According to Figure 10, when comparing her accomplishments PPTs and her total reflective statements PPT 1, passion and PPT3, having knowledge skills, and abilities had the greatest alignment, 40% and 55% respectively. This occurred again when analyzing her decisions and alignment with her PPTs. Passion and having knowledge skills and abilities were the PPTs which had the most reflective statements associated with them, 60% and 28% respectively.

The PPT of integrity and ethics had the lowest reflective statements. Participant 1 was very passionate about leadership and her leadership practice. She also has a strong commitment to education and personal growth. This was exemplified in her PPT 2 of knowledge, skills, and abilities. Her PPT 2 having a values system was 14% and PPT 5 spirituality had 12% reflective statements. She stated that spirituality and having a values system was very important to her, however, this was not reflected in the percentages of her reflective statements during our interviews. This could be a result of the limiting questioning on each construct and the segmented and abbreviated format of this study's interview process. PPT 6, integrity and ethics and PPT 4, having a global perspective had the lowest percentages of 6% and 9% respectively. This demonstrates based on her interview reflective responses that these theories might not mean as much to her as some of her other PPTs. Further study to examine this phenomenon would be beneficial.

Participant 1 was questioned about her leadership influences. This is conceptualized in Cornett's model in all constructs (Appendix E). Participant 1 had four individuals who influenced her personal theorizing. Personal theorizing aligned with

constructs A-E of Cornett's model. Participant 1's personal theory influences were her (1) father, (2) brother, (3) Dr. A, and (4) Dr. S. (Names have been changed for confidentiality purposes). Participant 1 expressed that her father was her best teacher. Due to his military status, they traveled around the world. He allowed her to have her first international experience which aligned with her PPT 4 having a global perspective. During our first interview, she stated:

My father was actually the best teacher I ever had. The best the teacher I ever had!!! There are some things he would say that I am still discovering what he actually meant. Just the salt of his words, he had many nuggets of information.”  
(Participant 1, Interview 1, November 22, 2017)

She further stated, about her father:

I was raised by a German Colonel. His philosophy was 'No Fear'. Even in the face of death, no fear. Family first, do your job. Whether it's your school work, paper route, babysitting... do your job the best you know how to do. Continue to study because I assure you will never know enough. With everything in that order---- give back to your community. Growing up he never accepted, bringing a problem to him without bringing him a solution. So, you know that was the training ground I was given.” (Participant 1, Interview 1, November 22, 2017)

Participant 1's personal theorizing concerning her father aligned with her PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities

(PPT 3), having a global perspective (PPT 4), integrity/ethics (PPT 6), and authenticity (PPT 7).

Another personal theory influence is Participant 1's brother. She admired him and his resiliency. She discussed how he pushed her to go into business for herself. She also had many stories which we discussed during the interview regarding how much he impacted her life and view of leadership.

...every time I decided that maybe it was not right for me my older brother was right there saying you're not stopping! ...Yes! I don't know what it is about finishing that, [doctorate] that makes you fearless from that point on, but you're fearless! (Participant 1, Interview 1, November 22, 2017)

Her statements regarding her brother align with her PPTs of passion (PPT 1), and having knowledge, skills, and abilities (PPT 3).

Lastly, she spoke of two doctors that she had met as a young person, Dr. A and Dr. S. Dr. A was a plastic surgeon in Northeast Florida. Dr. S was a chiropractor and sports medicine physician also in Northeast Florida. When speaking of Dr. A she said the following:

So, he [Dr. A] helped me to understand health. He helped me to develop my biomechanical awareness... He was this wealth of teacher in medicine, that was different than my dad's world experiences. I loved him and the experiences dearly! (Participant 1, Interview 1, November 22, 2017)

Her statements align with her PPTs of passion (PPT 1) and having knowledge, skills, and abilities (PPT 3).

Participant 1 also greatly admired Dr. S and what he did for her industry of fitness. He was a trailblazer and innovator of his time.

Dr. S, he was trained as a chiropractor, but he started the first for the fitness industry to create an organization for fitness trainings and certifications. He was the leader for the fitness industry that established the guidelines for exercise safety; how we are all trained, all certified... He also organized a national examining board in the area of fitness. So, if the industry ever went to licensure we would have one board exam rather than having exams for licensure in all states. You know he really was a spokesperson for the fitness industry and how we came about. (Participant 1, Interview 1, November 22, 2017)

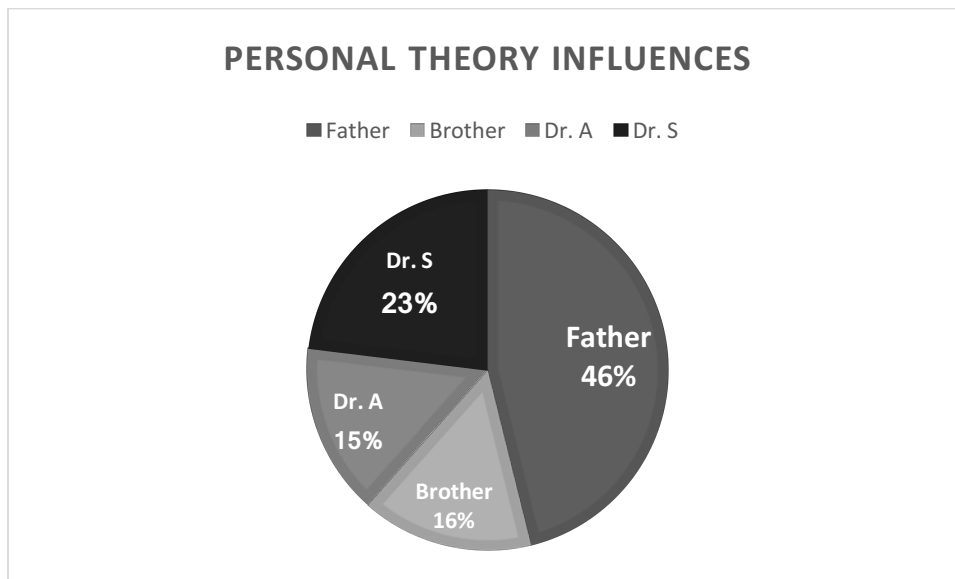
Her statements align with her PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), and having a global perspective (PPT 4). Figure 5 illustrates the percentage of PPTs each of her personal theory influences addressed. To achieve these numbers, Participant 1's reflective statements were counted for each influence and divided by the total number of reflective statements to get a proportion.

Participant 1's father aligned with the majority of her PPTs based on her interview statements (46%). Whereas Dr. A accounted for only 15% alignment with her PPTs. Throughout the interview Participant 1 told many stories and life experiences with

her father. She also spoke of writing a book about the lessons she learned from her father. This showcases the influence he had in her life and with her leadership PPTs and practice. She had many more reflective statements regarding her father (46%) than any of the other personal theory influences. She had 16% of her reflective statements were about her brother, 15% about Dr. A, and 23% about Dr. S.

Summations concerning the lower percentages are that Participant 1 may have not had an opportunity due to the questions asked to fully illustrate and describe the meaning.

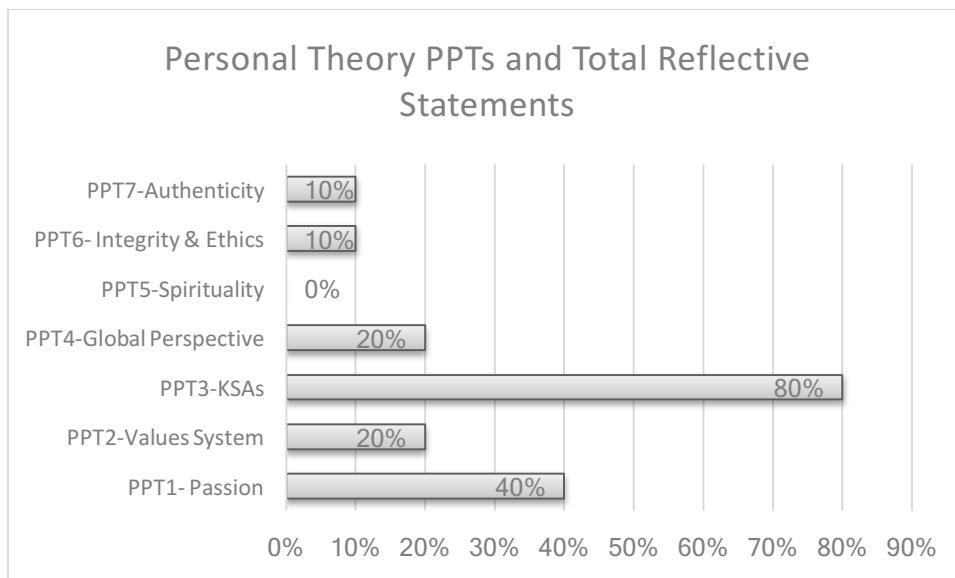
**Figure 5** Personal Theory Influences, Participant 1



these individuals had in her life and their effect on her leadership practice. Further questioning about her personal theory influences could have yielded more descriptive data.

Figure 6 represents the degree each PPT is represented from the total PPT statements coded for this construct of the Naturalistic Decision Making Model. Coded reflective statements were divided by the total reflective statements regarding Participant 1's personal theory influences. As shown in this figure, 80% of Participant 1's statements were reflective of her PPT of having knowledge, skills, and abilities. Secondarily, was her PPT of passion (PPT 1). Her PPT of Spirituality (PPT 5) did not align with any of her reflective statements. Participant 1's PPTs of passion and having knowledge, skills, and abilities demonstrated the most alignment when asked about her overall PPTs, her

**Figure 6** Personal Theory PPTs and Total Reflective Statements, Participant 1



*Figure 6.* Reflective statements per PPT. PPT2-Having a values system; KSAs=Having knowledge, skills, and abilities; PPT4-Global Perspective=Having a global perspective

accomplishments, and decisions. These PPTs were of great significance during this interview process. During the final member checking process, Participant 1 believed her PPT of KSAs emerged as a “strong” PPT saying, “because we were so focused on an educational project and development of a leader the KSAs came more often” (Personal Communication, June 10, 2017).

Future research methods should be inclusive of interviewing and observing Participant 1’s interactions with those who follow her. This would provide the needed data to further analyze Participant 1’s theorizing. Regarding Participant 1’s formal theory two theories were discussed, spiritual leadership and servant leadership. Her thoughts were as follows concerning spiritual leadership:

I think your vision of spiritual leadership.... I believe we will move from a servant leader to a spiritual leader. As people become more aware of what that this truly means. If you would like, I have a book I would recommend by Seaward... I just think the way he phrases this section on spirituality is just excellent. Even the military is going in that direction. Here in Northeast Florida, the Airforce has an annual conference dedicated to spiritual leadership. (Participant 1, Interview 1, November 22, 2017)

Participant 1 also spoke of an author, Malcolm Gladwell in the area of spiritual leadership. She said the following concerning how he framed spiritual leadership.

And I said the other thing is, I enjoy Malcolm Gladwell's writing. I said if you don't like the term "spirituality" because you relate it to religion... I'm here to tell

you it's two entirely different things! But we don't have a dissertation to go into that today. Malcolm Gladwell uses the word "thin slicing" because thin slicing is like your other sense that he refers to as spirituality. If a group of sculptures are looking at 3 statues one says, that's not the original. He can't explain why he says that way, he just knows it's not. So, he is honoring his gift he's here and the 3 other sculptures are here. He's holding onto his viewpoint. And then he has to go into the whole scientific evaluation on the sculpture. Because they have to present a unified position forward to the museum or whatever. So, when it comes down to the end of it, the guy who honored their spirituality was right, even though he did not know he was right by angles or position and different aspects of the sculpture they were evaluating. He just followed his gut. There's many applications that way. I'm going to send you this writing by Dr. Seaward. (Participant 1, Interview 2, November 29, 2016)

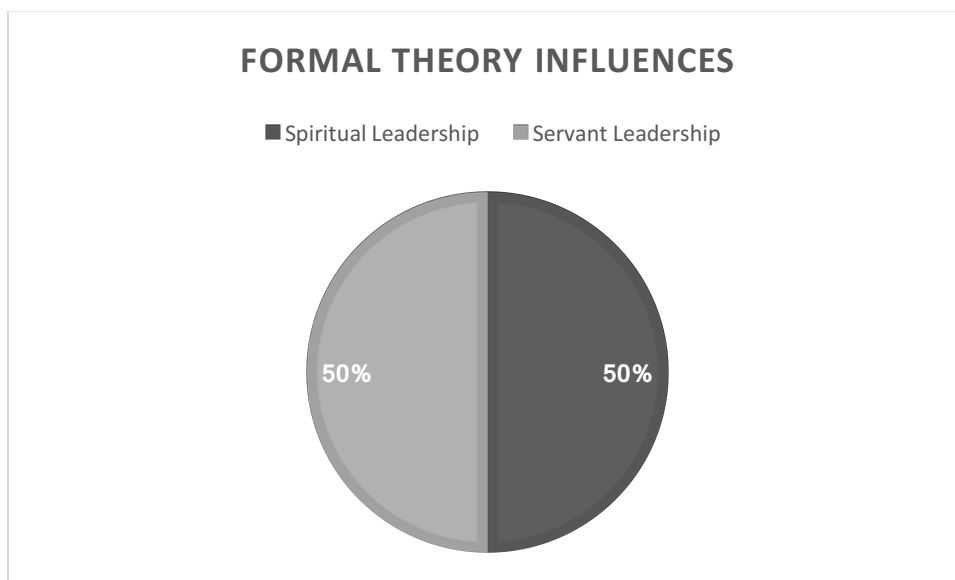
Participant 1 conceptualized her formal theorizing regarding spiritual leadership in different ways and cited two different authors in her reflections. Her statements align with her PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), having a global perspective (PPT 5), integrity/ethics (PPT 6), and authenticity (PPT 7).

Participant 1 also spoke of servant leadership secondary to spiritual leadership. She believes servant leadership is a precursor to spiritual leadership. She stated, "I think your vision of spiritual leadership.... I believe we will move from a servant leader to a spiritual leader. As people become more aware of what that this truly means..."



(Participant 1, Interview 1, November 22, 2017). Participant 1 conceptualized servant leadership in a similar way as spiritual leadership. Her statements align with her PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), having a global perspective (PPT 5), integrity/ethics (PPT 6), and authenticity (PPT 7). These are the same PPTs which aligned with her initial formal theorizing regarding spiritual leadership.

**Figure 7** Formal Theory Influences, Participant 1



Participant 1's formal theorizing demonstrated that an equal percentage of her PPTs addressed spiritual leadership and servant leadership (Figure 7). However, she had more reflective statements (2) which addressed her spiritual leadership formal theory when compared to servant leadership (1). This is possibly a function of these theories being aligned very closely from the Participant's perspective and leadership experiences

which she expressed during the interviews. All of Participant 1's reflective statements aligned with 100% of her PPTs except her PPT of having a global perspective (PPT 4). During the interview, Participant 1 only had three total statements which described her formal theorizing. Therefore, further questioning in this area is needed to further analyze her leadership practice. During the member check process when Participant 1 received the findings in her wrap-up report concerning her personal and formal theorizing she found the interpretations and findings to be "excellent" (Personal Communication, June 10, 2017). She found value in these findings and they resonated with her.

Cornett's Naturalistic Decision-making model examines a leader's leadership practice and provides a framework for a health care leader to reflect on the elements that guide their leadership decision-making and practice based on their experiences. As part of this process leaders were asked for five things or accomplishments they feel good about in their career. Participant 1 listed the following five items during her interview sessions:

- (1) motherhood,
- (2) being a finalist at previous company for a position and Executive Director at her last company;
- (3) becoming a Master Specialist with her professional organization;
- (4) her involvement in a wellness community coalition; and
- (5) running her own business.

Participant 1 spoke extensively concerning motherhood throughout her three interview sessions. Participant 1 spoke at length about her commitment to motherhood and how being a mother has impacted her life. She stated, “So, I'd say as far as my career, what has always centered me is motherhood...So, I would just do consulting, I would teach, but pretty much I was a stay at home mom” (Participant 1, Interview 2, November 29, 2016). She further said, “So, long story short, I would say the most successful thing that has defined me in every aspect of my life is motherhood” (Participant 1, Interview 2, November 29, 2016).

These statements about motherhood aligned with Participant 1's PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), spirituality (PPT 5), integrity/ethics (PPT 6), and authenticity (PPT 7). Member checking demonstrated that Participant 1 agreed with these interpretations. Appendix F has a further listing of the interview statements with the corresponding PPTs. Her next accomplishment was being a finalist at her previous company for a position and being an executive director at her last company. Interestingly, Participant 1 had another item in this place. Initially, she stated that “the evolution of being a girl in a dominant male household” (Participant 1, Interview 2, November 29, 2016). However, she was compelled to change to the currently stated accomplishment during our third interview.

Participant 1 selected this accomplishment during Interview 3. She believed that this accomplishment was more representative of her leadership experiences. She did not speak extensively about this accomplishment. However, experiences she had during this

time in her life impacted her as a leader. When speaking of one of these past jobs, Participant 1 said, “what [that company] did is that they gave me the belief in myself that I could do a job without checking a box...” (Participant 1, Interview 2, November 29, 2016).

These statements about positions at her past careers aligned with Participant 1’s PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), and spirituality (PPT 5). During the member check process, Participant 1 agreed with these findings. She further stated, “True! This is just another example by having spirituality, keeping my faith and believing everything works out for the best!” (Personal Communication, June 10, 2017).

Appendix F has a further listing of the interview statements with the corresponding PPTs. Participant 1’s third accomplishment was becoming a Master Specialist with a professional organization in her field of fitness. She did not speak at length concerning this accomplishment. However, she believed that this event shaped her leadership practice. She said the following things concerning this experience:

I was on the team that designed the basic exercise standards and guidelines for the population that was implemented in 74 countries. There were 350 specialists and I was one of 15 that sat on their board. I would meet with Parliament to discuss [business related to my organization regarding that] country. I designed health and wellness centers across Asia because that was a new concept.

(Participant 1, Interview 2, November 29, 2016)

She further stated,

We did in China what we did here in America in building the evolution. It was interesting to go back to military bases as a trainer, an adult. That's what landed me in Heidelberg with that general story I told you about. It brought my childhood back into adult hood, it gave me an appreciation of what my brother did in the military. I have cousins, brothers, uncles, my daughter in the military. It's interesting how your youth prepares you for later on in life. So, I would say that would be my second greatest career accomplishment. (Participant 1, Interview 2, November 29, 2016)

The PPTs which aligned with Participant 1's experiences were passion (PPT 1), having knowledge, skills, and abilities (PPT 3), and having a global perspective (PPT 4). These experiences really emphasized her global perspective. These experiences prepared her for her future and her leadership practice.

Participant 1's fourth accomplishment, involvement in a wellness community coalition was the accomplishment she spoke the most about. Participant 1 relayed that involvement in this council meant a lot to her. The things this council did was a demonstration and implementation of her dissertation research. This experience was impactful and emotional for Participant 1. Her leadership practice in this situation aligned all of her PPTs. It aligned with her passion (PPT 1), having a values system (PPT 2),

having knowledge, skills, and abilities (PPT 3), having a global perspective (PPT 4), spirituality (PPT 5), integrity/ethics (PPT 6), and authenticity (PPT 7).

Participant 1's final accomplishment is running her own business. She added this accomplishment after the initial interview where her accomplishments were discussed. She reflected on this accomplishment during the interview process. Participant 1's motivation for starting her business was her children. She stated,

My brother tried to get me to go into business for myself when he was still alive. All my families gone. There is something about having two children. Meeting their needs every two weeks. The beauty of working for yourself is that you can accept the jobs you want to do. You can refer the jobs you don't want to do.

(Participant 1, Interview 1, November 22, 2017)

This accomplishment is connected to Participant 1's first accomplishment of motherhood. This is alignment with her PPTs of passion (PPT 1), having a values system (PPT 2), and having knowledge, skills, and abilities (PPT 3).

Thirty percent of Participant 1's reflective statements aligned with her accomplishments of motherhood and participation in her wellness coalition respectively. This demonstrated that these accomplishments resonated the most with her. Table 6 also shows that her reflective statements for motherhood aligned with six of her PPTs. The coalition accomplishment aligned with 100% of her PPTs. Therefore, these accomplishments were representative of her leadership practice and PPTs. These proportions were achieved through taking a proportion of the number of reflective

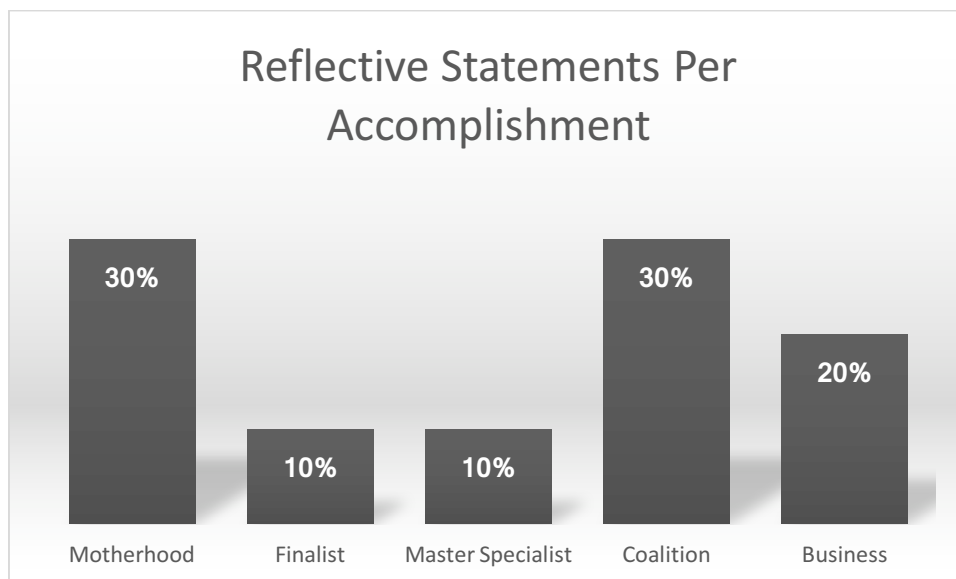
statements per accomplishment and dividing by the total number of reflective statements regarding her accomplishments.

During the final member check process, she expressed that she felt the interpretations based on the study data was not consistent with her true intentions. This was specifically regarding some of her accomplishments which were coded with her PPTs (Table 7). She reiterated, for example, she believed motherhood meant more to her than participation in the community coalition. She deduced that her involvement in the community coalition might have been over-emphasized in her interview responses; thereby providing a false representation of her true thoughts and opinions. She agreed with all of the other findings and interpretations and expressed value in the process.

Participant 1 has 55% of her reflective statements which align with her PPT 3 of having knowledge, skills, and abilities. This is not surprising since throughout the interviews she had a strong commitment to education and learning for herself and others.

Secondarily, her PPT 2 of having a values system aligns with 50% of her reflective statements. The accomplishments Participant 1 discussed were reflective of her values system. Lastly her PPT of passion (PPT 1) had a value of 40%. It is interesting that her low value PPTs were higher when analyzing other topics in the interview process. More questioning is needed to further examine the explanations for these phenomena. These proportions were calculated through taking a proportion of the number of accomplishment reflective statements coded for each PPT and dividing by the total number of reflective statements regarding her accomplishments.

**Figure 8** Reflective Statements Per Accomplishment, Participant 1

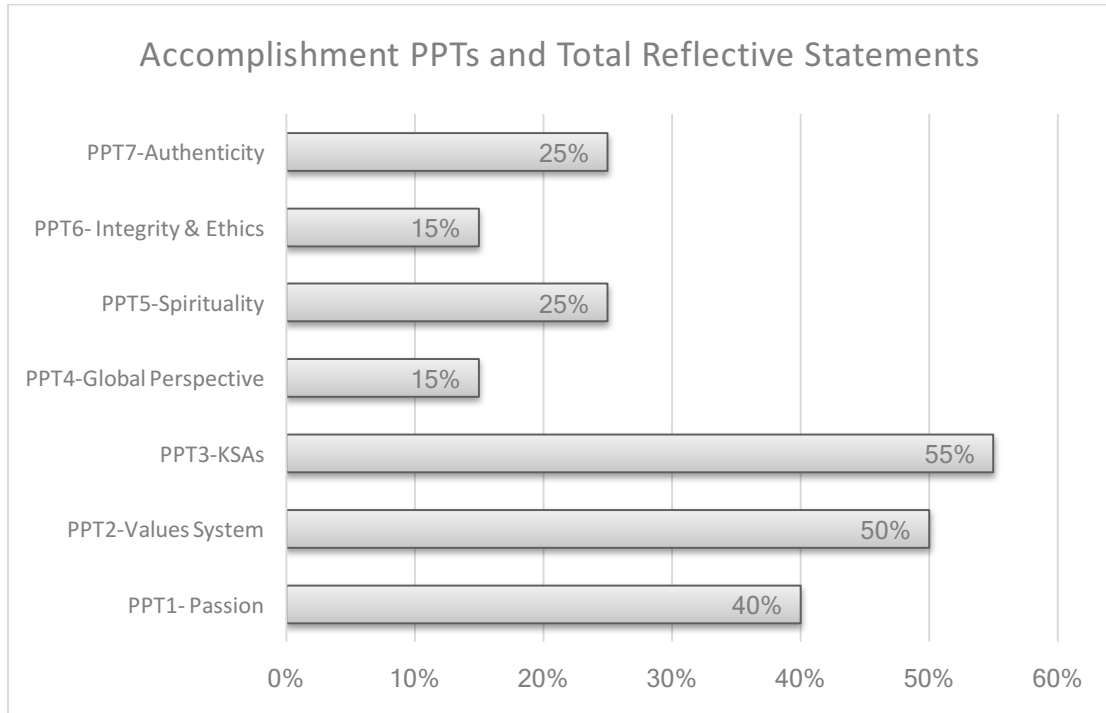


*Figure 8.* Reflective statements per accomplishment. Finalist= being a finalist at previous company for a position and Executive Director at her last company; master specialist= becoming a Master Specialist with her professional organization; coalition= involvement in a wellness community coalition; business=running own business.

Table 6 and Table 7 display a listing of Participant 1's accomplishments and the PPTs aligned with her reflective statements. As the tables illustrate, her accomplishment of being involved in a wellness community coalition aligned with 100% of her PPTs. Her next two accomplishments which were the most meaningful and in alignment to her PPTs were motherhood (86%) and being a finalist at her previous company (71%). In the interviews Participant 1 spoke at length regarding her experience in the wellness-based community coalition. Therefore, it is not surprising that this accomplishment aligned with all of her PPTs. The alignment of motherhood with a majority of Participant 1's PPT was



**Figure 9** Accomplishment PPTs and Total Reflective Statements, Participant 1



*Figure 9.* Accomplishment PPTs and total reflective statements. Reflective statements per PPT. PPT2-Having a values system; KSAs=Having knowledge, skills, and abilities; PPT4-Global Perspective=Having a global perspective

Table 6

*Cross tabular Table of Participant 1 Accomplishments*

Accomplishment	PPT1	PPT2	PPT3	PPT4	PPT5	PPT6	PPT7
Motherhood	X	X	X		X	X	X
Finalist	X	X	X		X		X
Master Specialist	X		X	X			
Coalition	X	X	X	X	X	X	X
Business	X	X	X				

indicative of some of the strong statements she had regarding the influence of motherhood throughout her life. These proportions were achieved through taking the data

Table 7

*Accomplishment and Percent PPT Support, Participant 1*

Accomplishment	Percentage of Supporting PPTs
Motherhood	86%
Finalist	71%
Master Specialist	43%
Coalition	100%
Business	43%

*Note.* Accomplishment and Percent PPT support, Participant 1. Finalist= being a finalist at previous company for a position and Executive Director at her last company; master specialist= becoming a Master Specialist with her professional organization; coalition= involvement in a wellness community coalition; business=running own business.

from Table 6, calculating the number of PPTs aligned with each achievement and dividing by the total number of PPTs.

The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Cornett's Naturalistic Decision-making model examines a leader's leadership practice. As part of this framework leaders discussed five decisions they have recently made. Participant 1 listed the following five items during her interview sessions:

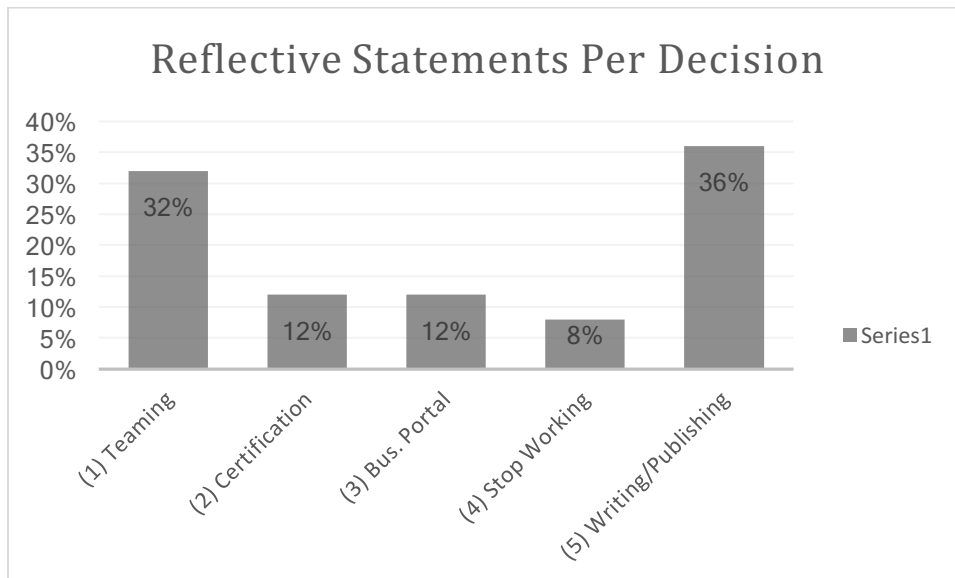
- 1) teaming with another woman-owned business,
- 2) to certify my consulting company with the city I live in,
- 3) to enroll my business in a hotel's small business portal;
- 4) to stop working with an organization who was misusing my time, and
- 5) the personal and professional decision to write and publish books.

Throughout our interviews, Participant 1 exemplified forethought and innovation regarding her business. Through her decision #1 reflective statements she exemplified her PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), having a global perspective (PPT 4), spirituality (PPT 5), integrity/ethics (PPT 6), and authenticity (PPT 7). This decision aligned with 100% of Participant 1's PPTs. Decision #2 to certify her consulting company with the city she lives in aligned with Participant 1's PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), having a global perspective (PPT 4), and integrity/ethics (PPT 6).

Alignment was seen regarding this decision #3 with Participant 1's PPTs of passion (PPT 1), having knowledge, skills, and abilities (PPT 3), having a global perspective (PPT 4), and integrity/ethics (PPT 6). Decision #4 aligned with Participant 1's PPTs of passion (PPT 1), having a values system (PPT 2), having knowledge, skills, and abilities (PPT 3), integrity/ethics (PPT 6), and authenticity (PPT 7). Decision #5 aligned with Participant 1's PPTs of passion (PPT 1), having a values system (PPT 2),

having knowledge, skills, and abilities (PPT 3), having a global perspective (PPT 4), integrity/ethics (PPT 6), and authenticity (PPT 7).

**Figure 10** Reflective Statements Per Decision, Participant 1



*Figure 10.* Reflective statements per decision, Participant 1. (1) Teaming= teaming with another woman-owned business; (2) certification= to certify my consulting company with the city I live in; (3) bus. portal= to enroll my business in a hotel’s small business portal; (4) stop working= to stop working with an organization who was misusing my time; (5) writing/publishing= the personal and professional decision to write and publish books.

