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Dialogic Identity Construction: The Influence of Latinx Women's Identities in their Health Information Management Practice

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DIALOGIC IDENTITY CONSTRUCTION: THE INFLUENCE OF LATINX WOMEN'S IDENTITIES IN THEIR HEALTH INFORMATION MANAGEMENT PRACTICE

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ABSTRACT

DIALOGIC IDENTITY CONSTRUCTION: THE INFLUENCE OF LATINX WOMEN'S IDENTITIES IN THEIR HEALTH INFORMATION MANAGEMENT PRACTICE

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The purpose of this qualitative research was to study the experiences of Latinx women who lead in health information management in the United States. Latinx health information management professionals are faced with everchanging workplace dynamics and biases in which they are repeatedly reminded of their individual and ethnic differences that require them to construct and co-construct new facets to their identities in social contexts. By grounding this work in narrative inquiry and viewing identities critically, space is given for delving deeper into the specifics of how gender, ethnicity, culture, and class influenced Latinx women's leadership practice. Interviews offered the opportunity for discussion about how the Latinx women in this study navigated various faultlines and engaged in internal dialogues that contributed to their ability to construct, co-construct, and refuse identities on offer in two social contexts, family and the workplace. A Model of Dialogic Identity Construction in Practice emerged as a result of the participants' stories. While this study shines a light on Latinx women, it also creates awareness and discussion for all ethnic minorities who are often underrepresented and overlooked in the workplace. This dissertation is available in open access at AURA: Antioch University Repository and Archive, http://aura.antioch.edu/and OhioLINK ETD Center, https://etd.ohiolink.edu/.

Keywords: health information management, identity, identity construction, intersectionality, Latinx, leadership, women in the workplace

Dedication

This work is dedicated to my parents who taught me to be strong, work hard, be kind, and advocate for those whose voices are marginalized or disappeared.

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This research would not have been possible without the Latinx women who participated in this study, Ana, Claudia, Cleo, Elain, Elvia, Gloria Mel, Liz, and Mirna. Their courage, resilience, and grace made every story come to life.

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My family, Theresa, my soul sister, coding buddy, and one of the smartest women I know, and my brothers, John and Robert, who help keep me grounded and center me in love and strength, and Mom and Dad—I know you were proud and I wish you were here to share in this achievement . . . Todo mi amor, por siempre.

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My cohort, Ellen, Heather, Jeff, Lyn, and Jody—from the first beats of the bongos, to our deep discussions in Chester, UK, we planned and dreamed our journeys, and I am proud to have been with you along the way.

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CHAPTER I: INTRODUCTION

I asked Latinx women in health information management to tell me stories about how their Latinx identities influenced their health information management leadership practice. The participants' stories in this study explore the tensions for Latinx women in this field, including ethnicity, culture, power, and the perception of work. I have experienced these tensions in my own professional practice, and colleagues have shared stories of similar events. These experiences left me wondering how Latinx women in health information management navigate these tensions and the challenges they create, how they make meaning from these experiences, and how these experiences influence their leadership practice.

In the complex, fast-paced systems of healthcare, I have observed innumerable ways that Latinx women must integrate themselves into professional relationships that safeguard their personhood and ensure their voices are not lost. In my professional practice, I have worked hard to understand the different groups or associations I work in so that I am able to articulate messages that are understood without diluting who I am in the process. This study explores how Latinx women navigate their social and cultural identities that influence their professional practice, through their personal histories and stories. Using a scholar-practitioner, cocreated approach, I aim to understand the lived experiences of Latinx women who lead in health information management.

Women experience the disquieting effects of being pushed aside and having the work they do deskilled (Wajcman, 1991, p. 30). Ethnic minority women experience additional layers of marginalization beyond professional role bias due to race, language, culture, and other perceived social identity factors that influence their professional leadership trajectory (V. E. Schein & Mueller, 1992). In ways that are similar to other female groups and ethnic minorities,

Latinx women's identities are grounded in their culture, ethnicity, and sexuality. Their identities exist simultaneously and influence their "cognitive transitions that result from multiple group memberships and the ways knowledge is generated within the restrictions defined by these memberships" (Hurtado, 1996, p. 375). As this research is grounded within the context of Latinx women's identities, I question how their individual cultures, ethnicities, access to power, and perceptions of the work they do contribute to how they navigate their professional practice, and how this then contributes to marginalization of their work and silencing of their voices in the workplace (Fletcher, 1999; Wajcman, 1991).

In this chapter, I discuss my interest in the experiences of Latinx women working in health information management by delving into the identities they hold and how these identities influence their leadership practice. I explicate my research stance and positionality, provide an introduction to the health information management profession, and offer a brief overview of key literature within which this study is situated. In this chapter I also provide my epistemological stance and substantiate narrative inquiry as the methodology for this study, concluding with the beneficiaries and contributions of this research to academic and professional work.

Origins of My Interest

The origins of my interest are situated in my experiences as a Latinx health information management professional. I have typically worked in a hospital or associated clinical setting and have grown used to the inherent cultural hierarchy of these organizations. I have grown accustomed to seeing only men in administration; when there are women, they are not Latinx. I have been marginalized, silenced, and overlooked, and yet I persist. This made me wonder how other Latinx health information management professionals navigate their professional practice.