According to Figure 10, the majority of Participant 1’s reflective statements are regarding her fifth decision of writing and publishing books. She spoke passionately about having the time and energy to working in this area. She agreed that this would be a lasting legacy for her. She also talked about how books are a way for others to have access to her many years of knowledge. Thirty-two percent of Participant’s reflective

statements were regarding her first decision. She spoke extensively about the recent decision she made regarding teaming up with another woman- owned business. This decision will impact her business and potentially cause increased growth for her company. These proportions were achieved through taking a proportion of the number of reflective statements per decision and dividing by the total number of reflective statements regarding her decisions.

Tables 8 and 9 illustrate the amount of PPTs which aligned with Participant 1's decision-making. Her decisions aligned mostly with her PPTs. This can be seen by all of her decisions having percentages above the 50<sup>th</sup> percentile. Her first decision to team with another woman-owned business aligned with 100% of her PPTs. Her second decision to write and publish books was 86%. Her lowest percentage (57%) was with her third decision to enroll her business in a small business portal. These proportions were

Table 8

*Cross- tabular Table of Decisions and PPTs, Participant 1*

Decisions	PPT 1	PPT 2	PPT 3	PPT 4	PPT 5	PPT 6	PPT 7
1-Teaming	X	X	X	X	X	X	X
2-Certif.	X	X	X	X		X	
3-B. Portal	X		X	X		X	
4-Working	X	X	X			X	X
5-Wr/Pub	X	X	X	X		X	X

*Note.* Cross-tabular table of decisions and PPTs, Participant 1. 1-Teaming= teaming with another woman-owned business; 2-certif.= to certify my consulting company with the city I live in; 3- b. portal= to enroll my business in a hotel's small business portal; 4-working= to stop working with an organization who was misusing my time; 5- wr/pub= the personal and professional decision to write and publish books.

Table 9

*Decision and Percent PPT Alignment, Participant 1*

Decision	Percentage of Aligning PPTs
(1) Teaming	100%
(2) Certification	71%
(3) Business Portal	57%
(4) Stop Working	71%
(5) Writing/Publishing	86%

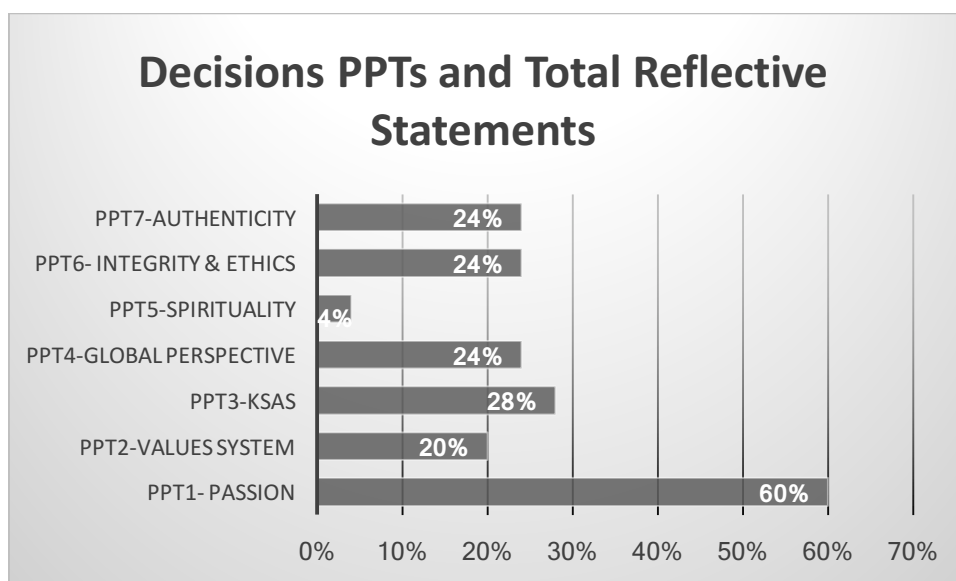
*Note.* (1) Teaming= teaming with another woman-owned business; (2) certification= to certify my consulting company with the city I live in; (3) bus. portal= to enroll my business in a hotel's small business portal; (4) stop working= to stop working with an organization who was misusing my time; (5) writing/publishing= the personal and professional decision to write and publish books.

achieved through taking the data from Table 8, calculating the number of PPTs aligned with each decision and dividing by the total number of PPTs.

The overarching purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. We see this phenomenon in practice with Participant 1's decision and their alignment with her PPTs.

Figure 11 compares the percentage of Participant 1's reflective statements which aligned with her specific PPTs. Sixty percent of her reflective statements aligned with her

**Figure 11** Decisions PPTs and Total Reflective Statements, Participant 1



*Figure 11.* Decisions PPTs and total reflective statements. PPT2-Having a values system; KSAs=Having knowledge, skills, and abilities; PPT4-Global Perspective=Having a global perspective

first PPT of passion. Her third PPT of having knowledge, skills, and abilities aligned with 28% of her total reflective statements. The data shows a positive trend of these two PPTs with the various constructs of Cornett's Naturalistic Decision-making Model. This has occurred in Participant 1's data regarding her personal theorizing, formal theorizing, and accomplishments. These proportions were achieved through taking a proportion of the number of decision reflective statements coded for each PPT and dividing by the total number of reflective statements regarding her decisions.

**Participant 2.** Participant 2 identified as a 56-year- old or older woman of mixed ethnic heritage, although she identifies as Caucasian. Participant 2 has been in the field of health for 50 years. She has worked in numerous facets of the health care system. She began her career as a dental hygienist and assisted with forming the dental hygiene program at a state community college. She then became a rehabilitation counselor, evaluator, and instructor. Her next professional endeavor was as a psychotherapist. She spent 24 years in that role, working for the military, at two psychiatric hospitals, and a drug treatment center. Simultaneously, Participant 2 became a professor at the local state university. She was at that university for 31 years. During that time, she began her independent research and evaluation consultancy. She partnered in this business with her deceased husband and son. Participant 2 is currently overseeing and actively working here. After retiring from her 31-year education career, Participant 2 found herself back on the college campus. Approximately a year after retiring from her previous university she began working at another state university. She is currently at this university fulfilling a teaching and director level position. She has been charged to help this university to help establish a program in one of her areas of expertise, mental health counseling.

Participant 2 has an associates degree in an allied medical field, a bachelors and masters in allied health services. She specialized in school and community health and alcohol/drug counseling and services with both of these degrees. Participant 2 continued her studies to attain a PhD in curriculum and instruction; vocational, technical, adult and health occupations education. Her cognates were in the areas of health education, alcohol/drug education, and qualitative research methodology. Six years after receiving



her PhD she felt the need to attain a broader knowledge base in counseling. Therefore, she returned to school to receive her Masters of Education in guidance and counseling with a specialization in mental health counseling.

Professionally, Participant 2 has excelled in leadership and administration. She was the founder of a university based center for health promotion and was influential in attaining numerous accreditation certifications for the university programs she participated. Personally, she actively holds twenty-one various licenses and certification in the health care and counseling fields. Participant 2 has achieved numerous honors, awards, and recognitions in her fields of specialty. She has won a total of over 2.2 million dollars in university contracts and grants for the work she has performed. Participant 2 has had the opportunity to publish over 300 papers, manuals, and various educational materials.

Personally, Participant 2 has two grown sons. She been married, divorced and widowed. She has experienced death of those close to her. All of these experiences and living most of her life as a single mother has shaped who she is today. Participant 2 was also interviewed three times. The interview protocol can be found in Appendix C. During those times the following statements presented themselves during the discussion from my questioning based on Cornett's Naturalistic Decision Making Model (Appendix E). Table 18 in Chapter 5 has an overview of the alignment between Cornett's Naturalistic Decision- Making Model and the interview questions utilized in this study. For readability, each interview statement has the accompanying interview question preceding

the statement for cross-referencing purposes. I have selected statements from the interviews to be included in this chapter. All other statements which coincide with interview questions can be found in Appendices K-N.

My interpretations, as the researcher, are also stated and will be discussed further in this chapter. Interview questions focused on single constructs of the model or multiple constructs as shown in Table 18. The first construct of Cornett's Naturalistic Decision-Making Model, Construct A, is the leader's PPTs. All other constructs center around these. Participant 2 PPTs were defined as (1) integrity, (2) responsibility, (3) collaboration and connectivity, (4) empathy, (5) spirituality, (6) respect and acceptance, (7) introspection (listening, silence, and introspection), (8) balance between self and caring (selflessness), (9) resiliency, and (10) empowering others. (Participant 2, Interview 1, December 13, 2016)

Participant 2 demonstrated a commitment to integrity in her life experiences. This PPT was reflected in her leadership practice throughout her life. She spoke at length about this attribute regarding her treatment of her first husband and how she represented their relationship to her children. She said,

Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different and that was to A. Never criticize my

Table 10

*Participant 2 PPT and Reflective Statements*

	Participant's Reflective Statements
PPT1. Integrity	(Q2.4) "...It's interesting when I think about it, perhaps unusual in the sense that I think that you know, marrying at a young age with my first husband. Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different and that was to A. Never criticize my first husband for his choice. And to recognize that he was the father of my children and that is an experience that changed and altered my life. And then to move forward from that and to not stop. And to provide that influence for my children." (Participant 2, Interview 1, December 13, 2016)
PPT2. Responsibility	(Q2.4) "Everything I have been told and everything I know... loss, particularly the loss of a partner, even more so than the loss of a child is an ongoing process; where you adjust and adapt aloneness is always there." (Participant 2, Interview 1, December 13, 2016)
PPT3. Collaboration and Connectivity	(Q2.2) "But I think if we walk alongside instead of in front or behind...well you know maybe behind every once in a while, to give a little push! <laughter>. But I much prefer to walk alongside somebody. I think a whole lot about leadership is collaborative and connectivity." (Participant 2, Interview 1, December 13, 2016)
PPT4. Empathy	(Q2.2) "I think we should role model that which we want others to do." AH: Yes, so be an example? "Yes, right, so, I think engaging individuals where they are..."

AH: So, meeting them where they are at?  
 Yes. For me the important thing about just being with other people is to be encouraging.” (Participant 2, Interview 1, December 13, 2016)

PPT5. Spirituality

(Q2.4) “I think my being involved in a faith-based system of some kind wasn't necessarily... I say system as opposed to building so as opposed to a church, that's impacted my life and means so much to me on a continual basis.” (Participant 2, Interview 1, December 13, 2016)

PPT6. Respect and Acceptance

(Q2.2) “I think all of that also revolves around creativity. And what's so important to me...it's very very important is inclusiveness.” AH: Yes, if people feel like they don't belong.... maybe belong is the wrong word. I think inclusiveness goes beyond just making somebody feel like they belong... That's part of it. It's belonging. It's "feeling a part of". (Participant 2, Interview 1, December 13, 2016)

PPT7. Introspection

(Q2.5) “I think we jump in and it has made me really reframe using that term "I understand". Because I don't think we do unless we ask. I think a core value to me really is to be with that person. To hear where that person is or are if it's an organization. As oppose to me making and drawing conclusions on limited information. [AH: So, it's a type of listening....] “It is a type of listening. Listening, silence, and reflection. I think it is really difficult for us to be silent.” (Participant 2, Interview 1, December 13, 2016)

PPT8. Balance Between Self and Caring (Selflessness)

(Q2.5) “Empowerment is another real important core value. And being willing to give of self without expectation of getting back.” [AH: Selfless.] “And again, the problem with the word selfless is that we think it is the opposite of selfish and that selfless means that you don't do self-caring. So, it's a balancing between self and

caring. (Participant 2, Interview 1, December 13, 2016)

PPT9. Resiliency

“Yes, and I think that some of my children benefited from some of the traumas they experienced in their lives because we would train them to move them forward.” [AH: So, they developed the coping skills and mechanisms so they wouldn't think life was over when presented with an issue.] “And they maintained the love and respect for their father that they needed to and that they should have for which I will be forever grateful. And they transferred that to my husband and they transferred that to our own lives. So, I think those are the life experiences that are not these big dramatic things, although divorce is pretty dramatic. Loss is pretty dramatic and having lost both my husbands.... I say I am still in transition. I think transition is a real learning experience.” (Participant 2, Interview 1, December 13, 2016)

PPT10. Empowering Others

(Q.2.3a) “...legacy. What kind of legacy did they leave? I think we see the biggest challenge with ineffectiveness is not knowing your population and the people with whom you are working. Making decisions for- to them without you involving them in the decision- making. I don't do things to or for people. I only do them with people. And those are not just plays on words, those are really a style. Again, I go back to just making decisions on what's going to happen to someone or a corporation- whatever it happens to be without getting all the facts and without knowing all the components is really ineffective leadership to me.” (Participant 2, Interview 1, December 13, 2016)

first husband for his choice. And to recognize that he was the father of my children and that is an experience that changed and altered my life. And then to

move forward from that and to not stop. And to provide that influence for my children. (Participant 2, Interview 1, December 13, 2016)

Regarding Participant 2's theorizing, responsibility emerged as a PPT. She exhibited responsibility throughout her life. Throughout Participant 2's interviews responsibility was demonstrated in how she raised her children as a single mother and how she persisted in her educational endeavors and business work.

Participant 2 theorizing revealed collaboration and connectivity as a PPT. She defines connectivity outside of a self-absorbed or selfish framework. Participant 2 related balance with connectivity. Often in her discussion of these items, illustrated through her life experiences, occurred in tandem with her PPTs of balance (PPT 8) and spirituality (PPT 5). She stated, "I think a whole lot about leadership is collaborative and connectivity" (Participant 2, Interview 1, December 13, 2016). She further said, "...I see myself as a connector. I like to bring people together" (Participant 2, Interview 1, December 13, 2016).

During the process of interviewing Participant 2, empathy arose as a PPT. She defined empathy as going beyond understanding, but truly hearing a person. Participant 2 stated, "I think a core value to me really is to be with that person. To hear where that person is or are if it's an organization. As oppose to me making and drawing conclusions on limited information" (Participant 2, Interview 1, December 13, 2016). Participant 2 defines this PPT in a similar manner as her PPT of introspection (PPT 7).

Participant 2 expressed that spirituality (PPT 5) was of great importance to her. She defined spirituality in the following way,

But I think spirituality is ... maybe it's part of your core value system and the core of your personhood. And it's your reasoning for making the decision's that you make you consciously say, 'I'm making this decision because it benefits me!' or so you say, 'I'm making this decision because it's benefiting the us.' (Participant 2, Interview 3, January 6, 2017)

Her spirituality was a component of many of the decisions she made. This PPT also worked alongside some of her other PPTs such as her balance (PPT8) and collaboration/connectivity (PPT3). Due to the traumatic instances, which Participant 2 has endured. She has looked to her spirituality to assist her in coping and processing her life circumstances.

Respect and acceptance is Participant 1's sixth PPT. Her theorizing demonstrated her ability to respect other people's leadership styles, leadership motivation, and spirituality. When asked if she thought leaders who did not identify as spiritual were less affective leaders she said,

...I don't know. I would be biased to say, I think it would, but, it depends on how a person is defining spirituality. And we all define that a little bit different, so it would be wrong for me to judge how somebody else defines it for himself or herself, with how that person sees their leadership role. (Participant 2, Interview 3, January 6, 2017)

This shows Participant 2's ability to see other perspectives and respect and value other people's experiences. This PPT was evidenced in her interview discussions and descriptions of her leadership and life experiences.

Participant 2's theorizing revealed introspection; defined as listening, silence, and reflection emerged as one of her PPTs. This PPT is very similar to her fourth PPT of balance. In our discussions she defined both in similar ways. However, she did not believe they were similar enough to combine into one PPT. Participant 2's background as a counselor and therapist also helped to define this PPT in her leadership experience.

Participant 2's PPT of having balance between self and caring (selflessness) arose in interview discussions. Others in vocations in the health care field such as a counselor/therapist often have similar experiences regarding self-care (Shapiro, Brown, Warren & Biegel, 2007). This PPT operates in concert with Participant 2's other PPTs of introspection (PPT 7) and empathy (PPT 4). All of these PPTs realize and relate to another person's experience. Taking that person's experience into consideration concerning decision-making. During interview discussions, she stated the following,

...And being willing to give of self without expectation of getting back... And again, the problem with the word selfless is that we think it is the opposite of selfish and that selfless means that you don't do self-caring. So, it's a balancing between self and caring. (Participant 2, Interview 1, December 13, 2016)

Participant 2 suffered various tragedies in her life. These traumatic situations caused her to rely on her motherhood and nurture and take care of her children. She



denied her own comfort to make sure things were taken care of concerning her family. Throughout the interview process, Participant 2 expressed the PPT of resiliency as something that has informed her leadership experience. Participant 2 has suffered various traumatic events such as divorce and death. However, she exemplified resiliency in being able to accomplish all that she did as a single mother. This PPT frames a majority of her life experience. She stated the following which defined her expression of resiliency,

My dream would be that we help people accomplish that which they don't believe they have the ability to do. We help them to see that they do have the ability to make those accomplishments. (Participant 2, Interview 3, January 6, 2017)

She further relayed,

...It's interesting when I think about it, perhaps unusual in the sense that I think that you know, marrying at a young age with my first husband. Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different... (Participant 2, Interview 1, December 13, 2016)

Empowering others emerged as a PPT for Participant 2. This follows the trend of some of her other PPTs such as PPT 3 of connectivity and collaboration, PPT 4 of empath, PPT 6 of respect and acceptance, PPT 7 of introspection, and PPT 8 of balance between self and caring. This is all reflective of Participant 2's background and

perception of others. She stated, “Empowerment is another real important core value. And being willing to give of self without expectation of getting back” (Participant 2, Interview 1, December 13, 2016). She further said,

And I think another core value is helping people to really make informed decisions. Which means they need to know whatever it is they need to know. So that the decision is theirs and we are not making it for them. (Participant 2, Interview 1, December 13, 2016)

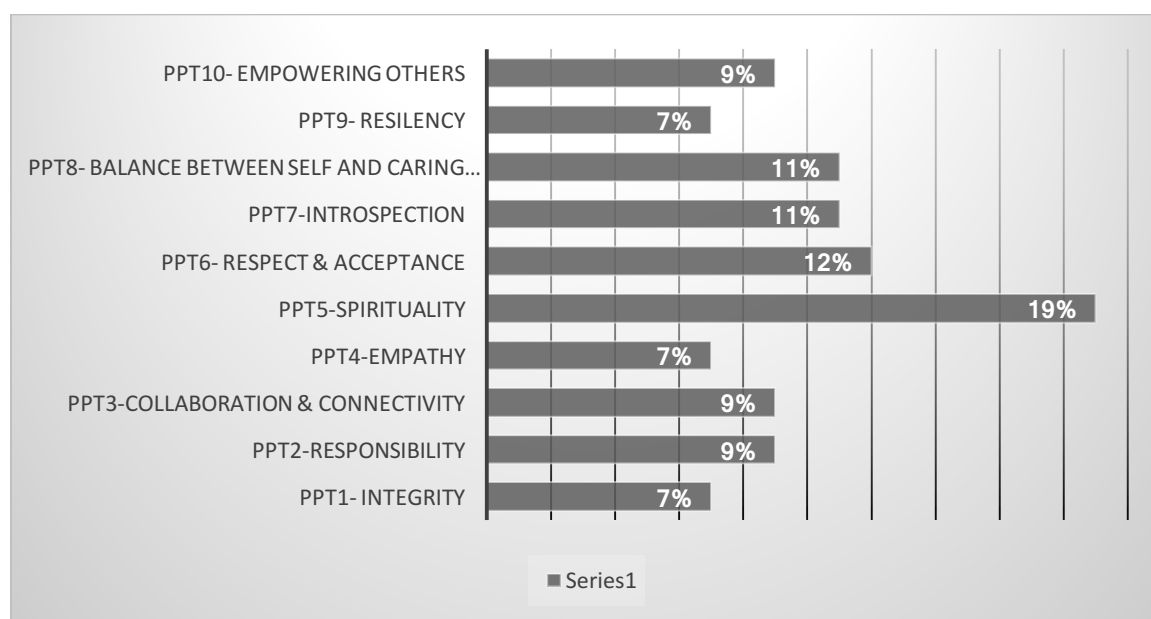
Participant 2 truly believed in empowering others to help them realize their potential. The interview discussions, her leadership practice, and decision-making reflected this.

Figure 12 represents a comparison of the total number of reflective statements from all three interviews for each PPT. According to the data the PPT of spirituality (PPT 5) aligned with the most reflective statements during the interviews. It aligned with 19% of Participant 2’s reflective statements. Next was Participant 2’s PPT of respect and acceptance (PPT 6) at 12%. Introspection (PPT 7) and balance between self and caring (selflessness) were next at 11% each respectively. This demonstrated that based on her interview statements, her commitment to spirituality. She often stated that it was her foundation and gave her strength through difficult times. Her PPTs which were based in relationships with others showed the next greatest alignments. This is not unexpected due to her chosen career path in the area of counseling and teaching. This vocation is grounded in these PPTs. These proportions were achieved through taking a proportion of

the number of reflective statements per PPT and dividing by the total number of reflective statements regarding her PPTs.

The PPTs of integrity (PPT 1), empathy (PPT 4), and resiliency (PPT 9) had the lowest reflective statements at 7%. The reasons this could have been the case are possibly that her PPTs were so closely related. I could have compromised the adequate

**Figure 12.** Participant 2-Reflective Statements Per PPT



distribution and coding of the statements. More questioning and analysis is needed to further examine this occurrence.

Cornett's Naturalistic Decision-Making Model provided an excellent framework for examining leadership decision-making, personal theorizing, and leadership practice. Through this model leaders learn about themselves and their core values. This model has

the propensity to be advantageous to a health care leaders personal and professional leadership development.

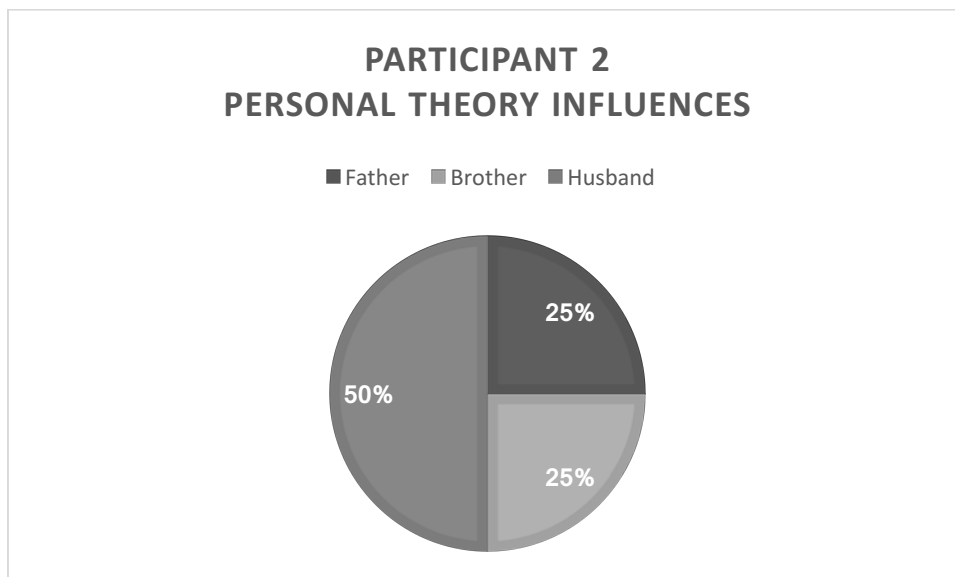
Through various constructs of this model a leaders PPTs and leadership vision are assessed. The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Part of this analysis involves investigating a health care leaders personal and formal leadership influences. Whom a leader recognizes as personal and formal leaders in their life experience informs their leadership practice and personal theorizing.

Participant 2 identified her (1) father, (2) brother, and (3) second husband as individuals who influenced her personal theorizing. Participant 2's reflective statements displayed that 50% of her statements were regarding her second husband (Figure 13). She expressed that he had a very positive influence on her life and leadership practice. Participant 2 did not discuss at length her personal influences. However, she mentioned her second husband throughout our interviews. Even in his death she learned about herself, her abilities, and her resiliency. These proportions were achieved through taking a proportion of the number of reflective statements per personal theory influence and dividing by the total number of reflective statements regarding her personal theory influences.

Participant 2 also mentioned during our discussions that she did not see herself as a leader. She stated,

It was interesting when I got that (your invitation to participate). I thought, leadership... I had to separate that out. I go back to my husband and it's the leader within, because I did not necessarily see myself as a leader. But that's the administrator versus the leader. (Participant 2, Interview 1, December 13, 2016)

**Figure 13.** Participant 2 Personal Theory Influences



However, she also relayed that,

Leadership comes in all different size, shapes, and forms. That's an example of it. I think leaders continue to emerge... That's kind of the leadership role that we see. Leaders draw people as opposed to administrators. We think of administrators, leaders, managers... all in the same, but they're not. I think those are some of the differences. (Participant 2, Interview 2, January 3, 2017)

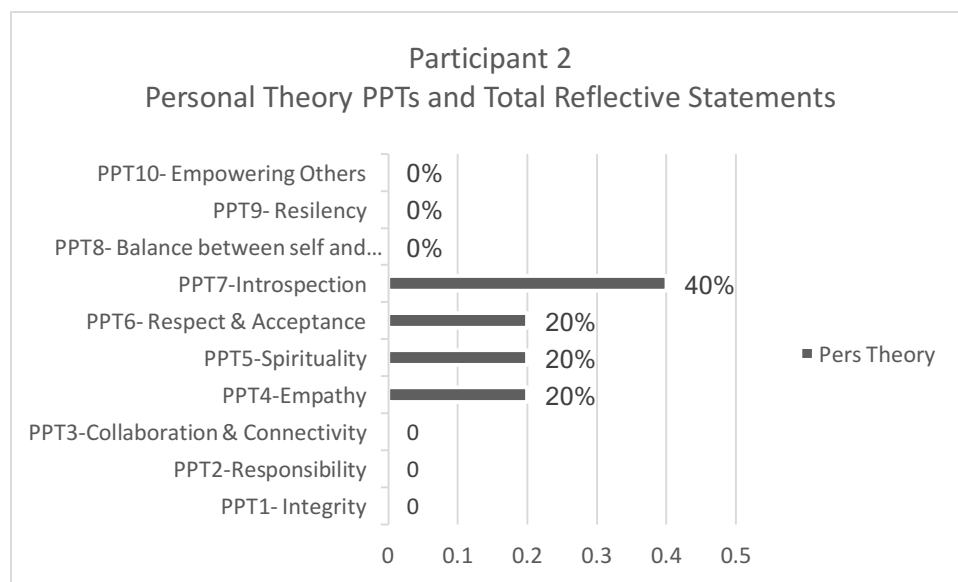
Participant 2's reflective statements in this context aligned with her PPTs of empathy (PPT 4), spirituality (PPT 5), respect and acceptance (PPT 6), and introspection (PPT 7). As the Figure 14 indicates 40% of the personal theory reflective statements aligned with the PPT of introspection (PPT 7). Participant 2's PPTs of empathy (PPT 4), spirituality (PPT 5), and respect and acceptance (PPT 6), all had equal percentages of alignment with her reflective statements, 20% respectively. None of the reflective statements mentioned by Participant 2 aligned with any other PPTs. More data is needed regarding analysis of Participant 2's personal theorizing. To gather further evidence of the true alignment of her leadership practice more reflective statements are needed. Further research methods should be inclusive of more interview time devoted to discussions of her personal theorizing in this area. These proportions were calculated through taking a proportion of the number of PPT reflective statements and dividing by the total number of reflective statements regarding her PPTs.

In the Naturalistic Decision-Making Model, formal theorizing is necessary to understand the leadership decision-making process and its alignment with leadership practice. Formal theorizing involves recognizing those formal theories in the study participant's life which have influenced them in the area of leadership.

Participant 2 had five leadership theories/ models which she stated influenced her in her leadership practice. These formal theory influence are as follows:

- (1) theory of servant leadership,
- (2) the (w)holistic health theory,

**Figure 14.** Participant 2 Personal Theory PPTs and Total Reflective Statements



*Figure 14.* Participant 2 personal theory PPTs and total reflective statements. PPT8- Balance between self and...= balance between self and caring (selflessness); pers theory= personal theory.

- (1) the transformational leadership theory,
- (2) the charismatic leadership style, and
- (3) resiliency theory.

She further described during our interview process how these five theories influenced her life. These reflective statements exhibited Participant 2's broad range of influences. It reflects the variety in her life experience. All ten of Participant 2's PPTs aligned with these reflective statements. Figure 15 shows the percentage of reflective statements per formal theory influence.

Servant leadership emerged as Participant 2's dominant formal theory influence. Twenty-seven percent of her reflective statements were in this area. Twenty percent of her reflective statements suggested that charismatic leadership was her next dominant theory. Her other theories had similar percentages. Participant 2's formal theorizing was reflective of her PPTs. All of her PPTs aligned in some way with her formal theorizing. These proportions were achieved through taking a proportion of the number of reflective statements per personal theory influence and dividing by the total number of reflective statements regarding her personal theory influences. According to Figure 16, 26% of Participant 2's formal theorizing reflective statements aligned with the PPT of empowering others (PPT 10). This was her most representative PPT regarding her formal theorizing.

Participant 2's PPT of collaboration and connectivity (PPT 3) showed the next strongest alignment with her reflective statements at 14%. The rest of her PPTs all fell within 9% to 11% with the exceptions of responsibility (PPT 2) and integrity (PPT 1) at 3% and 6% respectively. These proportions were calculated through taking a proportion of the number of formal theory reflective statements coded for each PPT and dividing by the total number of reflective statements regarding her formal theories.

Participant 2's PPT of empowering others and her formal theory of servant leadership support one another. Throughout Participant 2's statements she demonstrated she is very altruistic in her leadership style. Her PPTs of collaboration and connectivity (PPT 3), empathy (PPT 4), respect and acceptance (PPT 6), and empowering others



(PPT) all demonstrate her commitment to serving others in various ways. This is supported through her reflective statements and discussion during the interview process. This paradigm frames her leadership practice and decision-making.

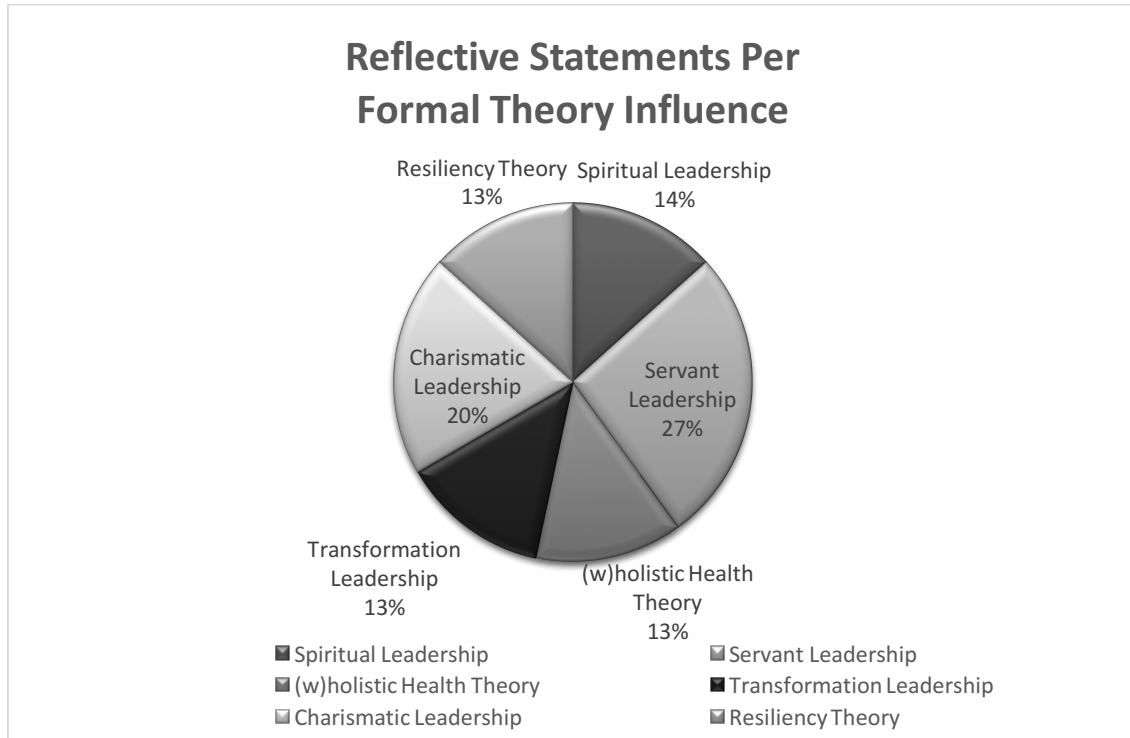
The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Cornett's Naturalistic Decision-making model may be useful for understanding the complexities of leadership decision-making in health care leaders. During a component of this examination leaders were asked for five things or accomplishments they feel good about in their career. Participant 2 listed the following five items during her interview sessions:

- (1) motherhood,
- (2) running a consulting agency;
- (3) running a psychotherapy practice;
- (4) working as a dental hygienist with 1<sup>st</sup> husband; and
- (5) getting PhD while simultaneously adjunct teaching and running psychotherapy practice.

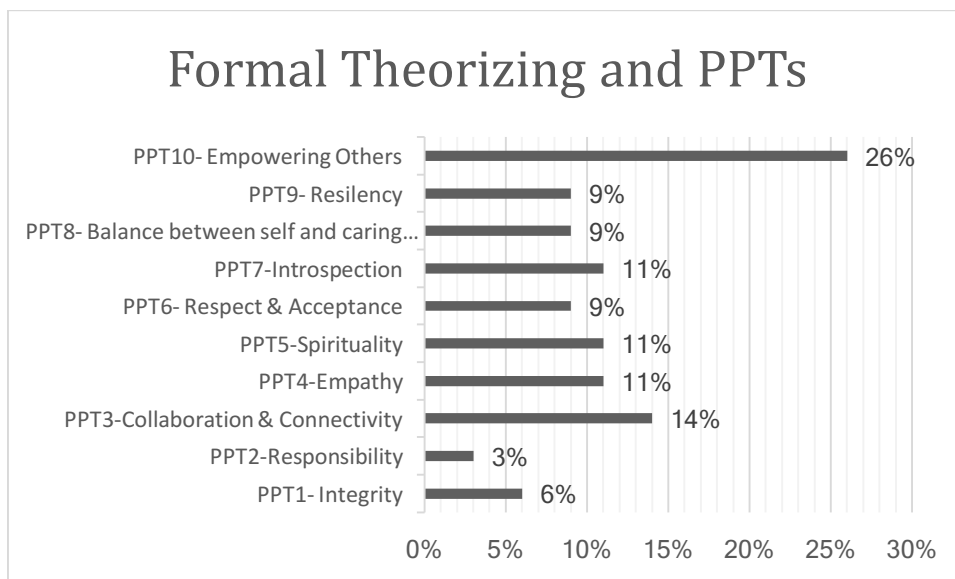
During the interview process Participant 2 stated that "Family always comes first. That becomes the priority" (Participant 2, Interview 2, January 3, 2017). This supports her first accomplishment of motherhood. She further said,

So, I think family is critically important and watching that evolution. And for me carrying on my husband's legacy is important in many many respects. I watched

**Figure 15.** Reflective Statements Per Formal Theory Influence, Participant 2



**Figure 16.** Participant 2 Formal Theory Influences and PPTs



*Figure 16.* Participant 2 formal theorizing and PPTs. PPT8-Balance between self and...= balance between self and caring (selflessness).

my sons keep certain things of his that they will never wear and never use, because they connected it to a memory they had with him. So, that's part of the legacy. (Participant 2, Interview 2, January 3, 2017)

Table 11

*Participant 2 Cross Tabular Table of Accomplishments and PPTs*

	PPT 1	PPT 2	PPT 3	PPT 4	PPT 5	PPT 6	PPT 7	PPT 8	PPT 9	PPT 10
Motherhood	X	X	X	X	X	X	X	X	X	X
Consulting	X	X	X					X		
Psychotherapy	X			X				X	X	X
Dental		X				X			X	X
PhD		X						X	X	X

*Note.* Consulting=running a consulting agency; psychotherapy=running a psychotherapy practice; dental=working as a dental hygienist with 1<sup>st</sup> husband; PhD=getting PhD while simultaneously adjunct teaching and running psychotherapy practice.

All of Participant 2's PPTs supported her reflective statements regarding her motherhood (Tables 11 and 12).

Participant 2 began her own consulting agency while being a single parent. She listed this as her second accomplishment in her career. She said,

Table 12

*Participant 2 Accomplishment and PPT Support*

Accomplishment	Percentage of Supporting PPTs
Motherhood	100%
Consulting	40%
Psychotherapy	50%
Dental	40%
PhD	40%

*Note.* Consulting=running a consulting agency; psychotherapy=running a psychotherapy practice; dental=working as a dental hygienist with 1<sup>st</sup> husband; PhD=getting PhD while simultaneously adjunct teaching and running psychotherapy practice.

...And running it [business] while being in academia and making sure all those t's were crossed and i's were dotted, so it was all done ethically and professionally.

(Participant 2, Interview 2, January 3, 2017)

Participant 2's PPTs of integrity (PPT1), responsibility (PPT2), collaboration and connectivity (PPT3), and balance between self and caring (selflessness) (PPT8) were evidenced by her reflective statements. Tables 11 and 12 illustrate that 40% of her PPTs after coding supported this decision. These proportions were achieved through taking the data from Table 11, calculating the number of PPTs aligned with each accomplishment and dividing by the total number of PPTs.

Participant 2 also ran a psychotherapy practice while she was in graduate school and teaching in a local university. She saw this as one of her career accomplishments. The work she did here was life-changing. She relayed,

The clinical business was different from the program evaluation [consulting business]. I did that for almost 25 years- part-time clinical practice. That afforded me the opportunity to play a role in the lives of a lot of people. I had a lot of people come back to me and say you changed my life. I replied that I do not have the ability to do that. (Participant 2, Interview 2, January 3, 2017)

During the interviews Participant 2 discussed her accomplishments in the context of them being her life calling. As a result, she was very purposeful and meaningful in her work. This accomplishment reflected five of her PPTs which equated to 50% of her PPTs supporting this decision. This was her second highest percentage of supporting PPTs (Table 12). Regarding her psychotherapy practice reflective statements Participant 1's integrity (PPT1), empathy (PPT4), balance between self and caring (selflessness) (PPT8), residency (PPT9), and empowering others (PPT10) were realized. This accounted for 40% support when compared to her other decisions and their association to her PPTs.

Participant 2 also listed being a dental hygienist with her first husband as a career accomplishment and getting her PhD while simultaneously adjunct teaching, and running a psychotherapy practice.

At one time, I was wearing 3 hats! My consulting agency with program evaluation. I almost have a 3-quarter amount of time clinical practice, and was

full time at my past university. And they could all blend. They could have been conflictual, but none of them were. We always made sure that happened.

(Participant 2, Interview 2, January 3, 2017)

Participant 2's PPTs represented in her accomplishment of being a dental hygienist with her first husband were responsibility (PPT2), respect and acceptance (PPT6), resiliency (PPT9), and empowering others (PPT10). Participant 2's final career accomplishment, getting a PhD while simultaneously teaching and running a psychotherapy practice demonstrated her responsibility (PPT2), balance between self and caring (selflessness) (PPT8), resiliency (PPT9), and empowering others (PPT10). Both of these decisions were supported by 40% of Participant 2's PPTs. These proportions were achieved through taking a proportion of the number of reflective statements per accomplishment and dividing by the total number of reflective statements regarding her accomplishments.

Figure 18 displays the percentage of her accomplishments reflected her individual PPTs. This table was compiled by counting the total number of reflective statements then organized based on an assigned PPT by that I gave to each statement. A proportion was taken to measure the amount of reflective statements divided by the number coded for each individual PPT.

As a result, the highest number of Participant 2's reflective statements support her PPT of resiliency (PPT9) with 38% (Figure 18). Participant 2's resiliency was seen throughout her reflective statements. This was a common theme throughout her interviews. To accomplish the array of accomplishments that Participant 2 has completed,

great resiliency is a necessity. Next, Participant 2's PPT of balance between self and caring (selflessness) (PPT8) was exemplified at 21%, followed by responsibility (PPT2). All her other PPTs were below 10%.

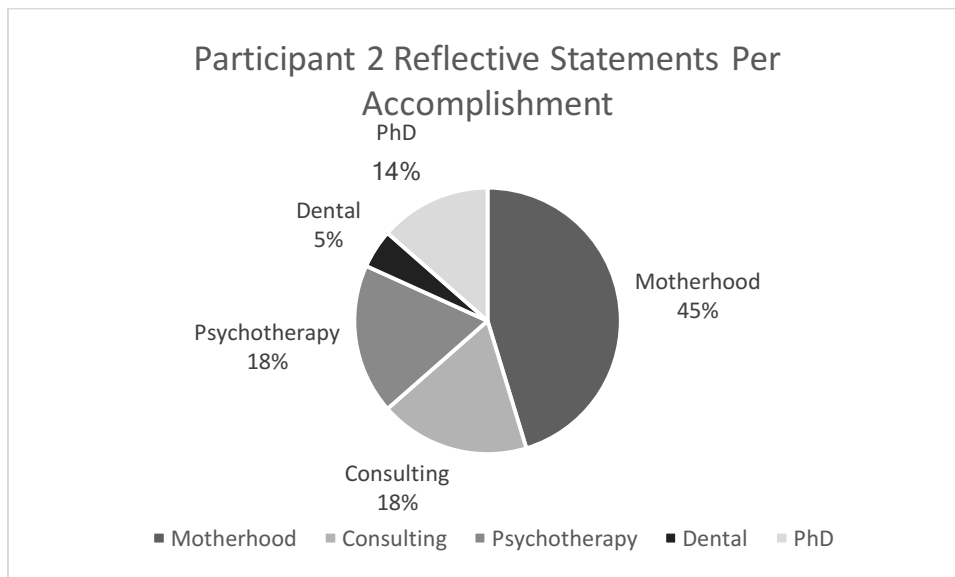
As part of this study I also assessed Participant 2's decisions. She was asked to describe five decisions she had recently made regarding her career. Her five decisions were (a) deciding to keep consultancy business office, (b) deciding to bring in new faculty members and students at current university, (c) deciding how the evolution of the counseling program is going to happen, and (d) not teaching at current university's downtown campus.

Participant 2's first decision to keep her business office was very important to her. She said during the interview process,

That original decision was not for my consultancy. It was to open the door for counselors to get started. So, I have to trust that if that's what supposed to be continuing, we get another person to come in and rent and we will be able to keep it going. If not, my concern becomes what happens to the people who are there?  
(Participant 2, Interview 3, January 6, 2017)

In this decision Participant 2 demonstrated her commitment to others. This reflected 60% of her PPTs (Table 14). Her PPTs which were reflected in this decision were integrity (PPT1), responsibility (PPT2), collaboration and connectivity (PPT3), empathy (PPT4), balance between self and caring (selflessness) (PPT8), and empowering others (PPT 10).

**Figure 17.** Participant 2 Reflective Statements Per Accomplishment



*Figure 17.* Participant 2 reflective statements per PPT. Consulting=running a consulting agency; psychotherapy=running a psychotherapy practice; dental=working as a dental hygienist with 1<sup>st</sup> husband; PhD= getting PhD while simultaneously adjunct teaching and running psychotherapy practice.

Participant 2's decision to bring in new faculty members and students at her current university is a reoccurring decision. This decision is important to her current career. This decision affects her current work assignment and outcomes.

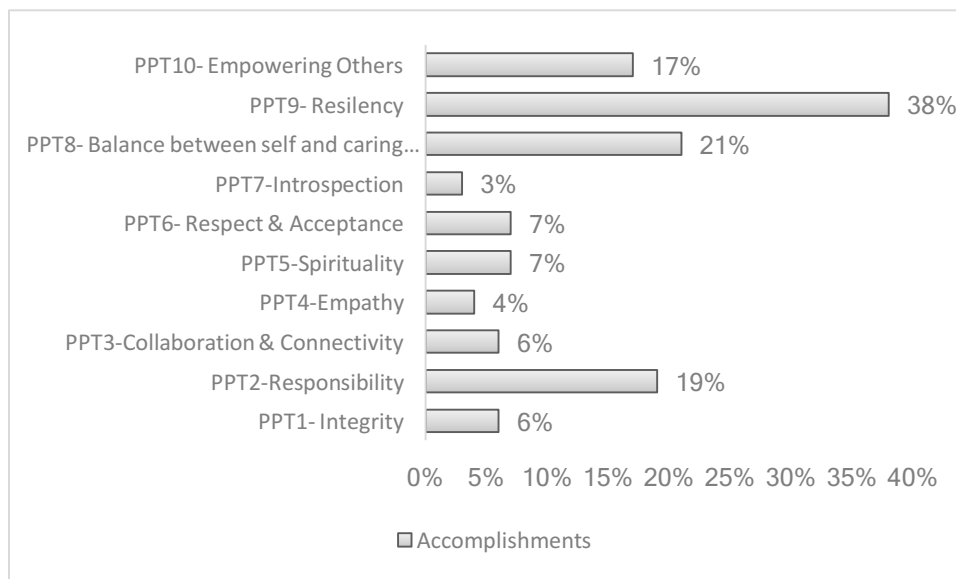
As far as what's happening here... <Heavy Sigh> We will be making a decision soon on a new faculty member. And that won't happen for the next couple of months. Right after that we will be making decisions on students. I'm trying to help the faculty through mentorship. And the same time trying not to make people think they have to be me... that they have to think like me... And there will be lots



of decisions that will need to be made on how the program is going to evolve.

(Participant 2, Interview 3, January 6, 2017)

**Figure 18.** Accomplishments PPTs and Total Reflective Statements, Participant 2



*Figure 18.* Accomplishments PPTs and total reflective statements. PPT8-Balance between self and...= balance between self and caring (selflessness).

She believed that all of her PPTs are illustrated in this decision. However, my interpretation, based on the coded reflective statements from the interview only 60% of her PPTs were supported by what was discussed (Table 14). This percentage was the highest when compared with her other PPTs with the exception of her first decision which also had 60% PPT support. When discussing this Participant 2 said, “I think they all [PPTs] fit. Collaboration, corporation... they really all fit if you are going to have an effective program, particularly a counseling program” (Participant 2, Interview 3, January 6, 2017).

Participant 2's third decision, concerning the evolution of the counseling program at her current university exhibited 50% of her PPTs aligning with her reflective statements regarding this decision. She stated,

I think the evolution of the program. I think that's really a big one. That's inclusive of all the networking that's being done now to see how it can really be expanded. How it can really be unique in and of itself... [You are looking at many stakeholders] Yes! Other faculty, other disciplines. Yes, multiple stakeholders involved in that whole decision making process. What this program will evolve to become. (Participant 2, Interview 3, January 6, 2017)

In this decision, Participant 2's reflective statements supported the PPTs of integrity (PPT1), responsibility (PPT2), collaboration and connectivity (PPT 3), balance between self and caring (selflessness) (PPT8), and empowering others (PPT10).

The final decision that Participant 2 mentioned was not teaching at current university's downtown location. This decision was supported by 40% of her PPTs (Table 14). While discussing this during the interview she said,

My rationale for not going downtown is that I don't find it safe. I recognize at my age and my gender and being a widow, that I need to pay more attention than I have in the past. I had an experience when I was teaching downtown years ago for my previous university where I got grabbed. And it's funny how those things come back. So, I am not comfortable. And decision-wise, I don't think it's a good idea for the university to have a singular female being downtown at night...I

would not want the younger faculty to be down there either. (Participant 2, Interview 3, January 6, 2017)

This decision aligned with Participant 2's responsibility (PPT2), empathy (PPT4), introspection (PPT7), and balance between self and caring (selflessness) (PPT8). The majority (46%) of Participant 2's reflective statements were about keeping her consulting office (Figure 20).

To determine the number of reflective statements from all the interviews which were reflected in Participant 2's decision-making a proportion was arrived at by counting the number of reflective statements for each decision and dividing by the total number of statements for those set of questions. The results of completing this can be found in Figure 19.

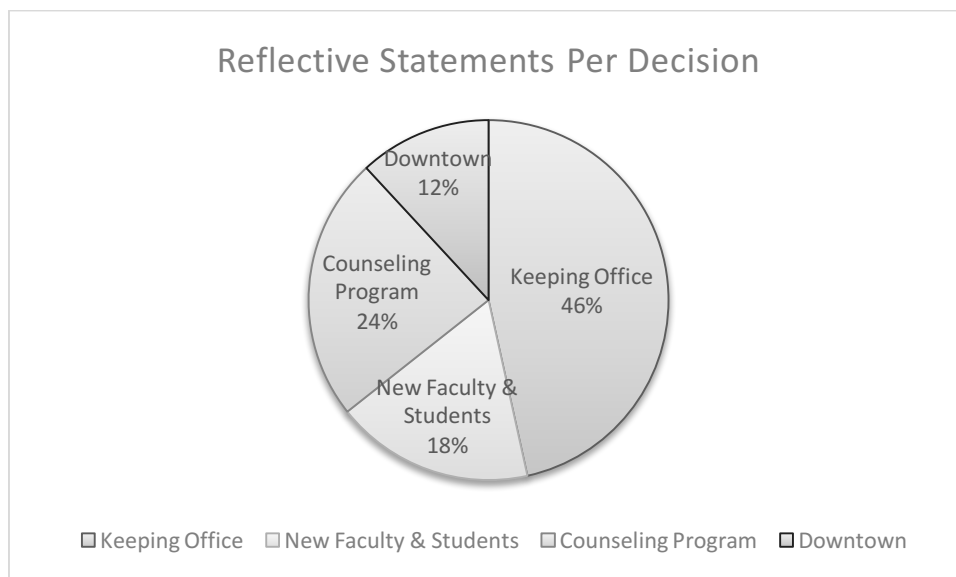
The majority (46%) of Participant 2's reflective statements were regarding her first decision of keeping her consultancy office. Next, the decision regarding her current career involving the counseling program at her current university was supported by 24% of her reflective statements. Her decision concerning bringing new faculty members and students at her current university (18%) and making the decision to not work downtown (12%) encompassed the least amount of her reflective statements. There could be an assortment of reasons for these phenomena. However, more data would need to be examined to gain a full understanding of the complexity of why Participant 2 decided to discuss certain decisions more than others.

An examination of Participant 2's decisions and the total number of reflective statements which are supported by her PPTs were assessed. To achieve Figure 19 each of Participant 2's reflective statements regarding her decisions were assigned PPTs based on the content of her statement. A proportion was taken based upon the number of statements which reflected each individual PPT and divided by the total number of reflective statements for this section of data.

According to Figure 20, 22% of Participant 2's decision-making reflective statements aligned with her PPT of responsibility. This was her largest measure. Next, with 19% support was PPT8 of having a balance between self and caring (selflessness). This PPT addressed many areas of Participant 2's life which can also be seen as a top PPT regarding her achievements (Figure 18). PPT10 of empowering others also had a high percentage at 16% in comparison to her other PPTs in Figure 18. This was also seen in Participant 2's reflective statements regarding her formal theorizing (Figure 16). Her PPT of empowering others was her most representative PPT regarding her formal theorizing.

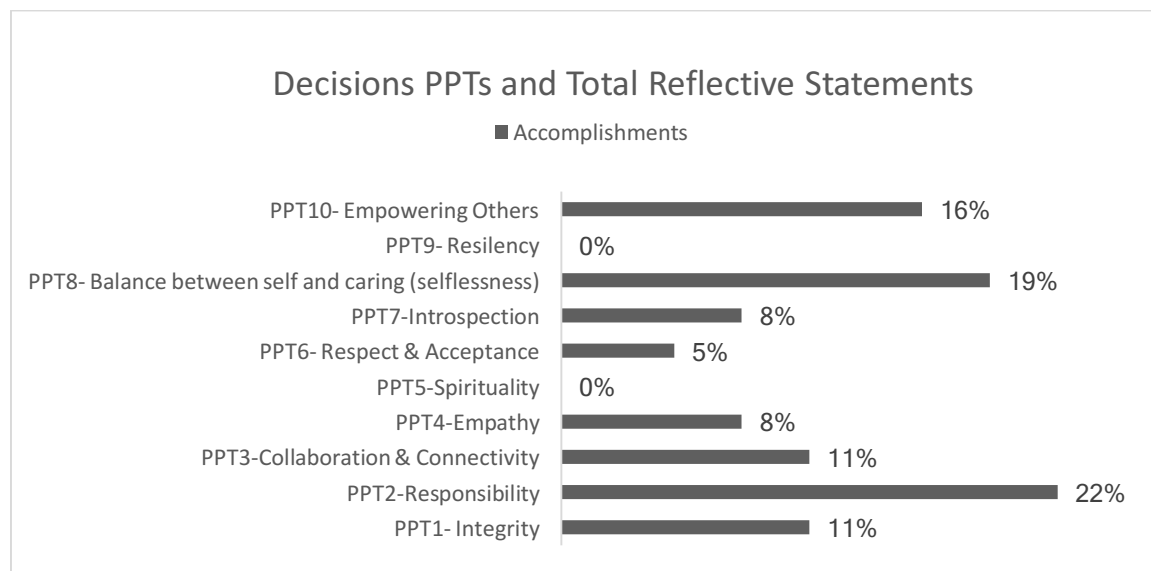
Resiliency (PPT9) and spirituality (PPT5) has the least reflective statements which aligned with Participant 2's decision-making. No reflective statements regarding her decision-making aligned with these PPTs. Further data is needed to fully understand the reasoning behind this. Tables 13 and 14 give a depiction identifying which PPTs were supported in each decision. According to these tables Participant 2's decisions of keeping

**Figure 19.** Reflective Statements Per Decision, Participant 2



*Figure 19.* Reflective statements per decision, Participant 2. Keeping office=deciding to keep consultancy business office; new faculty and students=deciding to bring in new faculty members and students at current university; counseling program=deciding how the evolution of the counseling program is going to happen; downtown=not teaching at current university's downtown campus.

her consulting office and selecting new faculty and students at her current university were supported by 60% of her PPTs respectively. Table 13 showcases which PPTs make up the 60% for each decision. To attain these numbers, I counted the number of PPTs which aligned with each decision and took a proportion of the PPTs for the coded reflective statements divided by the total statements for all four decisions. Table 13 was arrived at by counting all the PPTs which were coded for each decision. Table 14 displays an analysis based on the number of statements for each individual PPT in the area of Participant 2's decision-making.

**Figure 20.** Decisions PPTs and Total Reflective Statements, Participant 2

Secondly, Participant 2's decision based on the evolution of the counseling program at her current university was supported by 50% of her reflective statements. The decision to work Downtown was her lowest measure of 40%. Most of her reflective statements addressed her other decisions. This could have been because the other decisions weighed heavier on Participant 2 or the consequences of the other decisions held more importance to Participant 2 than working Downtown. Further data would need to be collected to make an adequate determination.

### **Comparison and Contrast of Participants**

**Demographics.** During the initial sampling procedure care was taken to select participants who were generally similar. This was encouraged during my peer review sessions. Participant 1 and 2 were similar in many instances. Table 15 illustrates the

Table 13

*Cross- Tabular Table of Decisions and PPTs, Participant 2*

Decisions	PPT1	PPT2	PPT3	PPT4	PPT5	PPT6	PPT7	PPT8	PPT9	PPT10
Keeping Office	X	X	X	X				X		X
New Faculty & Students	X	X	X	X		X				X
Counseling Program	X	X	X					X		X
Downtown		X		X			X	X		

*Note.* Keeping office=deciding to keep consultancy business office; new faculty and students=deciding to bring in new faculty members and students at current university; counseling program=deciding how the evolution of the counseling program is going to happen; downtown=not teaching at current university's downtown campus.

Table 14

*Participant 2 Decisions and PPT Support*

Decisions	Percentage of Supporting PPTs
Keeping Office	60%
New Faculty and Students	60%
Counseling Program	50%
Downtown	40%

*Note.* Keeping office=deciding to keep consultancy business office; new faculty and students=deciding to bring in new faculty members and students at current university;

counseling program=deciding how the evolution of the counseling program is going to happen; downtown=not teaching at current university's downtown campus.

similarities and differences between the two. (A full demographic listing can be found in Appendix O.)

Participant 1 and 2 were similar in age, race, family, education, and occupation. Differences in their backgrounds were slight. Both attained terminal degrees in the health professions. Participant 2 had more experience in clinical health as a psychotherapist and academically as a tenured professor. Participant 1 was also a professor; however, the majority of her experience was in the health care administration side of health. Her academic career was secondary to her health care consulting business. Whereas, Participant 2's consulting business was secondary to her academic career. Both participants have over 30 years of health care experience.

Participant 1 and 2 both suffered trauma regarding close family members. Both Participant 1 and 2 raised their children as single parents through their children's primary and adolescent years. Participant 2 remarried once her children were adults.

Participant 1 and 2 both hold PhD degrees. However, Participant 1 received hers from a non-traditional hybrid program, while Participant 2 attained her degree from a traditional university program. Participant 2 has had her PhD for 33 years while Participant 1 has held hers for only 9 years at the time of this writing.



**Personal Practical Theories (PPTs).** Participant 1 and 2 were similar in respect to their PPTs. However, it was evident that their life experiences and occupations framed their interpretations of them. Both participants had two PPTs which were identical. Both participants had integrity and spirituality PPTs. This indicates that these PPTs might be salient for health care leaders. I also had complementary PPTs of spiritual leadership and trust and respect for others. Additionally, both participants had very little reflective statements which aligned with the PPT of integrity. Only 6% of Participant 1's and 7% of Participant 2's reflective statements aligned with their PPTs of integrity (Figure 4 and Figure 12). This is an area of further study. A confounding issue could be the similarity

Table 15

*Participant Demographic Comparison and Contrast*

	Participant 1`	Participant 2
<i>Age/Race</i>		
Aged over 56	Y	Y
Caucasian Race	Y	Y
<i>Family</i>		
Marital Status (Divorced)	Y	Y
Remarried	N	Y
Single Mothers	Y	Y
Two Professional Careered Adult Children	Y	Y
Suffered extensive trauma through death of loved ones	Y	Y
<i>Education</i>		

Hold PhD Degrees	Y	Y
Traditional PhD Program	N	Y
Majors in Vocational Education	Y	Y
Hold multiple licenses and certifications	Y	Y
Occupation		
Over 30 years Health Care Experience	Y	Y
Experience as University Professor	Y	Y
Extensive Experience in Corporate Business Sector	Y	N
Extensive Clinical Experience	Y	Y
Own a consulting firm	Y	Y

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*Note.* Y=Yes; N=No

of both participant's PPT of spirituality. Both participants expressed spirituality as an essential value in their lives. Certain statements which were coded as aligning with spirituality could potentially have been coded with the PPT of integrity. Further analysis in this area would be worthwhile to determine further context for this phenomenon.

Certain themes emerged collectively and individually. These themes overwhelmingly aligned with tenets of value-based leadership. It is my assertion that the transformational-based approaches to leadership, specifically, values-based leadership is necessary and essential in health care leadership (Castle & Decker, 2011). A paradigm of transformational and values-based leadership may be better aligned to the core values of health care practitioners (Levey et al., 2002; Thyer, 2003).

**Collective and Individual Themes.** Through the process of data collection four collective themes emerged as salient for the participants of this study. The four collective themes which aligned with the participants personal theorizing and leadership practice are (a) integrity/ethics, (b) authenticity, (c) spirituality, and (d) having a defined values system. Individual themes also emerged for each participant. The individual theme for Participant 1 was having a defined values system grounded in a leader's knowledge, skills, and abilities. The individual theme that was prevalent for Participant 2 was having focus, care and concern for others with empathy, connectivity/collaboration, respect, acceptance, and balance.

Table 16 illustrates the relationships between the themes and participant 1's PPTs. All of Participant 2's PPTs were found to support both the collective themes and her individual prevalent theme. The majority of Participant 1's PPTs were aligned with the collective themes which emerged from this study. An exception was noted with her PPT of having a global perspective.

The PPT of having a global perspective did not directly align with the collective themes found in this study based on Participant 1's personal theorizing and leadership practice. In the future studies this occurrence should be examined. Furthermore, the PPTs of passion, having KSAs, spirituality, and integrity/ethics were only found to align with a limited number of the collective themes. This occurrence merits further study.

In determining the collective and individual themes I considered the participant's reflective statements, PPTs, and other study data. Similar concepts from the participant's

life experience and personal theorizing were grouped together and encompassing themes emerged. These collective themes relate to one another in that they all fall within a values-based affective domain type. Integrity/ethics, spirituality, systematic values, and authenticity all are a subset of a values-based approach to leadership (Levey et al., 2002; Thyer, 2003). During member checking participant 1 agreed with the interpretations of these themes.

**Personal and Formal Theorizing.** Analysis of Participant 1 and 2's personal and formal theorizing assisted in understanding the participant's naturalistic decision-making and leadership practice. Both participants discussed close family members being essential in their leadership development. These leaders helped them to frame their leadership PPTs and vision of leadership.

Table 16

*Participant 1 Collective, Individual Themes and Supported PPTs*

PPTs	Collective Theme	Individual Theme
Passion	Defined Values Sys. Authenticity Spirituality	No
Values System	Defined Values Sys. Spirituality Integrity/Ethics Authenticity	Yes
KSAs	Defined Values Sys. Integrity/Ethics	Yes
Global Perspective	No	Yes

Spirituality	Defined Values Sys. Spirituality	Yes
Integrity/Ethics	Defined Values Sys. Integrity/Ethics	Yes
Authenticity	Defined Values Sys. Spirituality Integrity/Ethics Authenticity	Yes

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*Note.* Defined Values Sys. = Defined Values System; KSAs=Knowledge, Skills, and Abilities; Individual Theme= having a defined values system grounded in a leader's knowledge, skills, and abilities

Participant 1 and 2 both discussed their fathers and brothers as personal theory influences. However, Participant 2's main influence was her second husband. Fifty percent of her reflective statements focused on him (Figure 13). While Participant 1's main influence was her father, 46% of her reflective statements addressed her relationship with him (Figure 5).

Regarding both participant's personal theory influences they did not reflect strong alignment with the PPT of spirituality. Participant 1 and 2 both had 0% alignment with the PPT of spirituality. This could suggest that these personal theory influences did not have a great effect on both participant's spirituality. However, further study is needed to test this assertion. It should be noted that Participant 2 did not have many reflective statements in total regarding her personal theory influences (four statements versus Participant 1's 13 statements). Claims regarding this occurrence would be speculative without further data and examination.

Formal theory influences for both participants were based in the values-based transformational leadership paradigm. Participant 1 and 2 had servant leadership as a formal theory. This theory was a top influence for both participants. Fifty percent of Participant 1's reflective statements focused on servant leadership (Figure 7). Similarly, 27% of Participant 2's reflective statements focused on servant leadership (Figure 15). Servant leadership had the most reflective statements when compared to both participants' other formal theories.

Participant 1 did not discuss her formal theory influences to the degree that Participant 2. Participant 1 only had two formal theories, while Participant 2 had five formal theories. There could be many reasons for this. It could be a consequence of their differing formal educational backgrounds and occupations. Participant 2 has spent more time in the academic system as a tenured professor; thereby, might have more knowledge and experience with formal theories and their application to her life experience. Further data would need to be examined to determine this further.

**Accomplishments and Decision-Making.** When asked what Participant 1 and Participant 2 felt good about in their career (accomplishments), both participants stated that being mothers and owning their own consulting businesses were important. For both, motherhood resonated with them to the degree that this accomplishment aligned the most with their PPTs. Eighty-six percent of Participant 1's reflective statements aligned with this decision (Table 7). Concerning Participant 2, 100% of her reflective statements aligned with motherhood (Table 12). Also, for both participants the majority of their

reflective statements regarding their decisions was focused in the area of motherhood (Figure 17, Figure 8). Therefore, the life experience and leadership skills may be significant in influencing the leadership practice of these health care leaders. Further research regarding the emergence of this effect would be beneficial for future study.

In the case of the participant's recent decision-making, Participant 1 relayed five decisions she had made. Participant 2 discussed four recent decisions. Both Participant 1 and 2 were unique in the types of decisions they chose to discuss. These were decisions specific to their work life. Once common characteristic amongst the participants is that once the decisions were coded for alignment to each participant's PPTs, spirituality was not strongly aligned with their decisions. Only four percent of Participant 1's reflective statements regarding decision-making aligned with spirituality (Figure 11). None of Participant 2's reflective statements aligned with the PPT of spirituality (Figure 20). We could surmise that the domain of spirituality may not have been utilized in making these decisions. However, to interpret this result more specific data would need to be collected regarding spirituality and its effects on decision-making.

### **Research Question Findings**

*RQ1. How are the Personal Practical Theories (PPTs) of health care leaders identified, described, and understood by the individual?*

The data collected in this research project suggests that the PPTs of health care leaders are developed through their life experience. They are described in the context of their core values and leadership personal and formal theorizing. They are understood

through their life experience, interactions with other leaders, and interactions with those around them. The data collection method and analysis was designed to align with each of the research questions. This was deduced as a result of examining the participants' interview responses. Table 17 shows the relationship of each interview question to the research question one (RQ1) of this study. The research protocol can be found in Appendix C.

Both participants were asked what constituted effective and ineffective leadership. In this context, they were also asked to give what core values were important to them as leaders. These core values became their PPTs. Through further questioning regarding their accomplishments and decision-making processes their personal theorizing was analyzed and related to their described PPTs. As a result, I coded the participant's reflective statements regarding this questioning.

Table 18 displays the relationship between each interview question and construct of the Naturalistic Decision-Making Model (NDM). All of the NDM's constructs align with RQ1 with the exception of construct F (External Factors). RQ1 focuses on the perceptions and reflective practice of the individual. Due to this study's methodology, a thorough analysis of each participant's external influences and how others relate to the participants' leadership practice was not undertaken. The constructs which align to RQ1 include (A) My Leadership PPTs, (B) My Vision of Leadership, (C) Proactive "Planning" Leadership, (D) Interactional Phase of Leadership, and (E) Postaction Reflection on Leadership.



Table 17

*Research Question 1 (RQ1) Alignment to Interview Questions*

RQ1: How are the Personal Practical Theories (PPTs) of health care leaders identified, described, and understood by the individual?	
Interview Question	Major Theme/Emphasis
Q1.1, Q1.2, Q1.3, Q1.4, Q2.1, Q2.2, Q2.3, Q2.3a, Q2.5, Q3.1, Q3.2, Q3.3, Q3.4, Q3.5	Leadership, Experiences/Accomplishments
Q2.4	Personal Theory, Formal Theory, Leadership, Experiences/Accomplishments
Q.3.1a, Q3.2a, Q3.3a, Q3.4a, Q3.5a, Q4.1, Q4.1a, Q4.2, Q4.2a, Q4.3, Q4.3a, Q4.4, Q4.4a, Q4.5, Q4.5a, Q5, Q6	Leadership, Experiences/Accomplishments Decision-making

*Note.* Major themes/emphasis included the following: Leadership, Formal/Personal Theory, Decision-making, Experiences/Accomplishments

Table 18

*Naturalistic Decision-Making Model Constructs & Interview Matrix*

Construct	Interview Question	Interview Number
(A) My Leadership PPTs	Q1.1, Q1.2, Q1.3, Q.1.4, Q2.1, Q2.2, Q2.3, Q2.3a, Q2.4, Q2.5	1
(B) My Vision of Leadership	Q2.1, Q2.2, Q2.3, Q2.3a, Q2.4	1
(C) Proactive "Planning" Leadership	Q5	3
(D) Interactional	Q3.1, Q3.1a, Q3.2, Q3.2a, Q3.3,	2, 3

Phase of Leadership	Q3.3a, Q3.4, Q3.4a, Q3.5, Q3.5a, Q4.1, Q4.1a, Q4.2, Q4.2a, Q4.3, Q4.3a, Q4.4, Q4.4a, Q4.5, Q4.5a, Q6, Q7, Q7a, Q7b	
(E) Postaction Reflection on Leadership	Q3.1, Q3.1a, Q3.2, Q3.2a, Q3.3, Q3.3a, Q3.4, Q3.4a, Q3.5, Q3.5a, Q4.1, Q4.1a, Q4.2, Q4.2a, Q4.3, Q4.3a, Q4.4, Q4.4a, Q4.5, Q4.5a, Q7a, Q7b	2, 3
(F) External	Q7a, Q7b	3

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*Note.* The Interactive Phase of Leadership includes Leader, Stakeholder, Task, and Milieu.

Each participant framed these constructs in various ways. When asked, what is your vision of leadership (Q2.2) Participant 1 stated,

I think every leader has to define their own success. What does success mean to them? I think a leader has to be poised in good times and bad times. I think a leader has to be accepting of all perspectives even if they are different than their own. People have different personalities and skill sets. If a debacle arises I just try to always listen for the message. If the message is good, I don't have to like you to work with you. (Participant 1, Interview 1, November 22, 2017)

She further stated,

...and I think a leader recognizes that the right answer comes from different team members at different times to move a project forward and that's a blessing. You have to look at it as a blessing. I think a leader has to always know that there is no

'I' in team. I know that's a cliché', but you cannot do everything yourself. So, you put people around you that have ideas. A leader can't think for other people; you can't fight the system for other people. Communication is probably the hardest part of leadership. Because sometimes you say something ...even though you have done the preparation, the research, and think you've crafted the right message and it just totally lands flat. And you think to yourself what happened? (Participant 1, Interview 1, November 22, 2017)

These statements related to Participant 1's PPTs of having a values system (PPT2), having knowledge skills and abilities (PPT3), spirituality (PPT5), integrity/ethics (PPT6), and authenticity (PPT7). All of the collective themes of integrity/ethics, spirituality, authenticity, and having a defined values system aligned to these PPTs (Table 17). This also was associated with Participant 1's major individual theme of having a defined values system grounded in a leader's knowledge, skills, and abilities.

Participant 2 was asked the same question. Her statements are as follows:

I think we should role model that which we want others to do. [AH: Yes, so be an example?] ...Yes, right, so, I think engaging individuals where they are... [AH: So, meeting them where they are at?] Yes. For me the important thing about just being with other people is to be encouraging. (Participant 2, Interview 2, December 13, 2016)

...But I think if we walk alongside instead of in front or behind...well you know maybe behind every once in a while, to give a little push! [laughter]. But I much prefer to walk alongside somebody. I think a whole lot about leadership is collaborative and connectivity... (Participant 2, Interview 2, December 13, 2016)

She further stated, "I think all of that also revolves around creativity. And what's so important to me...it's very very important is inclusiveness" (Participant 2, Interview 2, December 13, 2016). Participant 2 also related her formal theorizing to her vision and definition of leadership. She said,

It really does go back to those roots. Spirituality, and I am so appreciative of you framing it that way. Because it is not religion. It is not religiosity. The model I use, that has been used for years is (w)holistic health, that is human spiritual interaction. And that may or may not involve a religion per say. It really is that spirit within. (Participant 2, Interview 2, December 13, 2016)

These statements related to Participant 2's PPTs of collaboration/connectivity (PPT 3), empathy (PPT4), spirituality (PPT5), respect/acceptance (PPT6), and empowering others (PPT10). This also aligned with her individual prevalent theme of having focus, care, and concern for others. These statements were supported by the collective themes of spirituality, integrity/ethics, and having a defined values system.

Further guidance relating to how the participants understood and described their PPTs was gained through examining their personal and formal theories, their career

accomplishments, and their recent decisions. Through these interactions I observed the interplay between each participants PPTs, personal theorizing and leadership practice. Certain PPTs became prevalent collectively and individually regarding the participants. This was an impetus for the formation of these themes. These themes are further clarified by the health care leadership literature.

Collective emergent themes which were salient for this participant group regarding the participant's personal theorizing and leadership practice were (a) integrity/ethics, (b) authenticity, (c) spirituality, and (d) having a defined values system. Individually, the theme which emerged for Participant 1 was having a defined values system grounded in a leader's knowledge, skills, and abilities. Participant 2's salient individual theme was having focus, care and concern for others.

*RQ2. To what extent is Cornett's (1990) naturalistic decision-making model useful for understanding the complexities of leadership decision-making in health care leaders?*

Cornett's (1990) NDM was a useful and efficacious tool for the participants of this study. The constructs of this model were effective in allowing the health care leaders studied to reflect on their leadership practice and decision making. Constructs of this model were useful in analyzing each participant's core values and perspectives on leadership. Table 19 displays the NDM constructs and the aligning interview questions and themes/emphasis.

As a result of study participants engaging in the process of discovering their

personal practical theories (PPTs) and analyzing their theoretical influences; each health care leader had the opportunity to reflectively examine the complex process of PPT development and analysis of their leadership practice and decision-making.

Table 19

Research Question 2 (RQ2) Alignment to Interview Questions

RQ2: To what extent is Cornett's (1990) naturalistic decision-making model useful for understanding the complexities of leadership decision-making in health care leaders?	
Interview Question	Major Theme/Emphasis
Q2.2, Q2.3, Q2.3a	Leadership, Experiences/Accomplishments
Q3.1a, Q3.2a, Q3.3a, Q3.4a, Q3.5a, Q4.1, Q4.1a, Q4.2, Q4.2a, Q4.3, Q4.3a, Q4.4, Q4.4a, Q4.5, Q4.5a, Q5, Q6, Q7, Q7a, Q7b	Leadership, Experiences/Accomplishments Decision-making

*Note.* Major themes/emphasis included the following: Leadership, Formal/Personal Theory, Decision-making, Experiences/Accomplishments

Leadership development and formation is a complex topic which needs to be critically approached to attain beneficial results useful for practice. The NDM was valuable in this undertaking. The complexity of each health care leader's decision-making processes was garnered and used as a development tool towards further leadership exploration and evaluation. Member checking demonstrated that Participant 1 found this process to be useful as a leadership development tool. She stated, "This was an awesome experience to be involved with, thank you for thinking of me" (Personal Communication, June 10, 2017).

Table 19 displays the interview questions which were written to serve as a guide to attain an answer for this research question (RQ2). Twenty- four out of the 33 interview questions or 72% aligned with research question 2 (Table 19; Appendix C). All of the NDM's constructs align with RQ2 with the exception of construct F (External Factors). In this study, I was limited to only studying the perceptions and reflective practice of the individual. The participant's external influences were excluded from thorough analysis outside of the participant's own interpretations (Table 18).

Through the systematic process of examining a health care leader's personal theorizing utilizing the NDM leaders were able to discover the core values which frame their leadership practice, align these core values or PPTs to their career achievements, decisions, personal and formal leadership influences. This process provided a way to see salient themes emerge across participants which may be useful and worthwhile for health care leaders.

*RQ3. What are the perceptions of health care leaders regarding their decision-making processes as a result of their personal theorizing?*

Health care leaders' perceptions of leadership are systematically achieved through the process of reflective thought which the NDM assists in emerging. Through systematic analysis and interpretation, the impetus for a leader's practical leadership practice develops. Through this process of discovery salient themes surfaced across participants. The four collective themes which aligned with the participants personal theorizing and leadership practice are (a) integrity/ethics, (b) authenticity, (c) spirituality, and (d) having

a defined values system. Individual prevalent themes also surfaced for each participant. The prevalent theme for Participant 1 was having a defined values system grounded in a leader's knowledge, skills, and abilities. The individual theme that was prevalent for Participant 2 was having focus, care and concern for others with empathy, connectivity/collaboration, respect, acceptance, and balance.

All of these themes are grounded in the values-based leadership perspective. These leaders demonstrated through their PPTs, personal theory influences, formal theory influences, accomplishments and decisions that a values-based leadership paradigm underpins their leadership practice and decision-making. Through discovery of each participants PPTs this was realized and explored. Data showed repeatedly that this was the predominant perspective of each participant. The PPTs of integrity/ethics, spirituality, having a values system, and authenticity were aligned throughout the study with each participant's reflective statements. Integrity/ethics, spirituality, systematic values, and authenticity all are a subset of a values-based approach to leadership (Levey et al., 2002; Thyer, 2003).

Table 20 illustrates the interview questions which were designed to support a response to research question 3 (RQ3). Twenty-one or 64% of the interview questions directly aligned with all the constructs of the NDM with the exception of the construct of external influences (Table 20). External influences were not assessed as a part of this study outside of participant individual interpretations.



*RQ4. Do health care leaders' personal theorizing align with existing leadership formal theories?*

The Naturalistic Decision-Making Model (NDM) allows for this research question to be answered in a systematic matter. In this model, personal theorizing begins with recognizing, identifying, and describing individual Personal Practical Theories (PPTs). These PPTs form the foundation of a leader's interpretation, perspective, and operationalization of leadership and leadership practice. Within the NDM process a leader is asked to identify their personal and formal theory influences. Though identification of the personal and formal theories which have impacted their leadership practice the participant's personal theorizing is enriched and enhanced.

Table 20

Research Question 3 (RQ3) Alignment to Interview Questions

RQ3: What are the perceptions of health care leaders regarding their decision-making processes as a result of their personal theorizing?	
Interview Question	Major Theme/Emphasis
Q2.1, Q2.2, Q2.3, Q2.3a	Leadership, Experiences/Accomplishments
Q3.1a, Q3.2a, Q3.3a, Q3.4a, Q3.5a, Q4.1, Q4.1a, Q4.2, Q4.2a, Q4.3, Q4.3a, Q4.4, Q4.4a, Q4.5, Q4.5a, Q5, Q6	Leadership, Experiences/Accomplishments Decision-making

*Note.* Major themes/emphasis included the following: Leadership, Formal/Personal Theory, Decision-making, Experiences/Accomplishments

This research found that the collective theme amongst the participants was grounded in a value-based leadership paradigm. This was also the predominant theme when I completed this process four years prior to the completing of this study for myself. As a result of my prior experience with health care leaders and knowledge of this model the following assumptions were made prior to collecting data: (a) transformational approaches to leadership inform effective leadership practice; (b) as a part of effective leadership, leaders strive to effect change and influence others' lives positively; (c) collaborative leadership is a component of leadership effectiveness; and (d) professional competence and commitment to continuing education, personal, professional development are essential to effective leadership practice; and (e) a leader's health, wellness, and personal well-being impacts effective leadership practice. All of these assumptions were proven to be true in each of the participants based on the data collected, their personal theorizing, and leadership practice experience.

Conceptually, leadership can be broadly defined by the health care leader. Consequentially, leadership practice and decision-making can be understood to have values-based premises and components. This is most often supported and grounded in a leader's PPTs. The theoretical basis for value-based leadership as a formal theory for health care leaders is well documented in research literature (Bass, 1985; Brown & Treviño, 2006a; Dent, Higgins, & Wharff, 2005; Frost, 2014; Fry, 2003; Viinamäki, 2012). Thematic analysis in this study demonstrated that value-based leadership theories are salient for the participants studied.

Table 21 displays the interview questions which were designed to support a response to research question 4 (RQ4). Only nine or 27% of the interview questions directly aligned with four of the constructs of the NDM. The constructs which were aligned with this research question were (a) My Leadership PPTs, (b) My Vision of Leadership, (d) Interactional Phase of Leadership, and (e) Postaction Reflection on Leadership.

Table 21

*Research Question 4 (RQ4) Alignment to Interview Questions*

RQ4: Do health care leaders' personal theorizing align with existing leadership formal theories?	
Interview Question	Major Theme/Emphasis
Q2.2, Q2.3, Q2.3a	Leadership, Experiences/Accomplishments
Q2.4	Personal Theory, Formal Theory, Leadership, Experiences/Accomplishments
Q3.1a, Q3.2a, Q3.3a, Q3.4a, Q3.5a	Leadership, Experiences/Accomplishments, Decision-making

*Note.* Major themes/emphasis included the following: Leadership, Formal/Personal Theory, Decision-making, Experiences/Accomplishments

*RQ5. Is Cornett's (1990) naturalistic decision-making model useful as a heuristic for a health care leader's reflective leadership practice?*

The purpose of this study was to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing.

Study data demonstrated that the NDM model was useful in exploring these areas in health care leaders. Through an analysis of recognized health care leaders in the Northeast Florida area's personal theorizing and leadership practice understanding was reached and greater depth of knowledge regarding the salient themes which influence health care leader's leadership practice and theorizing.

This study's results have determined that Cornett's (1990) naturalistic decision-making model is a useful heuristic for a health care leader's reflective leadership practice. Through this analysis common themes emerged across participants and with were consistent with the themes of my personal theorizing analysis. These common themes are consistent with health care leadership research. Values-based leadership is needed due to the overwhelmingly transactional style of leadership currently existing in health care. Research has shown that transformational- based styles of leadership are more congruent with the core values of health care leaders (McAlearney, 2008; Thyer, 2003). Transformational-based approaches to leadership, specifically, values-based leadership is necessary to see monumental change in America's health care system. Transformative-based leadership styles have been associated in other health care facilities with increased quality of care resulting (Castle & Decker, 2011).

Table 22 displays the interview questions which were designed to support a response to research question 5 (RQ5). All of the interview questions directly aligned with all of the constructs of the NDM.

Table 22

*Research Question 5 (RQ5) Alignment to Interview Questions*

RQ5: Is Cornett's (1990) naturalistic decision-making model useful as a heuristic for a health care leader's reflective leadership practice?	
Interview Question	Major Theme/Emphasis
Q1.1, Q1.2, Q1.3, Q1.4, Q2.1, Q2.2, Q2.3, Q2.3a, Q2.5, Q3.1, Q3.2, Q3.3, Q3.4, Q3.5	Leadership, Experiences/Accomplishments
Q2.4	Personal Theory, Formal Theory, Leadership, Experiences/Accomplishments
Q.3.1a, Q3.2a, Q3.3a, Q3.4a, Q3.5a, Q4.1 Q4.1a, Q4.2, Q4.2a, Q4.3, Q4.3a, Q4.4, Q4.4a, Q4.5, Q4.5a, Q5, Q6, Q7, Q7a, Q7b	Leadership, Experiences/Accomplishments, Decision-making

*Note.* Major themes/emphasis included the following: Leadership, Formal/Personal Theory, Decision-making, Experiences/Accomplishment

**Summary**

Chapter 4 provides an overview of the dissertation's data analysis inclusive of a description of participants, participant theorizing, summary of participant leadership, and comparison of participant's data and themes. The purpose of this study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing.

Chapter 4 begins with a discussion of the context of the cases. The chapter then continues to describe the participant's demographical information relative to the study. The Chapter then summarizes the data collected and researcher interpretation of the data

ensues individually for each participant. The Chapter further goes on to compare the two participants regarding the collected data. Similarities and differences are discussed. The framework for this comparison and contrast is Cornett's Naturalistic Decision-Making Model (Cornett & Johnson, 2015; Cornett et al., 1990; Cornett, 1990).

Data is interpreted and organized utilizing constructs from this framework. Corresponding collective themes and paramount individualistic themes emergence are examined and interpretations suggested. The Chapter continues with a discussion regarding the relationship of the themes and their association with values-based transformational leadership paradigms. This Chapter concludes with a presentation of the research questions answered by this study's findings.

## **CHAPTER 5: SUMMARY, CONCLUSIONS, IMPLICATIONS AND SUGGESTIONS FOR FUTURE RESEARCH**

In the previous chapters of this study the purpose, rationale, review of relevant literature, methodology, research design, interpretation and analysis of results have been presented. The purpose of this research study is to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing.

A collective case study qualitative design was utilized for the examination of the data. This research design has been proven efficacious for understanding the naturalistic decision-making which takes place as a result of a leader's personal theorizing. Successful studies have occurred in the area of educational leadership and teacher decision-making utilizing this methodology (Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990). The study's research questions were:

1. How are the Personal Practical Theories (PPTs) of health care leaders identified, described, and understood by the individual?
2. To what extent is Cornett's (1990) naturalistic decision-making model useful for understanding the complexities of leadership decision-making in health care leaders?
3. What are the perceptions of health care leaders regarding their decision-making processes as a result of their personal theorizing?
4. Do health care leaders' personal theorizing align with existing leadership formal

theories?

5. Is Cornett's (1990) naturalistic decision-making model useful as a heuristic for a health care leader's reflective leadership practice?

The theoretical framework for this study is Cornett's Naturalistic Decision-Making Model (NDM). This model asserts that a leader's understanding of their core values is essential to understanding their personal theorizing. The concept of personal theorizing is an approach to leadership development where leaders examine their life experiences and approach these experience as learning opportunities to inform their leadership decision-making and practice. As a result of this activity leaders realize what influences them in their leadership practice and decision-making. Originally, this research was conducted in the context of education in primarily educational settings. Cornett defined these theories as "Personal Practical Theories" (Cornett, 1990). This theoretical framework has since evolved to include application in various settings with an assortment of leaders.

Personal Practical Theories (PPTs) (Cornett, 1990) are those deep beliefs that all practitioners have that enable them to act in complex situations. They are Personal in that they are rooted in the autobiography of the leader based upon experiences outside the role of leader. They are Practical, in that they are based on the experiences of that leader 'on the job'. They are theories, in that they are systematic and identifiable by trained observers (Cornett, 1990) and through the participant's own action research (Cornett, Yeotis, and Terwilliger, 1990 as cited in Cornett & Johnson, 2015; Cornett & Johnson, 2015, pp. 3-4). Personal reflection is instrumental in this process of decision-making. As



part of this activity personal theories and formal theories are necessary in determining leadership influence, vision, and core values. In leadership, personal and formal theorizing can guide our contextual understanding of leadership and how we make decisions. Personal theory influences are often based on individuals whom have greatly impacted a leader's life and formation of leadership skills. Formal theories are those influences based on recognized theoretical concepts the leader becomes familiar with over time. These concepts often become a foundational influence in a leaders formation and interpretation of leadership (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

The Naturalistic Leadership Decision-Making Model is utilized to guide interpretation of this phenomenon in this study. This model consists of six major constructs (A) My Leadership PPTs: PPTs form the heart of the decision-making processes. (B) My Vision of Leadership: The vision of leadership originates based on prior experience and personal interaction. This vision is always impacted by a leader's PPTs; (C) Preactive "Planning Leadership": Planning for interaction with key stakeholders that is informed by an individual's PPTs that guides deliberations about assisting in the progression to the Interaction Phase of Leadership. (D) Interactional Phase of Leadership: Key interactions with an individual's stakeholders. The constructs of this phase are leader, stakeholder, task, and milieu. (E) Postactive Reflection on Leadership: After interactions take place, the leader reflects on the components of each interaction (Cornett & Johnson, 2015). "This is often guided by questions such as, 'How did that work? 'What took place and how did the participant (s) feel?', 'How did I do?'

(These reflections are guided by an individual's PPTs) and tacit assumptions about the effectiveness of these PPTs in the particular situation. This phase then continues onto a revised image of the overall conception... (of their leadership). (F) External Factors: External factors affect all leader decision making and reflective practice" (Cornett & Johnson, 2015, p.8). Our PPTs should work centrally together, thereby guiding decision making. Cornett (1990) has developed the "Naturalistic Leadership Decision-Making Model" to guide interpretation of this phenomenon (Figure 1). The goal of this research to demonstrate this model's efficacy for health care leaders.

The premise for this research is based in values-based and transformational leadership theories. The following assumptions for this research were developed based on an analysis of my personal decision making and personal practical theory analysis. A leader's core values affect their leadership philosophy/approach and practice.

1. Transformational approaches to leadership inform effective leadership practice.
2. As a part of effective leadership, leaders strive to effect change and influence others' lives positively.
3. Collaborative leadership is a component of leadership effectiveness.
4. Professional competence and commitment to continuing education, personal, and professional development are essential to effective leadership practice.
5. A leader's health, wellness, and personal well-being impacts effective leadership practice.

It is my conceptual understanding that as leadership is broadly defined by the health care leader that leadership practice and decision-making can be understood to have values-based premises and components which are supported and grounded in a leader's PPTs. At the time of this writing, no studies have been identified which examine this phenomenon from a qualitative approach in the industry of health care.

Values-based leadership has been examined thoroughly in the scientific literature. This research has established associations exist between value-based leadership approaches effective decision making, organizational effectiveness, and employee satisfaction (Frost, 2014; Fry, 2003; Graber & Kilpatrick, 2008; Viinamäki, 2012). The reflective process of personal theorizing and PPT analysis attempts to assist in describing leadership practice and decision-making. Introspective understanding is developed by the leader through application of this process to their lives and leadership practice (Cornett, 2012; Cornett & Johnson, 2015).

In this chapter, I will present the conclusions achieved from this study's research questions. I will go on to further discuss the study limitations and implications for theory, practice, and research. I surmised that there were five broad areas that the results of this study might influence. This study has valuable implications for health care professional development, education, and training. Results of this study could influence health care employees work experiences, organizational health care costs, employee productivity, and wellbeing. Reflective thought and decision-making has the potential to affect organizational policies, structure, and commitment.

### **Research Question Conclusions**

Research question 1 (RQ1) examined the identification, description, and understanding of a health care leaders Personal Practical Theories (PPTs). This study's findings suggest that the PPTs of health care leaders are developed through their life experience. Health care leaders describe their PPTs contextually through their core values. They are understood through their life experience, interactions with other leaders, and interactions with those around them.

This study was efficacious in its purpose to understand health care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing. Through an active research methodology this study has been successful in adding to the body of research in this area. This presents a novel strategy which may have implications in the area of professional development and training in the health care field.

Research question 2 (RQ2) examined the usefulness of Cornett's (1990) naturalistic decision-making model (NDM) in understanding the complexities of decision-making in health care leaders. The NDM was determined to be a useful tool for this study's participants. The constructs of this model allowed health care leaders to engage in reflection of their leadership practice and decision-making. This proved to be useful in studying each participant's core values and perspectives on leadership.

This has practical implications in the areas of health care leadership, professional development, and training. Through this process health care leaders were able to systematically examine the complexities of their leadership personal theorizing and

decision-making. This may be a useful development tool towards health care leaders' further exploration and evaluation of their leadership practice.

Research Question 3 (RQ3) examined the perceptions of health care leaders regarding their decision-making processes and personal theorizing. Health care leaders' perceptions of leadership are systematically achieved through the process of reflective thought which the NDM assists in emerging. As a result of this study collective themes were attained which described study participant personal theorizing and leadership decision-making. Research findings suggested that a values-based leadership perspective was salient for the study participants.

Research question 4 (RQ4) examined the alignment between health care leaders' personal theorizing and existing formal theories. The NDM engages participants in identification and understanding of their personal and formal theorizing. Identification of these leader's personal and formal theories proved to enrich and enhance the participant's understanding of their leadership practice and decision-making.

Research question 5 (RQ5) examined if Cornett's (1990) naturalistic decision-making model was a useful heuristic regarding a health care leader's reflective leadership practice. Findings of this study demonstrated that the NDM was a useful heuristic to studying health care leaders' leadership personal theorizing and decision-making in the participants studied. Those studied were recognized health care leaders in their field. The NDM provided a systematic process to discovering leadership personal theorizing, decision-making regarding a leaders practice. The constructs of the NDM allowed for

salient common themes to emerge among participants. These themes based in a values-based leadership paradigm were consistent with current health care leadership research at the time of this writing.

The health care leadership landscape is complex and special attention needs to be given to the development, understanding, and refinement of health care leaders. As this research has documented a values-based leadership paradigm is appropriate and suitable as an archetype for professional health care leadership development using Cornett's NDM as a heuristic. Leadership in the health care arena has a broad reach and can affect organizations, health care costs, and health care quality (Levey, Hill, & Greene, 2002). Health care leadership change and improvement is necessary to ensure a better health care environment in the future. Policy change, creation, and implementation will only occur through improved health care leaders and leadership (The National Institute of Medicine, 2001).

Cornett's NDM is a useful method of examining a health care leader's deep beliefs which enable them to act in complex situations. These deep beliefs (or PPTs) and their formation affects health care leader's professional lives and decision-making processes. The NDM gives a systematic heuristic for identification, understanding, and application of values-based leadership paradigm in health care leaders. This model allows for the examination of leadership personal and formal theoretical influences through action research. These influences are essential to understanding the breadth of a health care leader's leadership practice and decision-making. These theories inform a leaders

perceptions, experience, and reflective thought (Cornett & Hill, 1992; Cornett & Johnson, 2015; Cornett, Yeotis, & Terwilliger, 1990; Cornett, 1990).

As a result of the culmination of data collection and interpretation this study's specific research questions certain theories emerged regarding the health care leadership cases. Four collective themes emerged as salient for the participants of this study. The four collective themes which aligned with the participants personal theorizing and leadership practice are (a) integrity/ethics, (b) authenticity, (c) spirituality, and (d) having a defined values system. Individual themes also emerged for each participant. The prevalent individual theme for Participant 1 was having a defined values system grounded in a leader's knowledge, skills, and abilities. The individual theme that was prevalent for Participant 2 was having focus, care and concern for others with empathy, connectivity/collaboration, respect, acceptance, and balance.

### **Limitations**

In any study of this nature certain items arise which constitute limitations to research. This study examined naturalistic decision-making in health care leaders and its alignment to their leadership practice and personal theorizing. It was beyond the scope of this study to complete a quantitative experimental study design. Therefore, a qualitative research design was used due to the exploratory nature of this study's research questions. Qualitative research is interpretive by nature; therefore, issues of subjectivity and objectivity could be of concern.

Data collection procedures were limited by researcher time constraints which may affect trustworthiness. I was not able to immerse myself in the participant's professional lives. It was not feasible to work with the participants for a sustained period of time and utilize observation as a research method. Observation methods were utilized in past research procedures concerning work of this kind. Also, I was not able to include individuals who report to the participants in the research. This would have added further depth to the study findings.

If time permitted, different options to collect the member checking data from the final report could have been available. This would have added to this study's trustworthiness. There could have been an option to discuss the final wrap-up report via phone or in-person. This might have been a better option for Participant 2 and might have ensured a better response from her.

As part of this study I completed the same reflective practice using Cornett's Naturalistic Decision-Making Model four years prior to completion of this research. However, I did not redo my personal analysis. Therefore, nuances and changes to my past results are not clear based on changes in my lived experience since last completing this analysis. Lastly, due to the limited sample size and the homogeneous nature of the participants' backgrounds extensive conclusions could not be made regarding health care leaders of different genders, backgrounds, industry experience, and age.

Both participants were very reflective about their leadership practice and decision-making. This could possibly be an effect of the trauma each participant has



experienced in their lives. These traumas could have possibly been developmental to each participant's leadership practice, growth, and maturity. Further analysis is needed to examine the link between traumatic life experiences and leadership reflective practice.

### **Study Implications**

As a result of this study it was discovered that Cornett's (1990) Naturalistic Decision-Making Model was a useful heuristic for a health care leader's reflective leadership practice. It was also found that the collective theme amongst the participants was grounded in a value-based leadership paradigm; health care leadership literature supports this summation concerning health care leadership practice. This has valuable implications for research and practice in the health care industry. This study suggests that there is an efficacious model that exists that is able to successfully and systematically examine the complexities that exist between a health care practitioner's naturalistic decision-making and personal theorizing. This research suggests that this has scholarly and practical significance. This could lead to development of best practices for educational leaders especially in the area of health. This method of examining a leader's naturalistic decision-making may help leaders to realize how to adapt and adjust when their leadership roles change and allow for greater means to understand their growth and development.

Utilizing a values-based leadership paradigm, health care leadership can be studied and potentially enhanced. Practically, this can improve health care organizations, organizational members and patients' experiences, and society at large. Implications of

this research may lead to further knowledge and understanding which may improve employee workplace experiences and create more socially responsible organizations. This may be beneficial and assist in effectual workplace wellness efforts in health care organizations which can affect the organization's health care costs, employee productivity, and well-being. This also has the potential to help organizational leaders/managers and others to understand their personal and professional development and motivation for their work (Baker, 2003; Chapman, 1993; Holder & Ramgem, 2012; Levey et al., 2002; McAlearney, 2008).

This may help leaders and those whom they influence motivation, commitment to the organization, productivity levels, and life satisfaction levels. These factors may eventually affect organizations' "bottom line" and society at large. This is important in health care due to the rising cost and recent emphasis on quality health care delivery (Holder & Ramgem, 2012; Levey et al., 2002).

Health care organizations are in need of leaders who approach leadership from a paradigm which supports effective leadership practice to move the health care system forward (Chapman, 1993; Holder & Ramgem, 2012; Levey et al., 2002; Maupin & Warren, 2012; Suhonen, Stolt, Virtanen, & Leino-Kilpi, 2011). It may be imperative to the development of health care organizations that the relationship between leadership practice and leader decision-making be explored. The purpose and goal of this study was accomplished. This study and its research questions were designed to understand health

care leaders' naturalistic decision-making and its alignment with their leadership practice and personal theorizing.

Discovering and understanding the manner by which a health care leader makes decisions naturalistically may be impactful to health care communities. Understanding this phenomenon may lead to more reflective and thoughtful decision-making among health care leaders. It has the potential to impact organizational policies, structure, training, commitment, and profits. This may lead to healthier and intrinsically motivated employees and more effective learning organizations (Baker, 2003; Chapman, 1993; Fry, 2003; Fry & Nisiewicz, 2013; Holder & Ramgem, 2012; Levey et al., 2002; Mclearney, 2008; Senge, 1990).

This study's results has implications for policy and practice. Through this study we can reasonably assert that there are certain core values which are associated with effective health care practitioners. This could affect core standards in various health care professions and sub-professions. This has implications in health care training programs. Certain core values could be assessed prior to acceptance to certain training programs and institutions.

## **Conclusions**

### *Reflexivity*

As the researcher, I engaged in the process of analyzing my leadership practice and personal theorizing in 2013, four years prior to the analysis of the current research. I found the process of reflective thought to be meaningful and helpful in my personal

development as a health care leader. I completed various self-analysis questionnaires and data sheets. These data sheets were analyzed for several prevailing themes, reflective practice, deliberations, and decision-making process. Through this process of understanding and realizing my PPTs I obtained a greater self-awareness concerning my own leadership practice and decision-making. The information gained will be invaluable as I move throughout my health care career.

As a result of my personal analysis, the prevailing themes were grounded in a values-based leadership paradigm. The results of my own analysis and reflections formed the assumptions for this research. The premises for this research were (a) transformational approaches to leadership inform effective leadership practice; (b) as a part of effective leadership, leaders strive to effect change and influence others' lives positively; (c) collaborative leadership is a component of leadership effectiveness; (d) professional competence and commitment to continuing education, personal, and professional development are essential to effective leadership practice; and (e) a leader's health, wellness, and personal well-being impacts effective leadership practice.

A qualitative research design was useful due to the exploratory nature of this research. The choice of naturalistic inquiry was the best treatment of this topic. Through this research I attempted to understand the depth of a leader's experience and how that experience informed their values and influenced their decision-making. Thick, rich, descriptive language is necessary to formulate a context for comprehending leadership development (Guba, 1981; Marshall & Rossman, 2011; Patton, 2002; Shenton, 2004).

The reflective process of action research was necessary to discover deep meaning to the examined health care leaders personal experience, leadership practice, and reflective thought.

I was honored to undertake research of this magnitude. This research is novel in its origin in the area of health care leadership and personal development. Limited research has explored the concept of naturalistic leadership decision-making in health care leaders (Holder & Ramgem, 2012; Levey et al., 2002). At the time of this writing, Cornett's (1990) Naturalistic Decision- Making Model had not been used amongst any populations of health care leaders (Cornett & Johnson, 2015; Cornett, Yeotis, and Terwilliger, 1990; Cornett 1990). Furthermore, no research studies have been identified which explore utilizing a qualitative methodology and collective case study research design to gain insight into a leader's understanding of these phenomena (Cornett & Johnson, 2015; Cornett, Yeotis, and Terwilliger, 1990; Cornett 1990).

Therefore, I believe that this research is significant and is poised to have meaningful impact in the health care industry. This model is efficacious in the development of health care leadership. Health care organizations that effect the public's health can be improved by having a deeper understanding of how leaders develop their decision-making processes and internal core values. This can have impactful ends for their leadership practice, organizational members' experiences and society at large (Baker, 2003; Chapman, 1993; Holder & Ramgem, 2012; Levey et al., 2002; McAlearney, 2008).

The research participants selected were appropriate for the examination of this phenomenon in health care leaders. Each of the participants had extensive careers in various aspects of the health care industry. They were well-regarded in the community and viewed as successful effective leaders in the health care field. Both participants were self-aware of their leadership strengths and weakness and welcomed the opportunity to analyze their leadership practice and personal theorizing. They were able to engage in the reflective process to look at their decision-making and attributes to come to impactful reflective thought which can further develop and enhance their leadership experiences.

### **Suggestions for Future Research**

This is the first research of this type utilizing Cornett's Naturalistic Decision-Making Model with health care leaders. Due to the exploratory nature of this study and this being the first research of its kind at the time of this writing; there are many opportunities which exist for future research in this area. This study was limited in its breath due to time and resource constraints. Future worthwhile research could entail the analysis of different health care modalities as a sampling group. This research could be further enhanced by selection based on certain demographic indicators such as gender, race/ethnicity, and geographical location.

Further analyses could occur regarding treatment of each sample and analysis by the NDM's individual constructs. Consequently, the results of this research could be deepened by analyzing more diverse groups of men and women with similar backgrounds. The emerging themes resulting from this study could also be explored

further and more understanding obtained regarding how they work in the context of health care leadership. Lastly, the results of this study could be enhanced through adding an observational component to the methodology and extending the timeframe of data collection. The data collection timeframe could be extended over at least one year's time. This would allow for observation of each leader's leadership practice and data collection involving each participant's subordinates.

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## APPENDIX A

### Informed Consent Form

***Title of Research:*** *Understanding Leadership Practice Utilizing a Naturalistic Decision-Making Model Among Health Care Leaders*

***Researchers:*** *Andrea I Hart, MPH, CHES & Jeffery Cornett PhD, University of North Florida*

You are being asked to participate in research. For you to be able to decide whether you want to participate in this project, you should understand what the project is about, as well as the possible risks and benefits in order to make an informed decision. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your participation in this study. You should receive a copy of this document to take with you.

#### **Explanation of Study**

This study is being done to gain an understanding of health care leader's decision-making and approaches to leadership.

If you agree to participate, you will be asked to participate in three in-person interviews and one follow-up meeting. I will also communicate with you via email or phone to answer any questions you may have through the duration of the study. Study questioning will include information about your background, your leadership influences, values, practices and how this may impact your decision-making.

You should not participate in this study if any of the following criteria describe you:

1. You are not a professional who works in either the health care or business sectors in Northeast Florida.
2. You are not a male or female adult 18 to 80 years old who has worked at least 10 years in the business or health care industries.
3. You are not a professional with at least 10 years in the health care or business industry in Northeast Florida who are willing to participate in three in-person interviews and a follow-up meeting regarding your leadership and decision-making practices.

4. If you are the member of a group that is naturally at-risk (e.g., pregnant women, mentally disabled persons, economically or educationally disadvantaged persons, etc.) or special vulnerable groups that are covered by federal regulations (e.g. children/minors, prisoners, pregnant women, students receiving services under the Individuals with Disabilities Education Act).

Your participation in the study will last approximately two months. All interviews, meetings, and phone calls will occur at times agreed upon by the researcher and the participant working with their perspective schedules.

### **Risks and Discomforts**

Risks or discomforts that you might experience regarding this study are minimal. Potential risks that can occur include harm to participant reputation or employment due to breach of confidentiality or invasion of privacy if sensitive information is disclosed. Participants are encouraged to disclose only information they deem appropriate and are comfortable with disclosing.

Therefore, care has been taken to hold all items regarding participant information in the strictest of confidence. Careful measures will be taken to ensure that the research data and/or responses are not disclosed to the public or unauthorized individuals with identifiable information. Only the research team will have access to study materials with identifying information such as participants' names. Interviews will be transcribed by a transcriber who will sign a confidentiality agreement.

Due to the disclosure of personal information regarding participant values and feelings there is the potential for a negative emotional reaction to occur. If a negative emotional reaction occurs, participants will receive a listing of local community resources which might be helpful for the future.

### **Benefits**

Potential and anticipated benefits that exist as a result of participation in this study are that participants may receive greater knowledge concerning their leadership practice, personal theorizing, and decision-making. This could potentially affect their leadership practice in their work and community environments. Participants might also benefit from the knowledge that they are contributing to the body of scientific research explaining such phenomenon to others for the public good.

Study participants will receive a report after the completion of study analysis

regarding their personal leadership practice and decision-making which may be helpful in their future professional development.

### **Confidentiality and Records**

Interviews will be audio recorded. To maintain confidentiality of all study materials and recordings, the data will be stored on University of North Florida's password protected server. Only the principal investigator will have access to the password. Data will be destroyed at the completion of the study after the final analysis and write up has been completed.

Outside of the research team data will only be shared with a professional transcriptionist for a limited amount of time (approx. 4 weeks). After such, only the primary researcher will have access to the recordings. This transcriptionist will be required to sign a confidentiality agreement regarding all study data.

Additionally, while every effort will be made to keep your study-related information confidential, there may be circumstances where this information must be shared with:

- \* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- \* Representatives of University of North Florida (UNF), including the Institutional Review Board, a committee that oversees the research UNF in the Office of Research and Sponsored Programs

### **Contact Information**

If you have any questions regarding this study, please contact:

Andrea I Hart, MPH, CHES



Dr. Jeffery Cornett

[j.cornett@unf.edu](mailto:j.cornett@unf.edu)

904-620-2610

If you have any questions regarding your rights as a research participant, please contact, Institutional Review Board University of North Florida, (740)593-0664.

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By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks and they have been explained to your satisfaction.
- you understand University of north Florida has no funds set aside for any injuries you might receive as a result of participating in this study
- you are 18 years of age or older
- your participation in this research is completely voluntary
- you may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you and you will not lose any benefits to which you are otherwise entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name Andrea I Hart

Version Date: *07/28/15*

## APPENDIX B

### Recruitment Email

Hello [*Participant Name*]

I hope all is well. As you may or may not know, I am in the final stages of completing my doctoral degree at the University of North Florida in Education & Health Care Management/Policy. I am emailing you to inquire your help with a research project I am working on towards the completion of my dissertation. This study is being done to gain an understanding of health care leader's decision-making and approaches to leadership. Due to your extensive background in health care, I thought that you might be interested in this topic and would potentially benefit from participation in this work.

If you agree to participate, you will be asked to participate in three in-person interviews and one follow-up meeting. Each interview will last approx. 90 minutes. The follow-up meeting will last approx. 45 minutes. I will also communicate with you via email or phone to answer any questions you may have through the duration of the study. Study questioning and information will include information about your background, your leadership influences, values, practices and how this may impact your decision-making.

Your participation in the study will last approximately two months beginning in September. All interviews, meetings, and phone calls will occur at mutually agreed upon times and locations.

#### **Benefits of Participation**

Potential and anticipated benefits that exist as a result of participation in this study are that you may receive greater knowledge concerning your leadership practice, personal theorizing, and decision-making.

At the conclusion of the study you will receive a report regarding your personal leadership practice and decision-making which may be helpful with your future professional development.

#### **Confidentiality**

Interviews will be audio recorded. To maintain confidentiality of all study materials and recordings, the data will be stored on University of North Florida's password protected server. I will be the only person with access to the password. Data will be destroyed at the completion of the study after the final analysis and write up has been completed.

Outside of the research team participant study information will only be shared with a professional transcriptionist for a limited amount of time (approx. 4 weeks). After such, only I will have access to the recordings. This transcriptionist will be required to sign a confidentiality agreement regarding all study information.

Hopefully, this email has explained my project in enough detail. (See attached for a more detailed description for your review.) [*Informed Consent will be attached without signature information- Participants will sign at first interview.*] However, if you have any additional questions feel free to email me or call me at 904-553-3682.

Please respond by [*Deadline Date*] if you are or are not available to participate. If you decide to participate I will forward further information about getting started. I apologize for the length of this email, but thank you for your time and attention.

Andrea Hart



## APPENDIX C

### Interview Protocol

Introduction (Used for each interview)

“Good Morning/Afternoon-

Thank you for meeting with me today. As we previously discussed this interview is a part of my doctoral dissertation research on the study of health care leader’s leadership practices and decision making. Our meetings will be strictly confidential. The information gained will be used for scholarly advancement in the health care industry. At the end of this project the results will be emailed to you on your leadership practices and decision making which can be used to enhance your professional development.

#### Interview #1

- **Gain informed consent.**

“Per my study institution guidelines I must obtain informed consent from each participant. (Hand participant informed consent document & ask to sign.) I will be going over the document in your hand before we begin. Please let me know if you have any questions regarding any of its contents and I will provide further information.

#### *Informed Consent information (from Informed Consent Form)*

“As a participant you will be asked to participate in at least three in-person interviews and one follow-up meeting. I will also communicate with you via email or phone to answer any questions you may have through the duration of the study.

**You should not participate in this study if any of the following criteria describe you:**

1. You are not a professional who works in the health care sector in Northeast Florida.
2. You are not a male or female adult 18 to 80 years old who has worked at least 10 years in the health care industry.

3. You are not a professional with at least 10 years in the health care industry in Northeast Florida who are willing to participate in three in-person interviews and a follow-up meeting regarding your leadership and decision-making practices.
4. If you are the member of a group that is naturally at-risk (e.g., pregnant women, mentally disabled persons, economically or educationally disadvantaged persons, etc.) or special vulnerable groups that are covered by federal regulations (e.g. children/minors, prisoners, pregnant women, students receiving services under the Individuals with Disabilities Education Act).

“Do any of these criteria describe you?” *[Wait for yes or no response from participant. If yes, thank them for their time and close the interview]*

“Your participation in the study will last approximately two months. All interviews, meetings, and phone calls will occur at times agreed upon by the both of us determinate on our perspective schedules.”

### **Risks and Discomforts**

“Risks or discomforts that you might experience regarding this study are minimal. Potential risks that can occur include harm to your reputation or employment due to breach of confidentiality or invasion of privacy if sensitive information is disclosed. “

“Please disclose only information you deem appropriate and are comfortable with sharing/disclosing.”

“Careful measures have been taken to hold all items regarding participant information in the strictest of confidence. Care has been taken to ensure that the research data and/or responses are not disclosed to the public or unauthorized individuals with identifiable information. Only the research team will have access to study materials with identifying information such as participants’ names.”

### **Benefits**

“Potential and anticipated benefits that exist as a result of participation in this study are that you may receive greater knowledge concerning your leadership approaches, personal theorizing, and decision-making. This could potentially affect your leadership practice in their work and community environments. You might also benefit from the knowledge that they are contributing to the body of scientific research explaining such phenomenon to others for the public good.

After the completion of study analysis, you will receive a report regarding your personal leadership practice and decision-making which may be helpful in your future professional development.”

“Do you have any questions regarding the information I just explained?” *[Answer any questions which might come up]*

### **Confidentiality and Records**

“Interviews will be digitally recorded. To maintain confidentiality of all study materials and recordings, the data will be stored on University of North Florida’s password protected server. Only the principal investigator will have access to the password. Data will be destroyed at the completion of the study after the final analysis and write up has been completed. “

“Are there any questions before we begin?” *[Answer any questions regarding information just given]*

### **Interview #1**

“During our times together we will be discussing various aspects of your leadership practice and the elements that influence you in your decision- making. Feel free to disclose as much as you feel appropriate and comfortable.”

#### *1. Warm Up Questioning-*

“Let’s begin with you telling me about yourself.”

1.1 Describe your role in your current job?

1.2 How long have you been in this position?

1.3 Do you see yourself moving to another position or are you content with your current role?

1.4 What is your educational background?

“Let’s talk about leadership”

2.1 If you had to think of three people in your life who exemplified great leaders, who would they be? Why?

2.2 What is your definition of leadership? [Want to know participant's "vision" of leadership]

2.3 Thinking of these leaders and others what characteristics do they exemplify which constitutes effective leadership in your opinion?

2.3 Thinking of leaders and others what characteristics do you believe exemplify constitutes ineffective leadership?

2.4 Who or what in your life has influenced you most as a leader? Why? [looking for at least 5- explain this can be people, life experiences, books, courses, workshops, etc.]

“One of the goals of this project is to identify your leadership core values which for our purposes we will call PPTs or Personal Practical Theories. Personal theorizing is a concept and approach to leadership development by which leaders learn about themselves and their core values. Through this process leaders realize what guides them in their leadership activities and decision making. Personal Practical Theories (PPTs) (Cornett, 1990) are those deep beliefs that all practitioners have that enable them to act in complex situations. These theories guide personal reflection and decision-making.” (Show Personal Practical Theory and Personal Theorizing Tool)

2.5 What do you believe are your core values when it comes to leadership as a health care leader?

### **End of Interview Close**

“Thank you for your time. Is there anything that you wanted to discuss that I missed or we did not cover? Did you want to add anything else to any of your responses?”

[Discuss the day, time, and location of next interview (preferably to take place in next 7-10 days); or confirm date of next interview if already scheduled.]

“If there are any further questions, comments, or concerns do not hesitate to contact me. My information is on your consent form.”

### **Interview #2**

“During our times together we will be discussing various aspects of your leadership practice and the elements that influence you in your decision- making. Feel free to disclose as much as you feel appropriate and comfortable.”

“Last time we met we discussed, your leadership core values or PPTs.” As discussed last time we said that PPTs are similar to your core values. Your leadership core values which for our purposes we will call PPTs or Personal Practical Theories. Personal theorizing is a concept and approach to leadership development by which leaders learn about themselves and their core values. Through this process leaders realize what guides them in their leadership activities and decision making. Personal Practical Theories (PPTs) (Cornett, 1990) are those deep beliefs that all practitioners have that enable them to act in complex situations. These theories guide personal reflection and decision-making.” [Show Personal Practical Theory and Personal Theorizing Tool]

[Review participants PPTs from the last meeting. Take notes on any changes in your interpretation of them, etc.]

“Next we will discuss more about your current career (and/or past career).” Please tell me about five things you feel good about in your career? These will most likely be accomplishments or things that have made an impact on you during your career.”

### 3.1 Accomplishment #1

3.1a Accomplishment #1- Why did you choose this item? What makes it significant to you in your career?

### 3.2 Accomplishment #2

3.2a Accomplishment #2- Why did you choose this item? What makes it significant to you in your career?

### 3.3 Accomplishment #3

3.3a Accomplishment #3- Why did you choose this item? What makes it significant to you in your career?

### 3.4 Accomplishment #4

3.4a Accomplishment #4- Why did you choose this item? What makes it significant to you in your career?

### 3.5 Accomplishment #5

3.5a Accomplishment #5- Why did you choose this item? What makes it significant to you in your career?

**End of Interview Close**

“Thank you for your time. Is there anything that you wanted to discuss that I missed or we did not cover? Did you want to add anything else to any of your responses?”

[Discuss the day, time, and location of next interview (preferably to take place in next 7-10 days); or confirm date of next interview if already scheduled.]

“If there are any further questions, comments, or concerns do not hesitate to contact me. My information is on your consent form.”

### **Interview #3**

“During our times together we will be discussing various aspects of your leadership practice and the elements that influence you in your decision- making. Feel free to disclose as much as you feel appropriate and comfortable.”

“Last time we met we discussed, things or accomplishments you feel good about in your career. Is there anything you would like to add to our previous discussion?”

[Review participants 5 accomplishments in his career from the last meeting & how they relate to his PPTs. Explain your interpretation of them as it relates to his/her accomplishments. [Show Personal Practical Theory and Personal Theorizing Tool]

“To get started let’s discuss what a typical day looks like for you. In other words, can you talk about some of the general things you do on a regular basis?”

“Let’s discuss more about your current career (and/or past career).” In the email I sent I asked you to be prepared to discuss some of the decisions you have made in the past couple of weeks. Please tell me about some of the decisions you have recently made (in the context of your career)? “[With each decision listed ask participant their thoughts at the time of making that particular decision.]

#### Decisions Listing

“Now from among the decisions you just told me let’s discuss five decisions which you can see your core values possibly influenced why you made that decision.”

#### 4.1 Selected Major Decision #1

4.1a Selected Major Decision #1- Why did you choose this item? What makes it significant to you in your career?

### 3.2 Accomplishment #2

#### 4.2 Selected Major Decision #2

4.2a Selected Major Decision #2- Why did you choose this item? What makes it significant to you in your career?

#### 4.3 Selected Major Decision #3

4.3a Selected Major Decision #3- Why did you choose this item? What makes it significant to you in your career?

#### 4.4 Selected Major Decision #4

4.4a Selected Major Decision #4- Why did you choose this item? What makes it significant to you in your career?

#### 4.5 Selected Major Decision #5

4.5a Selected Major Decision #5- Why did you choose this item? What makes it significant to you in your career?

5. In all of these interactions what steps did you take to prepare to make the decisions?  
[Use specific decision examples from participant's previous answers.]

6. [Choose 1-2 of the decisions as a context for the following question.] "Concerning this decision did the following impact the decision you made in any way?

- The individual(s) affected by the decision?
- If there was a supervisor, how they would feel about the decision?
- How other key stakeholders would feel about the decision?
- The "environment" of the decision? [Milieu]

7. [Using same decisions from above question] After you made the decision(s), how did you feel about it?

*Probing Questions:* Was it a "good" decision?

7a. How do you think those affected by it felt?

7b. Were there any external factors which affected your decision-making in these instances?

“Now we will discuss more about your ‘theorizing’. Theorizing for the purposes of this project is those elements which influence your core values.”

8. [Introduce Values-based Leadership Approaches Tool.] Ask do you see anything on this diagram which describes you? (For items selected) Why did you choose that to describe you?

8a. Is there anything else which describes yourself not included on this sheet?

### **End of Interview Close**

“Thank you for your time. Is there anything that you wanted to discuss that I missed or we did not cover? Did you want to add anything else to any of your responses?”

[Discuss the day, time, and location of next interview (preferably to take place in next 7-10 days); or confirm date of next interview if already scheduled.]

“If there are any further questions, comments, or concerns do not hesitate to contact me. My information is on your consent form.”

### **Follow Up Meeting**

#### **[Takes place after original interviews have been transcribed]**

“Thank you for meeting with me again. As you know this project is a part of my doctoral dissertation research on the study of health care leader’s leadership practices and decision making. Our meetings will be strictly confidential. The information gained will be used for scholarly advancement in the health care industry. In a couple of weeks, I will send you the wrap- up report on your leadership practices and decision making which can be used to enhance your professional development. “

“During our times together we have discussed various aspects of your leadership practice and the elements that influence you in your decision- making. You have been forthright in your disclosure of this information.”

“Over the past few weeks we have discussed your leadership core values or PPTs. I believe through this process leaders realize what guides them in their leadership activities and decision making. Personal Practical Theories (PPTs) (Cornett, 1990) are those deep beliefs that all practitioners have that enable them to act in complex situations. These theories guide personal reflection and decision-making.”

[Show “Personal Practical Theory and Personal Theorizing Tool”]



[Show pictorial representation of participants PPTs to be included in final report- (created after interviews completion)]

[Show the leadership formal theory(s) which best corresponds to the participant based on the information provided in interviews]

“Over our time together we have discussed:

- Your thoughts on leadership
- Your career accomplishments
- Your decision-making
- The alignment of your career/work activities with PPTs
- Your personal & formal theorizing

“I wanted to present to you some of my findings and interpretations I garnered from our discussions. Please let me know if I am correct in my representation of you, your leadership practice, & decision making.”

[Proceed to discuss the information and interpretations. Ask anything you need further clarification concerning.]

**Pre-Interview #1 Email** [*Emailed approx. 4 days prior to interview*]

[*Participant Name*]

Thank you for agreeing to meet with me on [insert date, time, & location of interview here]. I appreciate you making yourself available to be a part of my doctoral dissertation project on the study of health care leader’s leadership practices and decision making. The interview should not last more than 90 minutes. Our meetings will be strictly confidential. In this meeting, we will be primarily discussing your views on leadership and core values.

The information gained in all interviews will be used for scholarly advancement in the health care industry. At the end of this project the results will be emailed to you on your leadership practices and decision making which can be used to enhance your professional development.

If you have any questions, concerns, or need additional information feel free to contact me.

**Pre-Interview #2 Email** *[Emailed approx. 4 days prior to interview]*

*[Participant Name]*

Thank you for agreeing to meet with me on [insert date, time, & location of interview here]. This will be our second interview regarding your leadership practice & decision making. Again, I appreciate you making yourself available to be a part of my doctoral dissertation project. As usual, the interview should not last more than 90 minutes. Our meetings will be strictly confidential. In this meeting, please be prepared to discuss more about your professional career experiences and accomplishments. We will also discuss how these accomplishments have affected your leadership practice.

If you have any documents that could further describe you and your professional background and career such as resume, a biography, reference letters, etc. that you are comfortable with me reviewing please forward. This will enable me to gain a more complete picture of the scope of your background and leadership experience.

As a reminder, the information gained in all interviews will be used for scholarly advancement in the health care industry. At the end of this project the results will be emailed to you on your leadership practices and decision making which can be used to enhance your professional development.

If you have any questions, concerns, or need additional information feel free to contact me.

**Pre-Interview #3 Email** *[Emailed approx. 4 days prior to interview]*

*[Participant Name]*

Thank you for agreeing to meet with me on [insert date, time, & location of interview here]. This will be our third and final interview regarding your leadership practice & decision making. Again, I appreciate you making yourself available to be a part of my doctoral dissertation project. As usual, the interview should not last more than 90 minutes. Our meetings will be strictly confidential. In this meeting, please be prepared to discuss more about your professional career experiences and decisions you have made in your leadership role within the last couple of weeks. We will also discuss how you arrived at these decisions and your personal reflections regarding them and their effects on your leadership practice.

As a reminder, the information gained in all interviews will be used for scholarly advancement in the health care industry. At the end of this project the results will be

emailed to you on your leadership practices and decision making which can be used to enhance your professional development.

**Final Follow-Up Meeting Pre-Meeting Email** *[Emailed 1 week prior to meeting]*

“Thank you for agreeing to meet with me on [insert date, time, & location of interview here]. This will be our final meeting regarding your leadership practice & decision making. Again, I appreciate you making yourself available to be a part of my doctoral dissertation project. This meeting should not last more than 45 minutes. Our meetings will be strictly confidential. As a reminder, the information gained will be used for scholarly advancement in the health care industry.

During our times together we have discussed various aspects of your leadership practice and the elements that influence you in your decision- making. During this follow-up meeting, I wanted to review the transcribed interview documents with you and discuss any changes. This will be helpful in arriving at final thoughts and interpretations of interview information. If you have any questions, concerns, or need additional information feel free to contact me.

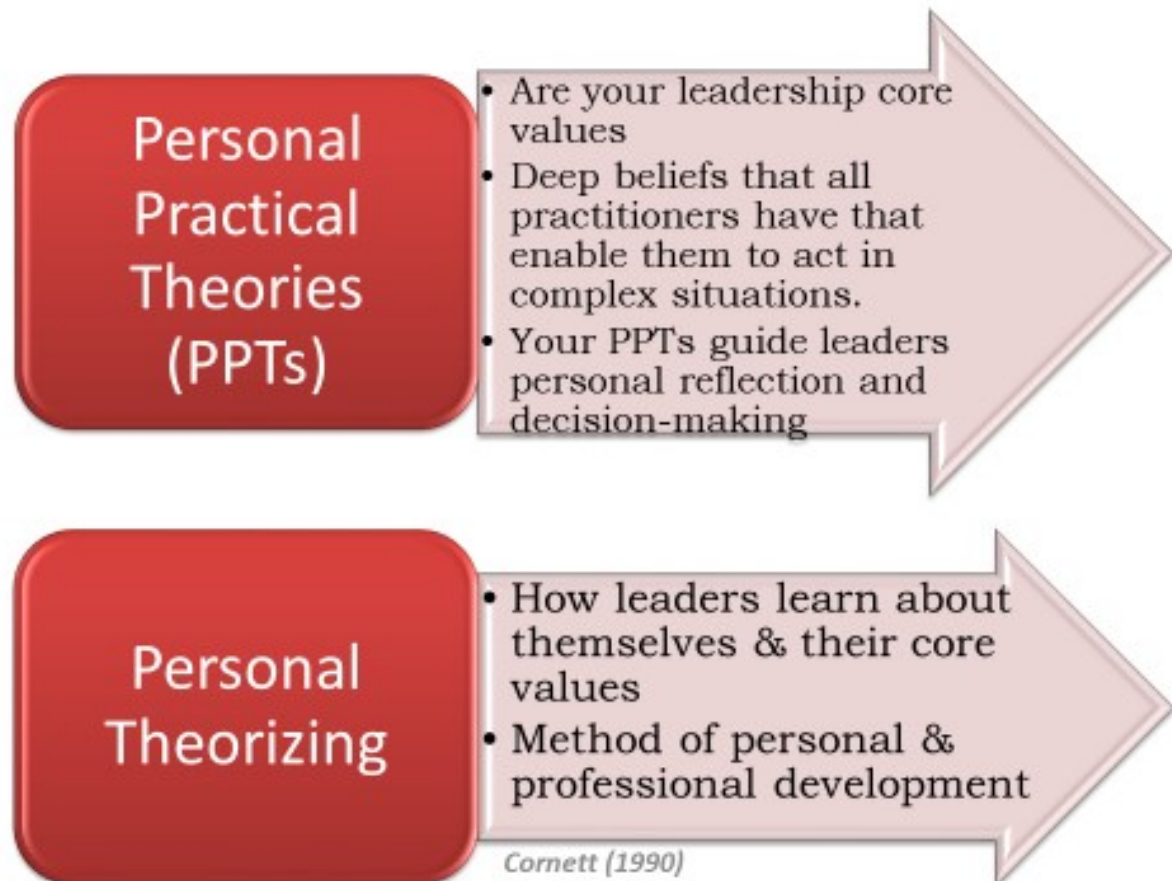
*[Interpretations, themes, and study results will be emailed to each participant at the conclusion of the study.]*

**Final Thank You Email**

“Thank you for your assistance in helping me with my dissertation project work. I appreciate your time and energy through this process! As promised attached you will find the results of the study which may be useful to you in your future professional development.

If you have any questions, concerns, or need additional information feel free to contact me.

## APPENDIX D



## APPENDIX E

## Naturalistic Decision-Making Model



## APPENDIX F

### Resource List – Jacksonville Florida Area Information

#### **Alcohol & Drug Services**

For Alcoholics Anonymous (AA), call 1-800-771-5009 – 24-Hour Toll Free Information

Gateway Community Services 555 Stockton Street 904-781-0838

River Region Human Services 690 Park Street 904-899-6300

#### **Mental Health Services**

Mental Health Center 3333 W. 20th Street 904-695-9145

Mental Health Resource Center 11820 Beach Boulevard 904-642-9100

Family Counseling Service 1639 Atlantic Boulevard 904-396-4846

#### **Public Health Departments**

Clay County 1305 Idlewild Ave. Green Cove Springs, FL 904-529-2800

Duval County 515 W. 6th Street, Jacksonville, Florida

To Schedule Counseling Call→ 904-253-1190/ 904-253-1000

Nassau County 30 S. 4th St., Fernandina Beach, FL 904-548-1800

St. Johns County 1955 US 1 South, 100 St. Augustine, FL 904-825-5055

#### **Other Assistance**

A.A. NE Florida Intergroup 3128 Beach Boulevard 904-399-8535

Clara White Mission 613 W. Ashley Street 904-354-4162

First Assembly of God Church 302 S 14th St., Fernandina Beach 904-261-6448

Liberty Center 909 N. Liberty Street 904-353-0099

Salvation Army ARC 10900 Beach Boulevard 904-641-2122

Starting Point Behavioral Health Care 463142 SR 200 West, Yulee, FL, [www.spbh.org](http://www.spbh.org)  
904-225-8280

United Way 2-1-1 1301 Riverplace Blvd, Suite 400

Also visit Website: [www.nefl211.org](http://www.nefl211.org)

904-632-0600 or Dial 211

Jacksonville Transit Authority Bus Schedule Information

Also visit Website: [www.jtafla.com](http://www.jtafla.com)

904-630-3100

## APPENDIX G

### Participant 1 PPTs Definitions and Researcher Interpretations

#### *Participant 1 PPT 1- Passion, Definitions, and Researcher Interpretations*

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#### PPT 1. Passion

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Interview Statements	Researcher's Interpretations
(1.3) "The thing that keeps me going owning my own business is I don't like to be put in a box. I do not like to do the same thing day in or day out. I like to think." (Participant 1, Interview 1, November 22, 2017)	Participant 1 is an innovative thinker and person. This is similar to Participant 2. This might be a necessary characteristic and needed attribute in health care leadership to be able to adjust to the changing environments of the health care industry. This also might be a function of both participants being involved in health care entrepreneurship. Her passion drove her to own her own business.
(1.3) "...Took a layoff because had to take care of a sick family member... "I decided I can do this [consulting agency], I don't need to work for anybody! I turned a profit month 1. Other than the one year of having to take care of my ill family members.... I turned a profit every year, thank goodness!" (Participant 1, Interview 1, November 22, 2017)	This speaks to Participant 1's commitment/passion to her values of family and motherhood. Her passion was demonstrated in her ability to be profitable in her business in her first month. This also demonstrates her commitment.
(1.4) "I didn't finish my undergraduate degree until I was 32...at the age of 19--- I would have a 2-year degree. But I wanted to dance professionally, so I went to Miami cause my dancing teacher's sister." (Participant 1, Interview 1,	Participant 1 focused on family and her value system in postponing her education until after she had her children. Passion is demonstrated in how she followed her dream of dancing.



November 22, 2017)

(1.4) “And then... for some reason It was just really important for me to get a doctorate. In talking about working in corporate America... I was put down for so long for not having a degree. There were times where there was choice between one person and myself and for a candidacy of a position, mine would drop on the floor because I did not have a certain degree. I knew I could run circles around my opponent...” (Participant 1, Interview 1, November 22, 2017)

(2.3) “They were very confident. They were very centered. You know that’s the term used today. They were very centered in who they were and what their beliefs were. Even though they didn't try to force their beliefs on you. You could see in every action and everything that they did they were true to their core values. They were true to who they were. Integrity, incredible value system, sense of purpose, ethical behavior... unquestionable ethics... did what was the right thing to do. Or they parted ways with initiative that were different than this.” (Participant 1, Interview 1, November 22, 2017)

(2.5) “Passion, you must be passionate about what you are doing. Your value systems are very important. Integrity and ethics are foremost. Confidence and a healthy ego. Ego meaning you are confident in walking into a room of CEOs and giving them direction, but you're not cocky. Using knowledge, skills, and abilities for the good. Not in an abuse

Participant 1 was passionate and committed to education. This is another value of hers. Circumstances seemingly pushed her into the idea of furthering her education. However, her commitment and value system regarding education was motivation for receiving a terminal degree.

Ego speaks to Participant 1’s sense of emotional intelligence as leader and being aware of how the leader presents themselves. Participant 1 is similar to Participant 2 in her importance of empowering others (Participant 2- PPT10-Empowering Others)

role. What's best for everyone, not just me.” (Participant 1, Interview 1, November 22, 2017)

“I think your passion gives you your drive for your purpose.” (Participant 1, Interview 2, November 29, 2016)

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*Participant 1 PPT 1- Passion, Definitions, and Researcher Interpretations*

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PPT 2. Having a Values System

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Interview Statements

Researcher’s Interpretations

(1.2) “My brother tried to get me to go into business for myself when he was still alive. All my families gone. There is something about having two children. Meeting their needs every two weeks. The beauty of working for yourself is that you can accept the jobs you want to do. You can refer the jobs you don’t want to do.” (Participant 1, Interview 1, November 22, 2017)

It seems as though one of Participant 1’s primary motivations for going into business for herself was her children. This demonstrates a commitment and value in family.

(1.4) “I didn’t finish my undergraduate degree until I was 32...at the age of 19--- I would have a 2-year degree. But I wanted to dance professionally, so I went to Miami cause my dancing teacher's sister.” (Participant 1, Interview 1, November 22, 2017)

From this statement, Participant 1’s value for education and drive to excel is demonstrated.

(1.4) “So, I went back and finished a Bachelor degree on the Navy base. With my husband being military I could get on or off

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From this statement, Participant 1’s value for education and drive to excel is

the base at any time. The University had a weekend program where I could earn my degree much quicker than going to any schools in the local area.” (Participant 1, Interview 1, November 22, 2017) demonstrated.

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*Participant 1 PPT 3 Having Knowledge, Skills, & Abilities, Definitions, and Researcher Interpretations*

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PPT 3. Having Knowledge, Skills, & Abilities

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Interview Statements	Researcher’s Interpretations
(1.4) “So, I finished my degree in educational training which gave me the tools and resources to understand that my daughter was a kinesthetic learner.” (Participant 1, Interview 1, November 22, 2017)	Participant 1 throughout all of the interviews emphasized education as central to her life experiences. Her educational experiences informed her personal and professional life.
(1.4) “And then... for some reason It was just really important for me to get a doctorate. In talking about working in corporate America... I was put down for so long for not having a degree. There were times where there was choice between one person and myself and for a candidacy of a position, mine would drop on the floor because I did not have a certain degree. I knew I could run circles around my opponent...” (Participant 1, Interview 1,	Participant 1 also demonstrated resiliency throughout her life experiences mentioned in her interviews. This experience one of those instances. Participant 2 had a similar experience where further education was needed to be able to work in certain career positions.

November 22, 2017)

(2.1) “My father was actually the best teacher I ever had. The best the teacher I ever had!!! There are some things he would say that I am still discovering what he actually meant. Just the salt of his words, he had many nuggets of information.” (Participant 1, Interview 1, November 22, 2017)

Participant 1’s father was one of her main influencers regarding her personal theorizing. I believe this was also because her father demonstrated one of her core PPTs as suggested by this statement.

(2.4) “I think education, experiences, world travel, having core values.... Just knowing that you are here on this earth for such a minute. So, making every day count is so critically important. I don't understand anything other than that. I guess it is my DNA.” (Participant 1, Interview 1, November 22, 2017)

(2.5) “Passion, you must be passionate about what you are doing. Your value systems are very important. Integrity and ethics are foremost. Confidence and a healthy ego. Ego meaning you are confident in walking into a room of CEOs and giving them direction, but you're not cocky. Using knowledge, skills, and abilities for the good. Not in an abuse role. What's best for everyone, not just me.” (Participant 1, Interview 1, November 22, 2017)

Ego speaks to Participant 1’s sense of emotional intelligence as leader and being aware of how the leader presents themselves. Participant 1 is similar to Participant 2 in her importance of empowering others (Participant 2-PPT10-Empowering Others)

“But I think when you learn something it makes you stronger.” [Speaking of community work]. (Participant 1, Interview 1, November 22, 2017)

Demonstrates Participant 1’s commitment to lifelong learning.

“So, I think with education it creates awareness and it takes you through a process to give one ideas for future direction, ideas. I always believe that you continue to use

Demonstrates Participant 1’s value for education.

transferrable skills as you go through life you just define them differently.” (Participant 1, Interview 1, November 22, 2017)

*Participant 1 PPT 4 Having a Global Perspective- Definitions, and Researcher Interpretations*

PPT 4. Having a Global Perspective

Interview Statements	Researcher’s Interpretations
<p>(2.4) “You know growing up in a military family, in my early childhood. I would in my young adult hood it was my academic degrees and application of what I learned. I tried things. Having a global perspective. Sitting with parliament, sitting with world leaders. The same time I learned about the German restaurant was the same time I was dropped into Germany.” (Participant 1, Interview 1, November 22, 2017)</p>	<p>Participant 1’s travel abroad informed her leadership practice. She developed leadership skills that she can attribute to her varied perspective.</p>
<p>(2.5) “I started my early childhood at my father’s mandate, my role as a mother, wife, my leadership positions, education. I think always being true to myself. My only competition was myself and what I could do better. If somebody had something different from me or what I desired, I would be very supportive of them. So, I always felt I had a purpose. I always felt I had direction. I think that comes from the spirituality we talked about. I think world travel gave me different perspectives.” (Participant 1,</p>	

Interview 1, November 22, 2017)

“We traveled a lot so... I was born in Japan. I did not even come to America until I was 4. I think my traveling base to base and being a military brat, prepared me for all the traveling and world experience I have today.” (Participant 1, Interview 1, November 22, 2017)

“And then how they communicate, some of which made me understand myself better...having those experiences [international travel].” (Participant 1, Interview 1, November 22, 2017)

*Participant 1 PPT 5 Spirituality- Definitions, and Researcher Interpretations*  
PPT 5. Spirituality

Interview Statements	Researcher's Interpretations
<p>(2.3) “They were very confident. They were very centered. You know that’s the term used today. They were very centered in who they were and what their beliefs were. Even though they didn't try to force their beliefs on you. You could see in every action and everything that they did they were true to their core values. They were true to who they were. Integrity, incredible value system, sense of purpose, ethical behavior... unquestionable ethics... did what was the right thing to do. Or they parted ways with initiative that were different than this.” (Participant 1, Interview 1, November 22, 2017)</p>	<p>Participant 1’s spirituality frames some of her other PPTs such as integrity/ethics (PPT 6), having a values system (PPT 2), and authenticity (PPT 7). I saw her spirituality, based on her own definition in all of her interviews and theorizing.</p>

(2.3a) “If I say spirituality, I think you understand me better in that regard. I think there are a lot of leaders that have a great deal of talent. They have many assets, but if they are not centered in their spirituality, they are ineffective because they don't know how to use it. So, as you observe people as I'm sure you do as I do... Your spirituality gives you purpose. Your purpose gives you passion, which gives one direction.”  
(Participant 1, Interview 1, November 22, 2017)

(2.3a) “So, when they don't have any of that [spirituality] it effects every area... Yeah, I definitely see that. Do you think all ineffective leaders; the root of their ineffectiveness is their lack of centeredness/spirituality? or just knowledge of that area?  
(A.Hart, Interview 1, November 22, 2017) “Yes, Because I think so much of people view spirituality as religious. Especially growing up in the Southeast... you know there is this... I don't know what word I am looking for.... You know what it is...the Bible Belt. So, you know it is a turnoff, so if you push something away you are not open to another sharing a different perspective. So, you are not going to open up that side of you. I also see ineffective leaders being insecure, egocentric- it's about me and not about you. It's about what they want not what's best. I don't have a lot of appreciation for that. I just don't have time for that. So, that's what I see.” (Participant 1, Interview 1, November 22, 2017)

(2.5) “I think your vision of spiritual leadership.... I believe we will move from a servant leader to a spiritual leader. As people become more aware of what that this truly means. If you would like, I have a book I would recommend by seaward. I will copy and paste this section of his core values and

Another similar characteristic/PPT of Participant 2, this idea of inclusiveness, respect, & Understanding of others differences. Participant 2's PPTs which mirror this sentiment include (PPT3- Collaboration & Connectivity, PPT4 Empathy, PPT5 Spirituality, PPT6 Respect & Acceptance, PPT7 Introspection, & PPT10 Empowering Others).

Servant leadership which is one of Participant 1's formal theories is part of her value system. However, I believe it originates in her commitment to spirituality and being her authentic self

how he talks about spirituality and purpose. (PPT 7).

I'll send it to you, even though I think at this point you've already done all of your evidence-based research. You can do your best research, but when you get data from someone like me you also can do something different. I just think the way he phrases this section on spirituality is just excellent. I can't think of anybody who could deliver that message than you, you would be a hot commodity as a doctor with spiritual leadership. Even the military is going in that direction. Here in Northeast Florida, the Airforce has an annual conference dedicated to spiritual leadership." (Participant 1, Interview 1, November 22, 2017)

"I connect purpose with spirituality. The way I explain spirituality is to blue collar workers who might think you are just a little out there... oh the doctor is in the house! But I think it is always important to present it from evidence-based, so it's not just my opinion. They are connecting purpose with spirituality. The way I express spirituality to people is that, have you ever been in a situation where you know that you know that you know something, but you don't know why you know it?

Participant 1's definition of spirituality

That's your spirituality. That is your gift and the more that you tune into that, the more you will get direction from that. How many times have you been in a conversation in a situation where you know that you know that you know you shouldn't commit to that, because if you do there is a debacle on the other side. You rationalize it in your mind it's ok and then the debacle happens. And you are even more angry with yourself... that's your spirituality." (Participant 1, Interview 2, November 29, 2016)

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*Participant 1 PPT 6 Integrity/Ethics - Definitions, and Researcher Interpretations*

PPT 6. Integrity/ Ethics

Interview Statements	Researcher's Interpretations
<p>(2.2) "I think every leader has to define their own success. What does success mean to them? I think a leader has to be poised in good times and bad times. I think a leader has to be accepting of all perspectives even if they are different than their own. People have different personalities and skill sets. If a debacle arises I just try to always listen for the message. If the message is good, I don't have to like you to work with you." (Participant 1, Interview 1, November 22, 2017)</p>	<p>These are similar items that Participant 2 stated and showed up as Participant 2's PPTs (PPT 6- Respect &amp; Acceptance, PPT10-Empowering Others, PPT2-Responsibility). These were important to Participant 1, however, she did not name these explicitly as PPTs.</p>
<p>(2.2) "Yeah, and I think a leader recognizes that the right answer comes from different team members at different times to move a project forward and that's a blessing. You have to look at it as a blessing. I think a leader has to always know that there is no "I" in team. I know that's a cliché', but you cannot do everything yourself. So, you put people around you that have ideas. A leader can't think for other people; you can't fight the system for other people. Communication is probably the hardest part of leadership. Because sometimes you say something ....even though you have done the preparation, the research, and think you've crafted the right message and it just totally lands flat. And you think to yourself what happened?" (Participant 1, Interview 1, November 22, 2017)</p>	
<p>(2.3) "They were very confident. They were very centered. You know that's the term used</p>	

today. They were very centered in who they were and what their beliefs were. Even though they didn't try to force their beliefs on you. You could see in every action and everything that they did they were true to their core values. They were true to who they were. Integrity, incredible value system, sense of purpose, ethical behavior... unquestionable ethics... did what was the right thing to do. Or they parted ways with initiative that were different than this.”  
(Participant 1, Interview 1, November 22, 2017)

(2.5) “Passion, you must be passionate about what you are doing. Your value systems are very important. Integrity and ethics are foremost. Confidence and a healthy ego. Ego meaning you are confident in walking into a room of CEOs and giving them direction, but you're not cocky. Using knowledge, skills, and abilities for the good. Not in an abuse role. What's best for everyone, not just me.”  
(Participant 1, Interview 1, November 22, 2017)

Ego speaks to Participant 1’s sense of emotional intelligence as leader and being aware of how the leader presents themselves. Participant 1 is similar to Participant 2 in her importance of empowering others (Participant 2- PPT10-Empowering Others)

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*Participant 1 PPT 7 Authenticity - Definitions, and Researcher Interpretations*

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PPT 7. Authenticity

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Interview Statements	Researcher’s Interpretations
(2.2) “I think every leader has to define their own success. What does success mean to them? I think a leader has to be poised in good times and bad times. I think a leader has to be accepting of all perspectives even if they are different than their own. People have different personalities and skill sets. If	These are similar items that Participant 2 stated and showed up as Participant 2’s PPTs (PPT 6- Respect & Acceptance, PPT10-Empowering Others, PPT2-Responsibility). These were important to Participant 1, however, she did not name

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a debacle arises I just try to always listen for the message. If the message is good, I don't have to like you to work with you.”  
(Participant 1, Interview 1, November 22, 2017)

(2.2) “Yeah, and I think a leader recognizes that the right answer comes from different team members at different times to move a project forward and that's a blessing. You have to look at it as a blessing. I think a leader has to always know that there is no "I" in team. I know that's a cliché', but you cannot do everything yourself. So, you put people around you that have ideas. A leader can't think for other people; you can't fight the system for other people. Communication is probably the hardest part of leadership. Because sometimes you say something ....even though you have done the preparation, the research, and think you've crafted the right message and it just totally lands flat. And you think to yourself what happened?” (Participant 1, Interview 1, November 22, 2017)

(2.2) “I remember one of my early bosses. He would say to me its chemistry. Either the chemistry was right for the right time and right solution or it wasn't. More importantly, what could you learn from this.” (Participant 1, Interview 1, November 22, 2017)

(2.3) “They were very confident. They were very centered. You know that's the term used today. They were very centered in who they were and what their beliefs were. Even though they didn't try to force their beliefs on you. You could see in every action and

these explicitly as PPTs.

Many of Participant 1's PPTs can be seen as overlapping. She exemplified various perspectives and context in her conceptualization of leadership.

everything that they did they were true to their core values. They were true to who they were. Integrity, incredible value system, sense of purpose, ethical behavior... unquestionable ethics... did what was the right thing to do. Or they parted ways with initiative that were different than this.”

(Participant 1, Interview 1, November 22, 2017)

(2.4) “I think education, experiences, world travel, having core values.... Just knowing that you are here on this earth for such a minute. So, making every day count is so critically important. I don't understand anything other than that. I guess it is my DNA.” (Participant 1, Interview 1, November 22, 2017)

(2.5) “I started my early childhood at my father's mandate, my role as a mother, wife, my leadership positions, education. I think always being true to myself. My only competition was myself and what I could do better. If somebody had something different from me or what I desired, I would be very supportive of them. So, I always felt I had a purpose. I always felt I had direction. I think that comes from the spirituality we talked about. I think world travel gave me different perspectives.” (Participant 1, Interview 1, November 22, 2017)

(2.5) “Passion, you must be passionate about what you are doing. Your value systems are very important. Integrity and ethics are foremost. Confidence and a healthy ego. Ego meaning you are confident in walking into a room of CEOs and giving them direction, but you're not cocky. Using knowledge, skills, and abilities for the good. Not in an abuse role. What's best for everyone, not just me.” (Participant 1, Interview 1, November 22, 2017)

Participant 1 was very introspective concerning how all of her life experiences make her who she is today. She was authentic to who she was as a result.

Ego speaks to Participant 1's sense of emotional intelligence as leader and being aware of how the leader presents themselves. Participant 1 is similar to Participant 2 in her importance of empowering others (Participant 2- PPT10- Empowering Others)

## APPENDIX H

### Participant 1 Personal and Formal Theory and Researcher Interpretations

<i>Personal Theory Influences</i>	<i>Reflections of the Participant</i>	<i>Researcher Interpretations</i>	<i>PPTs</i>
Father	(2.1) “My father was actually the best teacher I ever had. The best the teacher I ever had!!! There are some things he would say that I am still discovering what he actually meant. Just the salt of his words, he had many nuggets of information.” (Participant 1, Interview 1, November 22, 2017)		PPT 3 KSAs
	(2.1) “So, I have to say that my father was the greatest teacher ever.” (Participant 1, Interview 1, November 22, 2017)		PPT 3 KSAs
	“I was raised by a German Colonel. His philosophy was "No Fear". Even in the face of death, no fear. Family first, do your job. Whether it's your school work, paper route, babysitting... do your job the best you know how to do. Continue to study because I assure you will never know enough. With everything in that order---- give back to your community. Growing up he never accepted, bringing a problem to him without bringing him a solution. So, you know that was the training ground I was given.”	Background & upbringing  Leadership informal influence  Parents playing a big role in character today	PPT 2 Values System  PPT 3 KSAs  PPT 4 Global Perspective  PPT 6 Integrity/Ethics

	(Participant 1, Interview 1, November 22, 2017)		
	<p>“I met my husband, we were married in 1976 and by 1981 had two daughters. So, it wasn't really until my youngest was diagnosed with attention deficit syndrome that I had to really research what could help her best? I went back to my dad's philosophy as family first.” (Participant 1, Interview 1, November 22, 2017)</p>		<p>PPT 1 Passion</p> <p>PPT 2 Values System</p> <p>PPT 7 Authenticity</p>
Brother	<p>(2.1) “I'd have to say my father &amp; Brother unequivocally. My father because he was an orphan...” (Participant 1, Interview 1, November 22, 2017)</p>	Also, demonstrates Participant ‘s value of resiliency.	<p>PPT 1 Passion</p> <p>PPT 3 KSAs</p>
	<p>“...every time I decided that maybe it was not right for me my older brother was right there saying you're not stopping!...“Yes! I don't know what it is about finishing that, [doctorate] that makes you fearless from that point on, but you're fearless!” (Participant 1, Interview 1, November 22, 2017)</p>	<p>Also, demonstrates Participant 1’s resiliency. Participant 2 had a PPT (PPT 9) for resiliency. Both had to fight to attain education and other things in their life.</p>	<p>PPT 1 Passion</p> <p>PPT 3 KSAs</p>
Dr. A	<p>(2.1) “I would have to say two doctors were very influential. Dr. A was a plastic surgeon in Northeast Florida. Dr. S, a chiropractor and sports medicine</p>		PPT 3 KSAs

physician was the other one. I met him (Dr. A), when I was 16 in Northeast Florida.” (Participant 1, Interview 1, November 22, 2017)

(2.1) “So, he [Dr. A] helped me to understand health. He helped me to develop my biomechanical awareness.” (Participant 1, Interview 1, November 22, 2017)

PPT 3 KSAs

(2.1) “He [Dr. A] was this wealth of teacher in medicine, that was different than my dad's world experiences. I loved him and the experiences dearly!” (Participant 1, Interview 1, November 22, 2017)

PPT 1 Passion

PPT 3 KSAs

Dr. S

“Dr. S, he was trained as a chiropractor, but he started the first for the fitness industry to create an organization for fitness trainings and certifications. He was the leader for the fitness industry that established the guidelines for exercise safety---; how we are all trained, all certified... He also organized a national examining board in the area of fitness. So, if the industry ever went to licensure we would have one board exam rather than having exams for licensure in all states. You know he really was a spokesperson for the fitness industry and how we came about.” (Participant 1, Interview 1, November 22, 2017)

He was an innovator and I believe that was something that Participant 1 enjoyed in his leadership style and achievements. Participant 2 also appreciated innovation in leadership practice.

PPT 3 KSAs

PPT 1 Passion

PPT 4 Having a Global Perspective

<b>Formal Theory Influences</b>	<b>Reflections of the Participant</b>	<b>Research Interpretations</b>	<b>PPTs</b>
Spiritual Leadership	(2.5) "I think your vision of spiritual leadership.... I believe we will move from a servant leader to a spiritual leader. As people become more aware of what that this truly means. If you would like, I have a book I would recommend by seaward. I will copy and paste this section of his core values and how he talks about spirituality and purpose. I'll send it to you, even though I think at this point you've already done all of your evidence-based research. You can do your best research, but when you get data from someone like me you also can do something different. I just think the way he phrases this section on spirituality is just excellent. I can't think of anybody who could deliver that message than you, you would be a hot commodity as a doctor with spiritual leadership. Even the military is going in that direction. Here in Northeast Florida, the Airforce has an annual conference dedicated to		PPT 1- Passion PPT 2- Values System PPT 3- KSAs PPT 5- Spirituality PPT 6- Integrity/Ethics PPT 7- Authenticity



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spiritual leadership.”  
(Participant 1, Interview 1,  
November 22, 2017)

“And I said the other thing is, I enjoy Malcolm Gladwell's writing. I said if you don't like the term "spirituality" because you relate it to religion... I'm here to tell you it's two entirely different things! But we don't have a dissertation to go into that today. Malcolm Gladwell uses the word "thin slicing" because thin slicing is like your other sense that he refers to as spirituality. If a group of sculptures are looking at 3 statues one says, that's not the original. He can't explain why he says that way, he just knows it's not. So, he is honoring his gift he's here and the 3 other sculptures are here. He's holding onto his viewpoint. And then he has to go into the whole scientific evaluation on the sculpture. Because they have to present a unified position forward to the museum or whatever. So, when it comes down to the end of it, the guy who honored their spirituality was right, even though he did not know he was right by angles or position and different aspects of the sculpture they were evaluating. He just followed his gut. There's many applications that way. I'm going to send you this

PPT 1- Passion

PPT 2- Values  
System

PPT 3- KSAs

PPT 5-  
Spirituality

PPT 6-  
Integrity/Ethics

PPT 7-  
Authenticity

Servant Leadership	<p>writing by Dr. Seaward.”          (Participant 1, Interview 2,          November 29, 2016)          (2.5) “I think your vision of          spiritual leadership.... I          believe we will move from a          servant leader to a spiritual          leader. As people become          more aware of what that this          truly means. If you would          like, I have a book I would          recommend by seaward. I          will copy and paste this          section of his core values and          how he talks about spirituality          and purpose. I'll send it to          you, even though I think at          this point you've already done          all of your evidence-based          research. You can do your          best research, but when you          get data from someone like          me you also can do          something different. I just          think the way he phrases this          section on spirituality is just          excellent. I can't think of          anybody who could deliver          that message than you, you          would be a hot commodity as          a doctor with spiritual          leadership. Even the military          is going in that direction.          Here in Northeast Florida, the          Airforce has an annual          conference dedicated to          spiritual leadership.”          (Participant 1, Interview 1,</p>	<p>PPT 1- Passion           PPT 2- Values          System           PPT 3- KSAs           PPT 5-          Spirituality           PPT 6-          Integrity/Ethics           PPT 7-          Authenticity</p>
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November 22, 2017)

Trait Theory	“The vice admiral that made the decision on Captain Phillips was a black woman, no taller than you. I had the opportunity of meeting her and I tell you what, she could take down any 250-pound man, just by her presence, her tone, and her choice of words. And so, when you have the opportunity to watch people like that... it just exposes you to a different thought processes.” (Participant 1, Interview 1, November 22, 2017)	Maybe some nods to emotional intelligence. Participant 1 never explicitly mentioned trait theory.	PPT3 KSAs
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## APPENDIX I

### Participant 1 Accomplishments Reflective Statements and Researcher Interpretations

#### *Participant 1 Accomplishment 1- Reflections, and Researcher Interpretations*

#### Motherhood

#### Reflections of Participant

(3.1) “So, I'd say as far as my career, what has always centered me is motherhood...So, I would just do consulting, I would teach, but pretty much I was a stay at home mom.”

(Participant 1, Interview 2, November 29, 2016)

(3.1) “There is still a struggle today with women; do I stay and home and just be a mom or do I be a career person with someone taking care of my child. Both has its positives and negatives. Here again, is where your spirituality leads you in what's important.” (Participant 1, Interview 2, November 29, 2016)

(3.1) “At any rate, some of the things you tell them and teach them, you are not really sure how it will manifest itself. So, long story short, I would say the most successful thing that has defined me in every aspect of my life is motherhood.” (Participant 1, Interview 2, November 29, 2016)

(3.1a) “So, long story short, I would say the most successful thing that has defined me in every aspect of my life is motherhood. The reason for that is simply said, it gives you transferrable

#### Researcher's Interpretations

Participant 1 is very proud of her children's accomplishments. It seems as though she is happy with her decision to raise her children.

Also, spoke of transferable skills of motherhood which can apply in the workplace.

“Well, you told me that the transferrable skills speak to the why, just everything you learned. It seems like you were saying there is a lot of flexibility. Almost as if you learn about yourself as you are mothering kids. (A. Hart, Interview 2,

skills to work with any situation. Your kids are not programmed. They have their own personalities. I use to think that you could shape that...you can shape it a little bit, but you have what you have and you have to work with it.

Motherhood would be one.” (Participant 1, Interview 2, November 29, 2016)

(3.1a) “My girls say to me, now I understand why you did and said some of the things you did when we were growing up. In leadership, you really don't know what someone is going through, because you are not stepping day by day in their shoes. From motherhood to leadership, there would be some people that would come out of a blind direction. I would think to myself that there was something driving that. I can't think of the thing I would have done, especially since I don't know this person to have that kind of interaction. So, I have always believed there is something that is driving that. So, motherhood would be the first one.” (Participant 1, Interview 2, November 29, 2016)

(3.1a) “Remember that conversation we had on motherhood and working. I still think today that is a point of confusion. If women understood their spirituality better, they would feel better about their children, their roles, etc. I think that would be very very helpful.”

(Participant 1, Interview 2, November 29, 2016)

November 29, 2016) “Yes, they bring a different dimension out in you.”  
(Participant 1, Interview 2, November 29, 2016)

*Participant 1 Accomplishment 2-Reflections, and Researcher Interpretations*

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Finalist at previous company for position & Executive Director at my last company

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Reflections of Participant	Researcher's Interpretations
<p>(3.2) "And the second one would be the evolution of being a girl in a dominant male household." (Participant 1, Interview 2, November 29, 2016)</p>	<p>Participant 1 replaced her initial answer with being a finalist and executive director with her previous company. I believe that the family item was also very important.</p>
<p>(3.2) "I think my third thing was being in a Finalist situation [for a company I previously worked for]. This was in 1987/1988, maybe earlier than that, I have to go back and look at my resume. I lost the job because I didn't have a degree." (Participant 1, Interview 2, November 29, 2016)</p>	
<p>(3.2a) "And, the girl that they hired over me had completed their Masters. But here's what goes back to spirituality which you're so in tune to. I said to myself walking out of that building that day, I'll have this job it's just a matter of time. Six weeks later the girl crashed and burned. They said, we had a situation where our first candidate did not work out. The job is yours because you were our second choice. The only stipulation that we have is that you must finish your degree.... What [that company] did is that they gave me the belief in myself that I could do a job without checking a box. But it also taught me how to standardize health and wellness centers." (Participant 1, Interview 2, November 29, 2016)</p>	<p>This experience and accomplishment affected her internally and caused her to have confidence once she got through a hard season (losing the job at first). However, she used the experience as fuel to accomplish something greater (additional degree). This also demonstrates resiliency and grit.</p>

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*Participant 1 Accomplishment 4-Reflections, and Researcher Interpretations*

Involvement in Wellness Community Coalition	
Reflections of Participant	Researcher's Interpretations
<p>(3.4) “Then I would have to say the first group of a wellness coalition I was involved in, the "why" I got into it. It was to understand if my dissertation worked or not. It was a community thing. It pulled together the Mayor's office, the department of health, the Global Center at the local university, academia, corporations, Insurance providers... it just put that whole dynamic together.” (Participant 1, Interview 2, November 29, 2016)</p>	
<p>(3.4a) “The biggest lesson I learned from that whole experience is that you can be as right as right can be, but it can be wrong for the environment. So, I got to employ maybe one-tenth of what I thought was possible. so, when you communicate an idea or an ideology, it doesn't happen overnight. I look at that coalition and I remember when we were provider heavy. Everybody wanted to be a part, but it was then like, who was the customer? That was the second wave. The first wave was that you have to understand who you are. You have to have people buy into who you are. I felt the team that we had at that time did all of that to make the foundation work. We incentivized people to understand why</p>	

health and wellness was important with awards for the healthiest companies.” (Participant 1, Interview 2, November 29, 2016)

“I always enjoyed the Heath brothers and their work- Change is hard, Switch, Divisiveness- everything that they do. So, when Dan Heath came to speak at the coalition event I knew I was not going to miss that. I knew I was walking back into that environment which was so distasteful, the way it ended. I just didn't have the energy. I listened to my spirituality.” (Participant 1, Interview 2, November 29, 2016)

“I fought to keep centered for about 2 years and I was done. I spoke to a close associate on the coalition and said, "If I can offend you, I really need to do something different. She said you have not offended me. I just thought I was letting you down. I asked her to tell me why you think that. She said you are so decisive, you move so quickly. I just felt I wasn't doing the job I needed to do.”(Participant 1, Interview 2, November 29, 2016)

“It was a good experience and I was fortunate enough to see it come full circle very quickly. I feel like I have a tremendous amount of patience until someone does something unethical. It was the situation of money... They internalized it in their own way. They could separate me, the person who put the money into it from " this is an ethical leadership problem". If there is



money that is not accounted for that's a problem for everyone involved with this. But the rationale was "I give my time, Its free." I was just really uncomfortable. "(Participant 1, Interview 2, November 29, 2016)

"I remember one young lady I worked with on the council. We were all sitting around the table and she was so concerned about time. I can just remember her being very uncomfortable for whatever reason. That was the time we were deciding who was going to be the chair and how we were going to organize it all. She really exemplified a true leader that day. At the end of the meeting she said, I have to share with you that I just don't think I have the time to commit to this and I don't want to hold the team back. I always will be very very respectful of that. She said my children are young and I have this new job... All of the direction that you are talking about is great, but I just don't think I can be a part of it. It's really beautiful for someone to take the responsibility in saying this really is not the time for me. And I've done that several times.....to the dissolution of the people who wanted me to do something. I said I just don't want you to be disappointed in me. I know that I just do not have the capacity to help you out now and I'm really sorry. I thought she was a fantastic leader" (Participant 1, Interview 2, November 29, 2016)

Participant 1 found value in the actions of an associate. She appreciated her (the associate) ability to operate in such a way which exemplified her (Participant 1) PPTs.

*Participant 1 Accomplishment 5-Reflections, and Researcher Interpretations*

Running Own Business

Reflections of Participant	Researcher's Interpretations
<p>"I guess the biggest things that I have learned are transferrable skills always prepare you for the next step in life. Whether a role in life or leadership, whatever role it is. A wife, a mother, a director, a business owner, whatever it is. Those transferrable skills give you that level of confidence to step out in faith or step out in spirituality to at least try."(Participant 1, Interview 3, December 2, 2017)</p>	<p>Participant 1 added this accomplishment in Interview 3. She took out an accomplishment that related to her father and home life.</p>
<p>(1.3) "The thing that keeps me going owning my own business is I don't like to be put in a box. I do not like to do the same thing day in or day out. I like to think." (Participant 1, Interview 1, November 22, 2017)</p>	<p>Participant 1 is an innovative thinker and person. This is similar to Participant 2. This might be a necessary characteristic and needed attribute in health care leadership to be able to adjust to the changing environments of the health care industry. This also might be a function of both participants being involved in health care entrepreneurship. Her passion drove her to own her own business.</p>
<p>(1.3) "...Took a layoff because had to take care of a sick family member... "I decided I can do this [consulting agency], I don't need to work for anybody! I turned a profit month 1. Other than the one year of having to take care of my ill family members.... I turned a profit every year, thank goodness!" (Participant 1, Interview 1, November 22, 2017)</p>	<p>This speaks to Participant 1's commitment/passion to her values of family and motherhood. Her passion was demonstrated in her ability to be profitable in her business in her first month. This also demonstrates her commitment.</p>
<p>(1.2) "My brother tried to get me to go</p>	<p>It seems as though one of Participant 1's</p>

into business for myself when he was still alive. All my families gone. There is something about having two children. Meeting their needs every two weeks. The beauty of working for yourself is that you can accept the jobs you want to do. You can refer the jobs you don't want to do." (Participant 1, Interview 1, November 22, 2017)

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primary motivations for going into business for herself was her children. This demonstrates a commitment and value in family.

## APPENDIX J

### Participant 1 Decisions and Reflective Statements

#### *Decision Log- Decision #1*

Team with another woman- owned business

Reflections of Participant	Researcher's Interpretations
<p>(4.1) "I made the decision to team with another woman owned business." (Participant 1, Interview 3, December 2, 2017)</p>	<p>Participant 1 found that this was a strategic decision to expand her service offerings and impact more people in a different way than she has done before.</p>
<p>(4.1a) "We went through a vetting process with each other. Through that session we found that we had complementary, but totally unique skills that if blended together would give us a better capability to procure business. I was excited about that decision and also our first innovative strategy of the business we wanted to go after.... We looked at the balance of our skill sets." (Participant 1, Interview 3, December 2, 2017)</p>	
<p>(4.1a) "The decision I believe I would be making is.... that totally it is a collaboration. If you are looking for a definitive decision making method- collaboration in this instance would be appropriate. Also, teaming together to make it happen." (Participant 1, Interview 3, December 2, 2017)</p>	
<p>(4.1a) "Why did I make the decision to go with that company would speak to my core values. Their value system, they</p>	

have the same work ethic, integrity. They were just as passionate about teaming with me and our collaborative knowledge. I think it aligns really well... I guess we are really passionate about making a difference in people's lives.” (Participant 1, Interview 3, December 2, 2017)

(5.0) [Decision 1] “So, the first one we talked about was the vetting of the other woman's company. The steps that I took there were to see if our core values were aligned. I think that is really important to me. The second thing was to see if all of her fiscal information that she gave me and I gave her checked out to align where we wanted to be in 2017. So, what do you want to do, what is your hope, what do I want to do, what is my hope... And then determine, to agree or disagree. To work together or not to work together and be ok with that. Then the further thing is that I can really tell spontaneously if I listen to myself what's going to work and what's not going to work... No matter how good something looks I just have to follow my spirituality there. That would be the steps I took on that proposal.” (Participant 1, Interview 3, December 2, 2017)

(6.0) [Decision 1] “With the decision collaborate with the woman owned company, it was the influence of people and who they were and what they said they were matching. I felt good about

that decision.” (Participant 1, Interview 3, December 2, 2017)

(6.0) [Decision 1] “On the collaboration with the woman owned company, it's something I've been wanting to do for a long time.” (Participant 1, Interview 3, December 2, 2017)

(7.0) [Decision 1] “If I'm understanding you correctly, aligning the values and having the skill set... You can have a dream, but if you don't have all the knowledge and skills and tools in your toolbox, you have to share your toolbox with somebody else's toolbox. They felt the same way. They had their toolbox, but they didn't have my skillset. So, the combination, we felt so good on all the levels. I think that's just the first step in the process. The second step in the process- will it work well? That's yet to be determined, because it is so new.” (Participant 1, Interview 3, December 2, 2017)

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*Decision Log- Decision #3*

To enroll my business in the hotel's small business portal

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Reflections of Participant	Researcher's Interpretations
(4.3) “I made the decision to put my company's information in that hotel we previously discussed small business database for the same reason [as decision	This decision has same interpretation as decision #2. When Participant 1 discussed them, she spoke of them in the same context.

2].” (Participant 1, Interview 3, December 2, 2017)

(4.3a) “I guess the decision there would be growth for my company.” (Participant 1, Interview 3, December 2, 2017)

(5.0) The hotel opportunity was something I never thought about. If I had not gone to this particular networking event, I would not have woken up and said I wanted to do business with this particular hotel. But I liked the VP. He positioned what they do with small business owners and I thought I would have something to offer even a large organization like that. I have to say in a leadership decision, you have to make a decision that something is not working.” (Participant 1, Interview 3, December 2, 2017)

### *Decision Log- Decision #2*

To certify my consulting company with the city I live in

Reflections of Participant	Researcher’s Interpretations
<p>(4.2) “The decision to certify my company with the city I live in.” (Participant 1, Interview 3, December 2, 2017)</p>	<p>This decision exemplified Participant 1’s ability to take risks to cause anticipated growth for her business. Participant 1 also exemplified characteristics of risk-taking and innovation when it came to her leadership practice.</p>
<p>(4.2a) “I guess the decision there would be growth for my company.” (Participant 1, Interview 3, December 2,</p>	

2017)

(5.0) “The second one with the city certification for my business. That was their mandate. Their rules were in order for us to do business with you, you had to do XYZ. Then we will support you anyway we can in helping you procure work.” (Participant 1, Interview 3, December 2, 2017)

*Decision Log- Decision #4*

To stop working with an organization who was misusing my time

Reflections of Participant	Researcher’s Interpretations
(4.4) “But now that I know I was being misused and there's no relationship there... I just say it's not in my sphere of influence.” (Participant 1, Interview 3, December 2, 2017)	(4.4) “Well, the decision was to stop working and cut off a relationship because you were being misused, they were abusing talent- your strengths. And it led into manipulation. Why it is significant to you in your career is because you were wasting time that you could have been devoting to something that was going to help you.” (A. Hart, Interview 3, December 2, 2017)
(4.4a) “But if you have ever been in a situation where you are only one person, you have a small business and you only have so much time, and you're trying to balance who you are in your business and you have a life beyond your business. You have to be very very selfish with who you give your time to. So, if you're	



getting a call every other day from your kid, that's something you take a call from. If you get a call every other day from someone who just wants to share their life with you, that's too much for me.” (Participant 1, Interview 3, December 2, 2017)

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*Decision Log- Decision #5*

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The personal and professional decision to write and publish books.

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Reflections of Participant	Researcher's Interpretations
<p>“That’s my next venture is writing. Putting down a lot of this stuff, so my kids have it, my students have it, my clients have it, with the case studies. So, these next couple of years with Amazon publishing online. Being able to publish...” (Participant 1, Interview 1, November 22, 2017)</p>	<p>This decision connects to Participant 1’s personal theory based in her relationship with her father. Due to her deep admiration and respect she is driven to document her experience in written form concerning her father. She believes this will chronicle all that she has learned and gained from her relationship with him.</p>
<p>(4.5) “The personal, professional decision to write. To write the books that we talked about and to publish.” (Participant 1, Interview 3, December 2, 2017)</p>	
<p>(4.5) “The decision is that I am not going to talk about it anymore, but do it.” (Participant 1, Interview 3, December 2, 2017)</p>	
<p>(4.5a) “In the last 2 weeks, my friend got</p>	

published. My friend has always wanted to write a dissertation which I did. That's the beauty of relationships they speak to you right in your face. If you want to do it, quit talking about it and get it done. That's huge for me. So, I look forward to accomplishing that one.” (Participant 1, Interview 3, December 2, 2017)

(4.5a) “My friend pushed me.” (Participant 1, Interview 3, December 2, 2017)

(4.5a) “We are always in the situation of pulling things from other authors to make a specific point. But we don't make our own book of specific points to give out. Even though we are look at in this facilitator, mentor, teacher, mentor role, we don't have our published works for that.” (Participant 1, Interview 3, December 2, 2017)

(5.0) [Decision 5] “Then the fifth one I think it just stems for my passion. I've had the passion to do all of this stuff. To be supportive or to be congruent with any kind of legacy is just leading the path.” (Participant 1, Interview 3, December 2, 2017)

(6.0) [Decision 5] “I have to say that moving force with the writing comes from the influence of my students, my family, my colleagues that I trained 20-30 years ago that say I don't know what potential you saw in me. But because you did, I am now here, doing this and that. I would have to say both of those decisions were influenced by people.” (Participant 1, Interview 3, December 2, 2017)

(7.0) [Decision 5] “With the books, I can say that the chapters, the facilitation, the courses, and the teaching and all of this I have done. Have been very very successful, but I haven't published my own book. Maybe having all of the success in different levels is fine, but maybe my book crashes and burns. I don't know.” (Participant 1, Interview 3, December 2, 2017)

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## APPENDIX K

### Participant 2 PPTs & Reflective Statements

#### *Participant 2 PPT 1- Integrity, Definitions, and Researcher Interpretations*

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#### PPT 1. Integrity

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##### Interview Statements

(Q2.4) “There has definitely been people in my life who have influenced me. It's interesting when I think about it, perhaps unusual in the sense that I think that you know, marrying at a young age with my first husband. Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different and that was to A. Never criticize my first husband for his choice. And to recognize that he was the father of my children and that is an experience that changed and altered my life. And then to move forward from that and to not stop. And to provide that influence for my children.” (Participant 2, Interview 1, December 13, 2016)

(Q2.4) “Everything I have been told and everything I know... loss, particularly the loss of a partner, even more so than the loss of a child is an ongoing process; where you adjust and adapt aloneness is always there.” (Participant 2, Interview 1, December 13, 2016)

“I care about them <my students>. You know I think that's a mutuality part. I think

##### Researcher's Interpretations

-Similar to Participant 1. Participant 1 was also married young, was divorced with kids and raised kids as a single mother.

Type of Leadership Style

that's what makes a difference. I've just always had the philosophy; I'm not going to ask anybody to do something I wouldn't be willing to do for myself.”(Participant 2, Interview 1, December 13, 2016)

“So I think that's a flaw in the health care system, because we don't know what to do with mental and emotional other than stigmatize it.” (Participant 2, Interview 1, December 13, 2016)

Reflects Participant 2’s thoughts on the responsibility of health care provider and flaws in health care system.

*Participant 2 PPT 2- Responsibility, Definitions, and Researcher Interpretations*

PPT 2. Responsibility

Interview Statements

(Q2.4) “There has definitely been people in my life who have influenced me. It's interesting when I think about it, perhaps unusual in the sense that I think that you know, marrying at a young age with my first husband. Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different and that was to A. Never criticize my first husband for his choice. And to recognize that he was the father of my children and that is an experience that changed and altered my life. And then to move forward from that

Researcher’s Interpretations

She was similar to Participant 1. Participant 1 was also married young, was divorced with kids and raised kids as a single mother.

and to not stop. And to provide that influence for my children.” (Participant 2, Interview 1, December 13, 2016)

(Q2.4) “Everything I have been told and everything I know... loss, particularly the loss of a partner, even more so than the loss of a child is an ongoing process; where you adjust and adapt aloneness is always there.” (Participant 2, Interview 1, December 13, 2016)

(Q2.4) “My experience for me, and I say this to students. It always has been and always will be family first. There are times when probably from the perspective of my own family, they don't think I honored that. I am thinking more in terms of my siblings.” (Participant 2, Interview 1, December 13, 2016)

Motherhood/family theme

“So I think that's a flaw in the health care system, because we don't know what to do with mental and emotional other than stigmatize it.” (Participant 2, Interview 1, December 13, 2016)

Reflects Participant 2’s thoughts on the responsibility of health care provider and flaws in health care system.

“I know there are a lot of leadership styles and mine has never been one I have considered autocratic, but I do get to a point, if I am honest with myself. I'll ask somebody to do something, I'll ask 3 times. After the third time, I'll just do it myself. And that's a little bit of an autocratic leadership style. Maybe there was a better way of re-negotiating it, but there is a cut- off point for me. Part of that is probably the strong Myers-Briggs "J" that I have. Sometimes I have to reflect back, even here, when I look at health and

Leadership style- Autocratic at times

what we are doing and think is it really the faculty or is it my leadership style.”  
(Participant 2, Interview 2, January 3, 2017)

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*Participant 2 PPT 3- Collaboration and Connectivity, Definitions, and Researcher Interpretations*

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PPT 3. Collaboration and Connectivity

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Interview Statements	Researcher's Interpretations
<p>(Q2.2) “But I think if we walk alongside instead of in front or behind...well you know maybe behind every once in a while, to give a little push! &lt;laughter&gt; . But I much prefer to walk alongside somebody. I think a whole lot about leadership is collaborative and connectivity.” (Participant 2, Interview 1, December 13, 2016)</p>	<p>Participant 2 defined connectivity as not equaling selfishness.</p>
<p>(Q2.3a) “The biggest thing for me and I'll use the term strongly is dictatorial. I know that some of that falls under autocratic when decisions are made top down without any care or concern for the impact that it has going down and coming back up. We see that across about every entity- not doing team approach. When I look back at those other sections team approach is probably the most effective and the most difficult to do. I use to love the way my husband use to talk about norming, forming, swarming, performing, &amp; transforming. I think those are the keys to leadership and when you don't have those you stay in the swarming stage because somebody as ruling and regulating I don't think that's a sign of a good leader. Though there are a whole bunch</p>	<p>Qualities of ineffective leadership as defined by Participant 1 were being narcissistic, dictatorial and autocratic. She has a commitment to leaving a legacy &amp; connectivity with followers. She expressed that her past work environment was not collaborative, but highly individualized. This is not in alignment with PPT3, but she stayed for 30+ years then moved to a university more in alignment with PPTs.</p> <p>She described health care as unbalanced at times. She gave an example of the business side of healthcare and being able to balance</p>

of leaders throughout history....”  
 <laughter> (Participant 2, Interview 1,  
 December 13, 2016)

the patient/person- centered part of  
 health care.

(Q.2.3a) “...legacy. What kind of legacy  
 did they leave? I think we see the biggest  
 challenge with ineffectiveness is not  
 knowing your population and the people  
 with whom you are working. Making  
 decisions for- to them without you  
 involving them in the decision- making. I  
 don't do things to or for people. I only do  
 them with people. And those are not just  
 plays on words, those are really a style.  
 Again, I go back to just making decisions  
 on what's going to happen to someone or a  
 corporation- whatever it happens to be  
 without getting all the facts and  
 without knowing all the components is  
 really ineffective leadership to me.”  
 (Participant 2, Interview 1, December 13,  
 2016)

(Q2.3a)“That's the other key word to me-  
 balance. Ineffective leaders don't balance  
 well.” (Participant 2, Interview 1,  
 December 13, 2016)

Her balance (PPT8), collaboration/  
 connectivity (PPT3), & spirituality  
 (PPT5) often act in concert in her life  
 experiences.

[AH: Do you see yourself as a charismatic  
 leader?] “You know, I am not really good  
 at labeling myself in anyway. But, I see  
 myself as a connector. I like to bring  
 people together and maybe that takes  
 some degree of charisma.” (Participant 2,  
 Interview 1, December 13, 2016)

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*Participant 2 PPT 4- Empathy, Definitions, and Researcher Interpretations*

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PPT 4. Empathy

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Interview Statements

Researcher's Interpretations

(Q2.2) "I think we should role model that which we want others to do."

AH: Yes, so be an example?

"Yes, right, so, I think engaging individuals where they are..."

AH: So meeting them where they are at?

Yes. For me the important thing about just being with other people is to be encouraging." (Participant 2, Interview 1, December 13, 2016)

(Q2.3a) "The biggest thing for me and I'll use the term strongly is dictatorial. I know that some of that falls under autocratic when decisions are made top down without any care or concern for the impact that it has going down and coming back up. We see that across about every entity-not doing team approach. When I look back at those other sections team approach is probably the most effective and the most difficult to do. I use to love the way my husband use to talk about norming, forming, swarming, performing, & transforming. I think those are the keys to leadership and when you don't have those you stay in the swarming stage because somebody as ruling and regulating I don't think that's a sign of a good leader. Though there are a whole bunch of leaders throughout history...."

<laughter> (Participant 2, Interview 1, December 13, 2016)

Qualities of ineffective leadership as defined by Participant 1 were being narcissistic, dictatorial and autocratic. She has a commitment to leaving a legacy & connectivity with followers. She expressed that her past work environment was not collaborative, but highly individualized. This is not in alignment with PPT3, but she stayed for 30+ years then moved to a university more in alignment with PPTs.

She described health care as unbalanced at times. She gave an example of the business side of healthcare and being able to balance the patient/person-centered part of health care.

(Q2.5) “I think we jump in and it has made me really reframe using that term "I understand". Because I don't think we do unless we ask. I think a core value to me really is to be with that person. To hear where that person is or are if it's an organization. As oppose to me making and drawing conclusions on limited information. [AH: So it's a type of listening....] “It is a type of listening. Listening, silence, and reflection. I think it is really difficult for us to be silent.” (Participant 2, Interview 1, December 13, 2016)

This statement makes me think that PPT 4 & 7 could possibly be combined due to Participant 2's definition and interpretation of the terms.

“Yes, and I think that some of my children benefited from some of the traumas they experienced in their lives because we would train them to move them forward.” [AH: So they developed the coping skills and mechanisms so they wouldn't think life was over when presented with an issue.] “And they maintained the love and respect for their father that they needed to and that they should have for which I will be forever grateful. And they transferred that to my husband and they transferred that to our own lives. So, I think those are the life experiences that are not these big dramatic things, although divorce is pretty dramatic. Loss is pretty dramatic and having lost both my husbands.... I say I am still in transition. I think transition is a real learning experience.” (Participant 2, Interview 1, December 13, 2016)

Participant 2 is utilizing traumatic experience to teach and develop others.

*Participant 2 PPT 5- Spirituality, Definitions, and Researcher Interpretations*

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PPT 5. Spirituality

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Interview Statements	Researcher's Interpretations
<p>(Q2.1) "...my Christian roots I would say Jesus Christ. That's my first leader. That's who I dedicated my dissertation to... He epitomizes all that I believe in." (Participant 2, Interview 1, December 13, 2016)</p>	<p>Spirituality is important to Participant 2. She sees her husband &amp; family as important also. She admires charismatic leaders such as Obama &amp; her church leader.</p>
<p>(Q2.1) "...my husband. Because my husband knew the value, and the attributes and he practiced those values of being a leader." (Participant 2, Interview 1, December 13, 2016)</p>	
<p>(Q2.1) "...at this juncture I would stick to the spiritual side and I look at the female leader of my church. As a leader of her church and a leader of her community, her engagement.... she knows how to engage people. And that is just really a good leadership quality." (Participant 2, Interview 1, December 13, 2016)</p>	
<p>(Q2.1) "I wish I could add a fourth. If I could it would be Barak Obama. I think he has done so much more for this country that people can begin to even realize in a very positive way." "The legacy that he's leaving. The fact that he is still so engaging and optimistic. And he has not let all the things that could have destroyed a person harm him in any obvious way. I think he is a role model for our young people." (Participant 2, Interview 1,</p>	

December 13, 2016)

(Q2.2) “It really does go back to those roots. Spirituality, and I am so appreciative of you framing it that way. Because it is not religion. It is not religiosity. The model I use, that has been used for years is (w)holistic health, that is human spiritual interaction. And that may or may not involve a religion per say. It really is that spirit within.” (Participant 2, Interview 1, December 13, 2016)

(Q2.3a) “That's the other key word to me—balance. Ineffective leaders don't balance well.” (Participant 2, Interview 1, December 13, 2016)

Her balance (PPT8), collaboration/ connectivity (PPT3), & spirituality (PPT5) often act in concert in her life experiences.

(Q2.4) “I think my being involved in a faith-based system of some kind wasn't necessarily... I say system as opposed to building so as opposed to a church, that's impacted my life and means so much to me on a continual basis.” (Participant 2, Interview 1, December 13, 2016)

(Q2.5) “Integrity, responsibility, connectedness/ collaboration, compassion, empathy not sympathy, spirituality. Spirituality should be the core. I think, it's kind of been the mantra that has moved me through the loss that I had and that is acceptance of that which I do not understand. And prayer for his peace which passes all understanding.” (Participant 2, Interview 1, December 13, 2016)

The (w)holistic health model is formal theory based on her PPTs.

This describes her definition/ operationalization of spirituality.

“It doesn't mean I don't get angry with God.... and yell and scream and say why me! But it comes back around full circle. There's something there that I can't quantify. And that's the unknown and for me that's what spirituality is. It's not religion. It really is this sense that there's something greater inside of me than me.” (Participant 2, Interview 3, January 6, 2017)

This is her definition of spirituality. Participant 2's spirituality was the foundation of her balance and protection.

“And so many people see spirituality and religion as one in the same. I think we have done so many wrong things in the name of religion. So, it's hard to separate those two out. But I think spirituality is ... maybe it's part of your core value system and the core of your personhood. And it's your reasoning for making the decision's that you make you consciously say, " I'm making this decision because it benefits me!" or so you say, "I'm making this decision because it's benefiting the us." (Participant 2, Interview 3, January 6, 2017)

Her definition of spirituality.

Participant 2 also agreed that spirituality is very personal and may not be shown by all who are spiritual.

[Answering question where did your confidence come from?] “And I think as well, for me it's been my prayer for a long time and it was particularly my prayer with my husband to continue forward. Whereas, acceptance of that which I cannot change and for His peace that passes all understanding... There are some things I cannot change.” (Participant 2, Interview 3, January 6, 2017)

Her confidence came from faith, hope, and determination to succeed.

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*Participant 2 PPT 6- Respect and acceptance, Definitions, and Researcher Interpretations*

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PPT 6. Respect and Acceptance

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Interview Statements

Researcher's Interpretations

(Q2.2) “I think all of that also revolves around creativity. And what's so important to me...it's very very important is inclusiveness.” AH: Yes, if people feel like they don't belong.... maybe belong is the wrong word. I think inclusiveness goes beyond just making somebody feel like they belong... That's part of it. It's belonging. It's "feeling a part of". (Participant 2, Interview 1, December 13, 2016)

(Q2.3a) “The biggest thing for me and I'll use the term strongly is dictatorial. I know that some of that falls under autocratic when decisions are made top down without any care or concern for the impact that it has going down and coming back up. We see that across about every entity- not doing team approach. When I look back at those other sections team approach is probably the most effective and the most difficult to do. I use to love the way my husband use to talk about norming, forming, swarming, performing, & transforming. I think those are the keys to leadership and when you don't have those you stay in the swarming stage because somebody as ruling and regulating I don't think that's a sign of a good leader. Though there are a whole bunch of leaders throughout history....” <laughter> (Participant 2, Interview 1, December 13, 2016)

Qualities of ineffective leadership as defined by Participant 1 were being narcissistic, dictatorial and autocratic. She has a commitment to leaving a legacy & connectivity with followers. She expressed that her past work environment was not collaborative, but highly individualized. This is not in alignment with PPT3, but she stayed for 30+ years then moved to a university more in alignment with PPTs.

She described health care as unbalanced at times. She gave an example of the business side of healthcare and being able to balance the patient/person- centered part of health care.

(Q2.4) "...the coach training I did and it really does talk about being introspective and respecting differences. I think that's a real key for me. We tend to take that word different and make it lesser than. And it really is other than. So I think that gets tied together." (Participant 2, Interview 1, December 13, 2016)

"Yes, and I think that some of my children benefited from some of the traumas they experienced in their lives because we would train them to move them forward." [AH: So they developed the coping skills and mechanisms so they wouldn't think life was over when presented with an issue.] "And they maintained the love and respect for their father that they needed to and that they should have for which I will be forever grateful. And they transferred that to my husband and they transferred that to our own lives. So, I think those are the life experiences that are not these big dramatic things, although divorce is pretty dramatic. Loss is pretty dramatic and having lost both my husbands.... I say I am still in transition. I think transition is a real learning experience." (Participant 2, Interview 1, December 13, 2016)

She is utilizing traumatic experience to teach and develop.

"So I think that's a flaw in the health care system, because we don't know what to do with mental and emotional other than stigmatize it." (Participant 2, Interview 1, December 13, 2016)

Her belief of a flaw in health care system.

She believes it reflects responsibility of health care provider.

[Discussing the non-spiritual leader] "It would be a different type of leader. I think many autocratic leaders... I shouldn't say

She is discussing how a non-spiritual leader can still be a leader. However,

that. But I don't know what spirituality-base they have. Do I think that is the core for every leader? I don't think so. It doesn't necessary make them less of a leader. It just makes them a different leader.” (Participant 2, Interview 3, January 6, 2017)

the lack of spiritually will show in their leadership practice.

[Answering question if non-spiritual leader is less effective] “...I don't know. I would be biased to say, I think it would, but, it depends on how a person is defining spirituality. And we all define that a little bit different, so it would be wrong for me to judge how somebody else defines it for himself or herself, with how that person sees their leadership role.” (Participant 2, Interview 3, January 6, 2017)

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*Participant 2 PPT 7- Introspection (Listening, Silence, & Reflection), Definitions, and Researcher Interpretations*

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PPT 7. Introspection (Listening, Silence, & Reflection)

Interview Statements	Researcher's Interpretations
(Q2.4) “There has definitely been people in my life who have influenced me. It's interesting when I think about it, perhaps unusual in the sense that I think that you know, marrying at a young age with my first husband. Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different and that was to A. Never criticize my first husband for his	This is similar to Participant 1. Participant 1 was also married young, was divorced with kids and raised kids as a single mother.



choice. And to recognize that he was the father of my children and that is an experience that changed and altered my life. And then to move forward from that and to not stop. And to provide that influence for my children.” (Participant 2, Interview 1, December 13, 2016)

(Q2.4) “Everything I have been told and everything I know... loss, particularly the loss of a partner, even more so than the loss of a child is an ongoing process; where you adjust and adapt aloneness is always there.” (Participant 2, Interview 1, December 13, 2016)

(Q2.4) “...the coach training I did and it really does talk about being introspective and respecting differences. I think that's a real key for me. We tend to take that word different and make it lesser than. And it really is other than. So I think that gets tied together.” (Participant 2, Interview 1, December 13, 2016)

(Q2.5) “I think we jump in and it has made me really reframe using that term "I understand". Because I don't think we do unless we ask. I think a core value to me really is to be with that person. To hear where that person is or are if it's an organization. As oppose to me making and drawing conclusions on limited information. [AH: So it's a type of listening....] “It is a type of listening. Listening, silence, and reflection. I think it is really difficult for us to be silent.”

Could this PPT and PPT 4 be combined?

(Participant 2, Interview 1, December 13, 2016)

(Q2.5) [AH: I have to think of a word for this "acceptance of things you don't understand" which goes into the listening, silence, and reflection. Maybe being introspective? Would that be a good term?] "Yes. It really is. That is a good term." (Participant 2, Interview 1, December 13, 2016)

"I know there are a lot of leadership styles and mine has never been one I have considered autocratic, but I do get to a point, if I am honest with myself. I'll ask somebody to do something, I'll ask 3 times. After the third time, I'll just do it myself. And that's a little bit of an autocratic leadership style. Maybe there was a better way of re-negotiating it, but there is a cut-off point for me. Part of that is probably the strong Myers-Briggs "J" that I have. Sometimes I have to reflect back, even here, when I look at health and what we are doing and think is it really the faculty or is it my leadership style." (Participant 2, Interview 2, January 3, 2017)

Leadership Style- Autocratic at times

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*Participant 2 PPT 8- Balance Between Self & Caring (Selflessness), Definitions, and Researcher Interpretations*

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PPT 8. Balance Between Self and Caring (Selflessness)

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Interview Statements

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Researcher's Interpretations

(Q2.4) "There has definitely been

This is similar to Participant 1.

people in my life who have influenced me. It's interesting when I think about it, perhaps unusual in the sense that I think that you know, marrying at a young age with my first husband. Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different and that was to A. Never criticize my first husband for his choice. And to recognize that he was the father of my children and that is an experience that changed and altered my life. And then to move forward from that and to not stop. And to provide that influence for my children.” (Participant 2, Interview 1, December 13, 2016)

(Q2.4) “Everything I have been told and everything I know... loss, particularly the loss of a partner, even more so than the loss of a child is an ongoing process; where you adjust and adapt aloneness is always there.” (Participant 2, Interview 1, December 13, 2016)

(Q2.5) “Empowerment is another real important core value. And being willing to give of self without expectation of getting back.” [AH: Selfless.] “And again, the problem with the word selfless is that we think it is the opposite of selfish and that selfless means that you don't do self-caring. So, it's a balancing between self and caring.

Participant 1 was also married young, was divorced with kids and raised kids as a single mother.

These statements define her definition of selflessness. It also goes back to her PP7 of introspection and PP4 of empathy.

(Participant 2, Interview 1, December 13, 2016)

(Q2.5) “I have his book I love what he said then and it is still relevant now. Human spiritual interaction, mental, emotional, physical, exercise/nutrition, and environmental. It's the core of who we are and all those areas need to balance out and they balance out in different ways over time. And it fits these core values because if I can look at where I am balancing, on that see-saw... I know where it's tilting and I know how I need to combat it.”

“The real key to all this stuff that we have said is looking at what one does best. And really focusing on the strengths and encouraging areas in need of improvement and giving people the opportunity to balance out both of those. I don't think we play off people's strengths nearly as much as we could. We identify what we perceive to be the strength as well as recognizing what the strength actually is...” (Participant 2, Interview 3, January 6, 2017)

“So, there is this balancing in there between gifting out and balancing in.” (Participant 2, Interview 3, January 6, 2017)

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*Participant 2 PPT 9- Resiliency, Definitions, and Researcher Interpretations*

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PPT 9. Resiliency

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Interview Statements	Researcher's Interpretations
<p>(Q2.4) “There has definitely been people in my life who have influenced me. It's interesting when I think about it, perhaps unusual in the sense that I think that you know, marrying at a young age with my first husband. Going through a divorce, something that I didn't want and didn't plan on. And recognizing that I have a choice and I don't think that gets recognized on a cognitive level. I could have just given up or I could have done something different. I chose to do something different and that was to A, Never criticize my first husband for his choice. And to recognize that he was the father of my children and that is an experience that changed and altered my life. And then to move forward from that and to not stop. And to provide that influence for my children.” (Participant 2, Interview 1, December 13, 2016)</p>	<p>This is similar to Participant 1. Participant 1 was also married young, was divorced with kids and raised kids as a single mother.</p>
<p>(Q2.4) “Everything I have been told and everything I know... loss, particularly the loss of a partner, even more so than the loss of a child is an ongoing process; where you adjust and adapt aloneness is always there.” (Participant 2, Interview 1, December 13, 2016)</p>	
<p>“Yes, and I think that some of my children benefited from some of the traumas they experienced in their lives because we would train them to move them forward.” [AH: So they developed the coping skills and mechanisms so they wouldn't think life was over when</p>	<p>She is utilizing traumatic experience to teach and develop</p>

presented with an issue.] “And they maintained the love and respect for their father that they needed to and that they should have for which I will be forever grateful. And they transferred that to my husband and they transferred that to our own lives. So, I think those are the life experiences that are not these big dramatic things, although divorce is pretty dramatic. Loss is pretty dramatic and having lost both my husbands.... I say I am still in transition. I think transition is a real learning experience.” (Participant 2, Interview 1, December 13, 2016)

“My dream would be that we help people accomplish that which they don't believe they have the ability to do. We help them to see that they do have the ability to make those accomplishments.”(Participant 2, Interview 3, January 6, 2017)

*Participant 2 PPT 10- Empowering Others, Definitions, and Researcher Interpretations*

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PPT 10. Empowering Others

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Interview Statements

Researcher's Interpretations

(Q.2.2) “I think all of that also revolves around creativity. And what's so important to me...it's very very important is inclusiveness.“ AH: Yes, if people feel like they don't belong.... maybe belong is the wrong word. I think inclusiveness goes beyond just making somebody feel like they belong... That's part of it. It's belonging.

It's "feeling a part of". (Participant 2, Interview 1, December 13, 2016)

(Q2.3a) "The biggest thing for me and I'll use the term strongly is dictatorial. I know that some of that falls under autocratic when decisions are made top down without any care or concern for the impact that it has going down and coming back up. We see that across about every entity- not doing team approach. When I look back at those other sections team approach is probably the most effective and the most difficult to do. I use to love the way my husband use to talk about norming, forming, swarming, performing, & transforming. I think those are the keys to leadership and when you don't have those you stay in the swarming stage because somebody as ruling and regulating I don't think that's a sign of a good leader. Though there are a whole bunch of leaders throughout history...." <laughter> (Participant 2, Interview 1, December 13, 2016)

(Q.2.3a) "...legacy. What kind of legacy did they leave? I think we see the biggest challenge with ineffectiveness is not knowing your population and the people with whom you are working. Making decisions for- to them without you involving them in the decision- making. I don't do things to or for people. I only do them with people. And those are not just plays on words, those are really a style. Again, I go back to just making decisions on what's going to happen to someone or a corporation- whatever it happens to be

Qualities of ineffective leadership as defined by Participant 1 were being narcissistic, dictatorial and autocratic. She has a commitment to leaving a legacy & connectivity with followers. She expressed that her past work environment was not collaborative, but highly individualized. This is not in alignment with PPT3, but she stayed for 30+ years then moved to a university more in alignment with PPTs.

She described health care as unbalanced at times. She gave an example of the business side of healthcare and being able to balance the patient/person- centered part of health care.

without getting all the facts and without knowing all the components is really ineffective leadership to me.” (Participant 2, Interview 1, December 13, 2016)

(Q2.5) “Empowerment is another real important core value. And being willing to give of self without expectation of getting back.” [AH: Selfless.] “And again, the problem with the word selfless is that we think it is the opposite of selfish and that selfless means that you don't do self-caring. So, it's a balancing between self and caring. (Participant 2, Interview 1, December 13, 2016)

(Q2.5) “And I think another core value is helping people to really make informed decisions. Which means they need to know whatever it is they need to know. So that the decision is theirs and we are not making it for them.”(Participant 2, Interview 1, December 13, 2016)

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## APPENDIX L

### Participant 2 Personal and Formal Theorizing

#### Personal Theory Influences, Reflective Statements and Researcher Interpretations

<b>Personal Theory Influences</b>	<b>Reflections of the Participant</b>	<b>Researcher Interpretations</b>	<b>PPTs</b>
Father	-Just Mentioned	-Did not discuss	
Brother	-Just Mentioned	-Did not discuss	
Husband	<p>“It was interesting when I got that (your invitation to participate). I thought, leadership... I had to separate that out. I go back to my husband and it's the leader within, because I did not necessarily see myself as a leader. But that's the administrator versus the leader.” (Participant 2, Interview 1, December 13, 2016)</p>	<p>-Did not see herself as a leader; Participant 2 saw herself as more of an administrator that just happened to lead. (She saw husband as more of a true leader.) Participant 2 has not operationalized leadership as influence in her personal life (regarding herself). This is probably because the emphasis in her professional background in “helping” roles. These roles did not have the “prestige” of other types of professions.</p>	<p>PPT 5 Spirituality  PPT 7 Introspection</p>

<p>“Leadership comes in all different size, shapes, and forms. That’s an example of it. I think leaders continue to emerge. If I look back at my husband and what he did even as far as leadership. The leader emerged even as he was running the band. He always ended up being the band manager in addition to playing in the band. That's kind of the leadership role that we see. Leaders draw people as opposed to administrators. We think of administrators, leaders, managers... all in the same, but they’re not. I think those are some of the differences” (Participant 2, Interview 2, January 3, 2017)</p>	<p>-Participant 2 saw herself as an administrator and people weren’t drawn to her like they were drawn to her husband. This is why she did not initially see herself as a leader.</p>	<p>PPT 4 Empathy  PPT 6 Respect  PPT 7 Introspection</p>
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*Formal Theory Influences and Reflective Statements*

<b>Formal Theory Influences</b>	<b>Reflections of the Participant</b>
Spiritual Leadership	<p>[AH: Right, and that goes back to the spiritual roots.... servant leader. You are there to serve.] “Yes, that's probably the best term I can think of is servant leader.” [AH: Right and that goes back to the spiritual roots.... servant leader. You are there to serve.] “Yes, that's probably</p>

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the best term I can think of is servant leader.” (Participant 2, Interview 1, December 13, 2016)

Q2.2) “It really does go back to those roots. Spirituality, and I am so appreciative of you framing it that way. Because it is not religion. It is not religiosity. The model I use, that has been used for years is (w)holistic health, that is human spiritual interaction. And that may or may not involve a religion per say. It really is that spirit within.” (Participant 2, Interview 1, December 13, 2016)

#### Theory of Servant Leadership

[AH: Right, and that goes back to the spiritual roots.... servant leader. You are there to serve.] “Yes, that's probably the best term I can think of is servant leader.” [AH: Right and that goes back to the spiritual roots.... servant leader. You are there to serve.] “Yes, that's probably the best term I can think of is servant leader.” (Participant 2, Interview 1, December 13, 2016)

“Some people would say that's not the best style <servant leader> because it's often not seen as appropriately self-caring. They see it as an over functioning caregiver. I've been called that a number of times.” (Participant 2, Interview 1, December 13, 2016)

“Yes, he was very much more on the giving end than the receiving end.”  
[Discussing husband as servant leader.]  
(Participant 2, Interview 1, December 13, 2016)

“The mantra that I use and I decided a long time ago, to not do things to people, or for people. But to do things with people. And that's just a different approach. And from a research perspective, so much of what is done is to or for people, but not with them... I just always tended to put other people first. I can't give a why, but I believe in part and even if I relate back to the situation with my husband, God gave me the strength to do what I needed to do. So, it allowed me to put him first just like I can put my children first. And a lot of people don't agree with that model. It's called self-care, you're supposed to put yourself first. But it's almost like there is this protective shield that God allows me to put around myself so that I do take care of myself, but somebody looking at me might not see that. Self-care is my choice. It's not somebody's else's choice for me.”  
(Participant 2, Interview 3, January 6, 2017)

(w)holistic health theory

(Q2.2) “It really does go back to those roots. Spirituality, and I am so appreciative of you framing it that way. Because it is not religion. It is not religiosity. The model I use, that has been used for years is (w)holistic health, that is human spiritual interaction. And that may or may not involve a religion per say. It really is that spirit within.” (Participant 2, Interview 1, December 13, 2016)

“That wellness model I sent you... I strongly believe in that model. I think all these things are interconnected. As we look at the evolution of how life alters and changes I don't think we can deny. We have the physical which is connected to the mental/emotional and I use that as an

example with my leg. Am I not just a little bit distressed with the fact that I'm hobbling around now? Yes! so all those things are interconnected. I don't think we can address one without impacting the other. If we look at that from a leader's perspective... how can we lead this way? How can we not lead this way of being inclusive, reaching out and bringing back in." (Participant 2, Interview 2, January 3, 2017)

#### Transformational Leadership Theory

(Q.2.3) "They were all charismatic, they were all transformational, they are all more giving out... And yet I can look at my husband who is very structured or he could be structured if he needed to be. And that's the part we don't see about people. But that part is required if we are going to be to me an effective leader. That's knowing all the rules and regulations and knowing how to follow them." (Participant 2, Interview 1, December 13, 2016)

[AH: It seems as though you are geared towards a charismatic type style of leader. Which is good and a transformational type of leader. Which with most people it is easy to follow those.] "Right, I am definitely not one into autocratic. I have lived and seen it, but it wouldn't be my style." (Participant 2, Interview 1, December 13, 2016)

#### Charismatic Leadership

(Q2.3) "They were all charismatic, they were all transformational, they are all more giving out... And yet I can look at my husband who is very structured or he could be structured if he needed to be. And that's the part we don't see about people. But that part is required if we are going to be to me an effective leader.

That's knowing all the rules and regulations and knowing how to follow them.” (Participant 2, Interview 1, December 13, 2016)

[AH: It seems as though you are geared towards a charismatic type style of leader. Which is good and a transformational type of leader. Which with most people it is easy to follow those.] “Right, I am definitely not one into autocratic. I have lived and seen it, but it wouldn't be my style.” (Participant 2, Interview 1, December 13, 2016)

[AH: Do you see yourself as a charismatic leader?] “You know, I am not really good at labeling myself in anyway. But, I see myself as a connector. I like to bring people together and maybe that takes some degree of charisma.” (Participant 2, Interview 1, December 13, 2016)

#### Resiliency Theory

“I actually went back and did a 2nd Masters because someone ticked me off! <laughter> I already had my PhD and I did the Masters at my previous university in Counselor Education; so, I could add the mental health component and make that be stronger. I think that's true that we challenge. I use to say and I said this recently to my sister and brother. I have no doubt that they are both much more intelligent than I will ever be. The big difference is that I persevered.” (Participant 2, Interview 2, January 3, 2017)

<Speaking of being told could not do something due to her lack of education> “Yes. It's like don't tell me what I can't do. I think that's how we discourage so many people. We make

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these assumptions of what a person is capable of doing as opposed to helping that person be capable of anything he or she chooses to do. I had a rehab client years ago, chuckled and said he wants to be a brain surgeon. I said let's sit down and make it happen. And then he got more real with what he really wanted to do. But I didn't say to him, <clapped> "you're a factory worker, you can't be a brain surgeon!" (Participant 2, Interview 3, January 6, 2017)

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## APPENDIX M

### Participant 2 Accomplishments, Reflective Statements and Researcher Interpretations

<b>Motherhood</b>			
<b>Accomplishment</b>	<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
Motherhood	<p>(Q3.1) “For me I feel I say this with students and anybody else I come in contact with. Family always comes first. That becomes the priority. I guess &lt;Pause&gt; watching the growth... watching how my children have grown to become who they are.” (Participant 2, Interview 2, January 3, 2017)</p> <p>(Q3.1) “It is a type of motherhood. It's a type of parenting.... I single parented...” (Participant 2, Interview 2, January 3, 2017)</p> <p>(Q3.1) “I think the important thing about that is that it</p>	<p>- Motherhood is Participant 2's foundation and the “why” behind what she does.</p>	<p>PP2 Responsibility PPT10 Empowering Others PPT8 Balance PPT 5 Spirituality PPT10 Empowerment</p>



was important to me to make sure my children maintain their relationship with their father. That's a type of parenting. My focus was that my children have the best that they could have and I still feel this way. I made a comment from the beginning and I'll say it again- I'd lay my life down for my children. Watching them become the fine young men they have become; I think is just a real gift. I see where they could have gone one direction or another. And they come back again full circle. I listen to the values that my older son has now and how he interfaces with his wife and with his children and those are the gifts. Not my accomplishments

per say, but it's my joint accomplishments with the two of them.” (Participant 2, Interview 2, January 3, 2017)

(Q3.1) “I think the fact that my daughter-in-law considers me to be her American mother is a significant accomplishment for me.” (Participant 2, Interview 2, January 3, 2017)

(Q3.1a) “So I think family is critically important and watching that evolution. And for me carrying on my husband's legacy is important in many many respects. I watched my sons keep certain things of his that they will never wear and never use, because they connected it to a memory they had with him. So, that's part of the legacy.”

PPT 5  
Spirituality

PPT 10  
Empowering  
Others

(Participant 2,  
Interview 2,  
January 3, 2017)

“I think the real key  
is learning how to  
balance. That's not  
always easy, but  
my children were  
flexible. That was  
the fortunate part  
about having family  
that could help. So  
I wasn't out there  
totally by myself.  
That was one of the  
things we  
recognized...”

(Participant 2,  
Interview 2,  
January 3, 2017)

“I single-parented  
for almost 20 years.  
So I basically  
reared my  
children.”

(Participant 2,  
Interview 2,  
January 3, 2017)

“I actually thought  
about going to law  
school or dental  
school. [AH: Yes,  
because you had so  
many different  
ways you could

-Sacrifice  
-Life decisions  
affected by  
motherhood

PPT 8 Balance

PPT 9  
Resiliency

PPT 2  
Responsibility

PPT1 Integrity

PPT 2  
Responsibility

PPT 9  
Resiliency

PPT10  
Empowerment

PPT 7  
Introspection

PPT 8 Balance

PPT 2  
Responsibility

have gone...]		PPT3
“Every law person I talked to said I should do dentistry and every dentist said I should do law school. At that time when I was making that decision my children were young and my younger son crashed again medically. So, I knew that leaving Jacksonville was not going to work. I would have had the support system if I were to move to another city to do a dental or law degree. I had applied to dental and law school and have been accepted to both. I just pulled back... I did the PhD route because I could commute to Gainesville and still work.” (Participant 2, Interview 2, January 3, 2017)		Connectivity PPT 4 Empathy PPT 10 Empowering Others
“My son said something that I had such an	-Role of family important	PPT2 Responsibility

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appreciation for. In Sweden when you have a child you get two years. We had this conversation before, but the fact that the father gets 6 months, it is such a difference to watch how the men interact with their children. So, it really is a shared role there. It's becoming more that way here with the Gen Xer's (I don't know about the Millennials). But, much more so with the Baby boomers. With the Baby boomers, the mother took that responsibility regardless. Now we are seeing it more shared. I think that is the gift. I said this to my daughter-in-law, with my kids I did everything, but somehow they turned out that they are living that shared role. And I think that just sends

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PPT7  
Introspection

a stronger message,  
particularly to  
females. That's an  
evolution.”  
(Participant 2,  
Interview 2,  
January 3, 2017)

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### Running a Consulting Agency

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	<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
Running a consulting agency	(Q3.2) “...the consulting we have done with my consulting agency with doing program evaluation and research...”(Participant 2, Interview 2, January 3, 2017)		PPT 1 Integrity  PPT2 Responsibility  PPT 8 Balance  PPT 3 Connectivity
	(Q3.2) [AH: So having & running your own business] “Yes. And running it while being in academia and making sure all those t's were crossed and i's were dotted, so it was all done ethically and professionally.” (Participant 2, Interview 2, January 3, 2017)		

(Q3.2a) [Bonding] “And the learning, the whole learning curve. The best way to learn is to actually do it. When you are out there in the real world, you find what you want to do, and what you really don't want to do. I don't know if I would call it an accomplishment, but I think that collaborative collectivity was really good for business as well as for the family interaction... So, we worked well, we balanced each other out... That ties back to a leadership skill... it's the leader within. It's the willingness of wanting to give back and the recognition of how best to do that.”

(Participant 2, Interview 2, January 3, 2017)

“But I think that was part of the family business, and it's not always easy to work with family. My husband and I worked wondrously well together. We balanced each other in that sense as did my youngest son.” (Participant 2, Interview 2, January 3, 2017)

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PPT3  
Collaboration  
PPT8 Balance

<b>Running a Psychotherapy Practice</b>			
	<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
Running a Psychotherapy practice	(Q3.3) [AH: This is the psychotherapy, right? And you did this while you were raising your children? You divided your time?] “Yes. That was an interesting decision of time and commitment. Between trying to do my dissertation...” (Participant 2, Interview 2, January 3, 2017)	-Commitment	PPT 8 Balance PPT 9 Resiliency
	(Q3.3a) “The clinical business was different from the program evaluation [consulting business]. I did that for almost 25 years-part-time clinical practice. That afforded me the opportunity to play a role in the lives of a lot of people. I had a lot of people come back to me and say you changed my life. I replied that I do not have the ability to do that.” (Participant 2, Interview 2, January 3, 2017)	- Speaks to participant 2 commitment to calling	PPT1 Integrity PPT4 Empathy PPT 8 Balance PPT 10 Empathy
	“When I was doing my counseling practice the difference was.... I was making a conscious choice at that time that I would not	-Participant 2 valued others transformation over monetary increase. She	PPT 1 Integrity PPT 4 Empathy PPT 8 Balance



go up on my fees. There's this pro and con thing when you don't value yourself enough. I'm pretty comfortable with not valuing myself.”

<laughter> [AH: You just had a desire to help everybody!] “Exactly, exactly. Even, although I moved my practice to different geographical areas of the city and where I had my final practice was in Ponte Vedra... I still had people from the Northside and Westside of Jacksonville that would come to Ponte Vedra. To tell you the honest truth, they were the most "committed" clients (I'll just say it that way.)”

(Participant 2, Interview 2, January 3, 2017)

wanted others to be empowered and was going to do what was necessary so they could get the needed help. Resiliency was seen in her willingness to accept lesser fees.

PPT 9  
Resiliency  
PPT10  
Empowering  
Others

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Being a dental hygienist with 1 <sup>st</sup> husband	-Just mentioned as an accomplishment
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**Getting PhD while simultaneously adjunct teaching and running  
psychotherapy practice**

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	<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
Getting PhD while simultaneously adjunct teaching and running psychotherapy practice	<p>“At one time, I was wearing 3 hats! My consulting agency with program evaluation. I almost have a 3-quarter amount of time clinical practice, and was full time at my past university. And they could all blend. They could have been conflictual, but none of them were. We always made sure that happened.” (Participant 2, Interview 2, January 3, 2017)</p>		<p>PPT 9 Connectivity</p> <p>PPT8 Balance</p> <p>PPT 2 Responsibility</p>
	<p>“I was licensed before my doctorate. I did clinical supervision for 12 years. I did a lot of maneuvering, so there wasn't much time for a social life...but a lot of time for getting things accomplished.” (Participant 2, Interview 2, January 3, 2017)</p>	-Sacrifice	<p>PPT 9 Resiliency</p> <p>PPT 8 Balance</p> <p>PPT10 Empowerment</p> <p>PPT2 Responsibility</p>

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“I was at that university in a visiting position while I was working on my doctorate. I was doing DUI evaluation, clinical practice, and vocational medical rehab.” (Participant 2, Interview 2, January 3, 2017)

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## APPENDIX N

*Participant 2 Decisions, Reflective Statements, and Researcher Interpretations*

<b>Deciding to keep consultancy business office (multifaceted decision)</b>		
<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
(4.1) "One of the ones I'm still struggling with is to keep the office we have been leasing <for my consultancy> for 2 years...So, the decision is two-fold. It is not to make a decision to leave yet...So, that's a professional decision I'm trying to make with my son. What's the outlook for the consultancy?" (Participant 2, Interview 3, January 6, 2017)		P3 Collaboration P10 Empowerment P2 Responsibility
(4.1a) "That decision is going to be based upon whether we get one other person to rent an office or share an office. It is a decision that hasn't been made yet because I am not sure I am comfortable taking the risk yet and not knowing whether or not that's going to happen." (Participant 2, Interview 3, January 6, 2017)		
(4.1a) "So, I guess my dream is that this other person will find somebody else and be able to stay there for another 2 years.		P8 Balance

That impacts not me counseling (because I'm not doing that), but it does impact my consulting agency. Because if we are not able to stay, I have to make another decision- where we move all that stuff and how we operate from that perspective.” (Participant 2, Interview 3, January 6, 2017)

(4.1a) “I would really like to keep that office. I don't need it personally for my consultancy, but I think it would make a contribution back to the field opening the door for counselors and others to have space to do counseling and training.” (Participant 2, Interview 3, January 6, 2017)

(4.1a) “That original decision was not for my consultancy. It was to open the door for counselors to get started. So, I have to trust that if that's what supposed to be continuing, we get another person to come in and rent and we will be able to keep it going. If not, my concern becomes what happens to the people who are there?” (Participant 2, Interview 3, January 6, 2017)

[Answering probe if it would be a financial impact to just keep it] “It would be too much of an

P8 Balance

P10 Empowering

P3 Collaboration

P2

Responsibility

P4 Empathy

P1 Integrity

impact financially. I am not willing to take that risk for two years. The lease signing would be at least a 2-year lease. I am not a real big risk taker. That's not a risk I'm willing to take. Like I said the consultancy is functional for this year and perhaps the next year, but with all the changes.... I need to find other marketing strategies to keep it going.” (Participant 2, Interview 3, January 6, 2017)

(6.0) Participant 2’s son is affected. “He [son] is running the company. It's whether or not with all the changes that may be happening that we can stay fluid.” [Son’s primary job.] “...So, there has to be income to cover everything that needs to be done.”[To be able to pay son’s salary] (Participant 2, Interview 3, January 6, 2017)

(6.0) [Perspective regarding negative consequences of decision] “Well, I think a lot of the key to this is there is so many people that see the negative side. I choose to see the positive side. I think it's optimism as opposed to the pessimism. It's the glass is half full. In decision making I hear a whole lot of negative stuff. If I have written that glass, it’s going to come out in the same

Participant 2 was in agreement with the following statements. “And staying focused with that on top of everything else is a lot! [Speaking of son with finishing doctorate and expanding business; expansion needs to occur to bring in more revenue.] Speaking to your core values as a mom- you want him to accomplish the goal

PPT8 Balance

place and for me it's going to be half full and not half empty. I think just about anything that is a negative can be turned into a positive. I recognize that it's there, but I will not let it dictate my life.” (Participant 2, Interview 3, January 6, 2017)

and be done so he can move to the next phase of his life. So, that's a heavy decision because it has a chain reaction of things behind it.” (A. Hart, Interview 3, January 6, 2017)

Participant 2 was in agreement with the following statement, “...you are looking at the individuals affected, like your son, the counselors; all of those different people. I don't know if you owned... you would have to tell me the key stakeholders. Meaning how the counselors would feel, the ones that are still there if you made the decision to close everything out.” (A. Hart, Interview 3, January 6, 2017)

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**Deciding to bring in new faculty members and students at current university.**

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<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
(4.2) “As far as what's happening here... <Heavy Sigh> We will be making a decision		P10 Empowering P3 Collaboration

soon on a new faculty member. And that won't happen for the next couple of months. Right after that we will be making decisions on students. I'm trying to help the faculty through mentorship. And the same time trying not to make people think they have to be me... that they have to think like me... And there will be lots of decisions that will need to be made on how the program is going to evolve.” (Participant 2, Interview 3, January 6, 2017)

P2 Responsibility

P1 Integrity

(4.2a) “The decision-making that ties into leadership is how much you try to move somebody this way <hand gesture> and at the same time let them be who they are, and let them grow and develop, and maintain that balance. And that's a challenge.” (Participant 2, Interview 3, January 6, 2017)

P4 Empathy

P6 Respect

“I think they all [PPTs] fit. Collaboration, corporation... they really all fit if you are going to have an effective program., particularly a counseling program.” (Participant 2, Interview 3, January 6, 2017)

Did not answer questions with proper interpretation.



<b>Deciding how the evolution of the counseling program is going to happen (making certain ideas reality, timing, etc.)</b>		
<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
<p>(4.3) “Professional decisions? Well, right now I'm supposed to be retired. I consider myself to be the working retired. The decision I guess is to continue that.” (Participant 2, Interview 3, January 6, 2017)</p>		
<p>(4.3a) “So, that is the decision I have been challenged on, I have made, and I will honor. That's to do what I need to do what I do best...Yes, so that decision to stick with this and to stay; it's a personal decision to stay where I am in my home environment and not to make any of those changes now given the situation I have just gone through. It ties back to being here, because my children in a nearby city would prefer for me to be much more free and flexible and be down there with them. That's tough for me, because I really could be helpful to them to be able to do some of the things they want to do. So, that's a tough decision for me that I made to continue here.” (Participant 2, Interview 3, January 6, 2017)</p>	<p>Torn between decision to follow through with professional goals and spend time with family as grandmother in another city.</p>	<p>PPT1- Integrity PPT2- Responsibility PPT8- Balance between self &amp; caring</p>

(6.0) “I think the evolution of the program. I think that's really a big one. That's inclusive of all the networking that's being done now to see how it can really be expanded. How it can really be unique in and of itself... [You are looking at many stakeholders] Yes! Other faculty, other disciplines. Yes, multiple stakeholders involved in that hole decision making process. What this program will evolve to become.” (Participant 2, Interview 3, January 6, 2017)

“And concerning the environment, it seems as though you did it due to the financial aspects.” (A.Hart, Interview 3, January 6, 2017)

“Yes, the remaining positive, but not being naïve. Is it possible that we can stay, from that perspective? And if not, having a backup plan. We have talked about that too. We do have a backup plan.” (Participant 2, Interview 3, January 6, 2017)

“And there will be lots of decisions that will need to be made on how the program is going to evolve. And I meet with my Dean on a regular basis because she is a real go- getter and we both have lots of ideas. So, how do you make ideas become reality? I just met somebody this week and they came up with some neat stuff about sports counseling and working with veterans. And then it's hard to get so excited for all these things and you want them to all become reality. But one person can't make all those things become reality. So, you let go and let somebody else go with it. So, what do you then do if they don't go with it. They say

PPT3-  
Collaboration  
&  
Connectivity

PPT8-Balance  
between self  
& caring (?)

PPT 10-  
Empowering  
Others

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they want to, but then they don't, then it comes back to you. That goes back to the balancing again. how do you have all these dreams and aspirations and you know that some of them are shared by other people, but they don't follow through. And that's tough when it comes to decision making.” (Participant 2, Interview 3, January 6, 2017)

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**Not teaching at current universities Downtown location.**

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<b>Reflections of Participant</b>	<b>Researcher's Interpretations</b>	<b>PPTs</b>
(4.4) “I did make a decision and said to my dean, I am not teaching Downtown! <laughter> Usually, I would say whatever you want me to do I'll do! But, that one I said no I'm not doing that!” (Participant 2, Interview 3, January 6, 2017)		PPT 2 PPT 8
(4.4a) “My rationale for not going downtown is that I don't find it safe. I recognize at my age and my gender and being a widow, that I need to pay more attention than I have in the past. I had an experience when I was teaching downtown years ago for my previous university where I got grabbed. And it's funny how those		PPT 4 PPT 7 PPT 8

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things come back. So, I am not comfortable. And decision-wise, I don't think it's a good idea for the university to have a singular female being downtown at night...I would not want the younger faculty to be down there either." (Participant 2, Interview 3, January 6, 2017)

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## APPENDIX O

Participant Demographic Table

Participant 1	Participant 2
<ul style="list-style-type: none"> <li>• Woman</li> <li>• Age- 60 (56 and older)</li> <li>• Caucasian</li> <li>• 32 years health care experience</li> <li>• Multiple disciplines in health care (education, fitness, exercise, wellness)</li> <li>• PhD in health education from Nova Southeastern (untraditional PhD program-online)- has had for 9 years</li> <li>• Masters in Health Administration</li> <li>• Bachelors in vocational education</li> <li>• College instructor for 24 years</li> <li>• Worked in corporate business settings for a majority of career</li> <li>• Various certifications (7)</li> <li>• Extensive time traveling &amp; time spent overseas</li> <li>• Owns own consulting firm as primary occupation for 11 years</li> <li>• Married early at the age of 19</li> <li>• Divorced and never remarried</li> <li>• Single Mother</li> <li>• 2 adult daughters in successful careers (business &amp; medical doctor)</li> <li>• Military family</li> <li>• Experienced death of siblings and father and other family throughout life from disease (cancer)</li> </ul>	<ul style="list-style-type: none"> <li>• Woman</li> <li>• Age 56 and older</li> <li>• Mixed ethnic heritage but identifies as Caucasian</li> <li>• 50 years in the health field</li> <li>• Multiple disciplines in health care (allied health, counseling, psychotherapist, education-tenured professor)</li> <li>• PhD in curriculum &amp; instruction &amp; vocational education (traditional program at large university)- has had for 33 years</li> <li>• Masters in Counseling; 2<sup>nd</sup> Masters in Allied Health Srvs w/ Alcohol/Drug Counseling Srvs</li> <li>• Bachelors in allied health srvs w/ Health Education</li> <li>• Worked 31 years at a university as tenured faculty</li> <li>• Worked 26 years as principal of consulting firm</li> <li>• Various certifications (21)</li> <li>• Single Mother</li> <li>• Married twice</li> <li>• First marriage at earlier age &amp; divorced early</li> <li>• Experienced close family members untimely deaths</li> <li>• 2 adult sons from 1<sup>st</sup> marriage (both PhD doctors)</li> </ul>

## CURRICULUM VITAE

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#### EDUCATION

EdD                      University of North Florida, Jacksonville, Florida  
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