In my pilot study, Latinx women in the profession shared their personal stories, which resonate with me because they echo how I have felt in similar situations. One participant in my pilot study expressed challenges in how others viewed her subject matter expertise and related that challenge to the way others viewed her physical attributes: her manner of dress, long curly hair, and dark skin. She recounted having the feeling that what she wanted to contribute to a particular idea or project was discounted, and stated:

> I don't know why the word respect comes to mind because sometimes I think when somebody doesn't even consider what you have to say they're disrespectful. Because they're just putting your comment on the side. So, I don't know why that word just comes to mind . . . because that's how I felt sometimes.

"Putting one's comment to the side" is a particular phrasing that the participant used to explain the action of discounting her opinion or position. It may also be a translation of the Spanish connotation, "descartada" which translates to lay aside, or discard. I related to this example in a fundamental way because the participant is working with two identities here: the educated professional surrounded by others who do not relate to her in terms of language, and the Latinx who has two languages with potentially different cultural and social meanings in her mind as she navigates the conversation and roles. Importantly, she is also wrestling with the human experience of being left out or discarded, which can have traumatizing effects. These examples and others will be explored in my research interviews and grand story narrative, and they underscore the challenges as well as the resilience through which Latinx women establish themselves professionally.

Understanding the variety of ways that Latinx women in health information management approach their work and other social interactions needs to be more fully understood. This matters

because understanding Latinx women's roles may contribute to understanding why they choose the work they do and how they navigate their professional and personal identities. It is important for the participants of this study, the health information management profession, potentially for human resource and policy makers, and the organizations led by Latinx women. Latinx women's voices in the health information management profession must be heard with a renewed focus because in order to promote change for this profession within healthcare, we must create an environment in which Latinx women can safely articulate their stories.

Despite the similarities of the pilot study stories with my own experiences, and with the experiences of African American and other ethnic minority women in leadership roles, there is a need to appreciate differences in the individual experiences of Latinx women in health information management. The question of perception of the profession by outsiders, and perception of the profession by the Latinx women who do this work, is important and is explored in the interviews and resulting data analysis and recommendations in Chapter V. Through understanding Latinx women's professional experiences, we may find a way forward to support change in how health information management professionals' work is viewed in the larger healthcare context—the ultimate goal of this research.

The Profession

The health information management profession has been an evolving discipline in the health sciences for over 90 years. The profession began in 1918 when "the American College of Surgeons inaugurated a movement known as Hospital Standardization" (Huffman, 1947, p. 209), and thus began the efforts to establish systems and policies around the delivery of clinical care and how the documentation of care should be memorialized and managed. Historically, the environment in the United States was politically charged, as women were advocating for their

place and voice in society. The suffrage movement and later ratification of women's voting rights may have had compounding effects for this emerging profession as more women were entering the workforce and competing for technical work. It is not lost on health information management professionals that the founding of the profession was granted by white men who, while forward thinking, were also in positions of power in the workplace and who were standardizing a practice which had long been the work of women.

The women's movement continues and has transformed several times over the years, and today women continue to advocate for gender pay equity and for reframing perceptions of women's work. The American Health Information Management Association's (AHIMA, 2014) latest workforce statistics showed that the profession is in fact 91% women. In today's healthcare environment, new health information management professionals are trained well beyond clinical documentation requirements, and have integrated technology and information systems and management, operationalization of regulatory and legal requirements related to managing clinical data, and clinical coding and informatics into their training. Integrating higher skillsets and advanced degrees into the profession have positioned women, especially Latinx women, in one of the fastest growing and most sought-after professions in the United States (US News and World Report, 2016). A request for current data from AHIMA, pertaining to Latinx membership in the profession and positional leadership levels was made, and despite multiple requests, the requested data was not received.

Researcher's Stance

In pushing the social boundaries that affect Latinx women in this profession, I take a critical view of identity, and find that intersectionality (Crenshaw, 1989, 1991) allows for understanding the multifaceted identities that people hold in their relationships. For instance,

how I experience the intersections of my own identity as a female Latinx health information professional in California within the context of my work impacts how I view those with whom I interact and the relationships I have in professional settings. I relate to people in different ways based on the identities I hold in a particular circumstance or context, and the lens through which I view these interactions is colored by the social, historic, and cultural models I have developed from past experiences. Viewing health information management through this personal, historical, and social interaction lens creates an appreciation for the variety of experiences, cultures, and life stories that Latinx women in the profession bring to the work they do. This also allows for deeper discussions about how Latinx women's identities influence the groups they participate in, and possibly the decisions they make that may influence their professional practice.

Another critical perspective that deserves discussion is the simultaneity of identities (Holvino, 2010, 2012). It can be argued that its derivation is intersectionality, and it situates the concept of identity multiplicity within a social context as an essential component. This layering of theoretical concepts is important, as Holvino (2012) described:

> The dilemma of simultaneity is that while on the one hand differences such as race, gender, class, ethnicity, nationality, and sexuality coexist and are experienced simultaneously, the importance or salience of specific differences at [a] particular moment varies, given the social context. This makes for identities that are multiple, fluid, and ever changing, instead of stable and one-dimensional. (p. 174)

As I consider my own identity and position within the context of my professional practice, I must acknowledge the identities I hold and how I situate my identities in social contexts, because the identities I hold simultaneously may be apparent in my insider-outsider stance as a researcher

(Dwyer & Buckle, 2009). Exploring Latinx women who lead in health information management requires that I define my critical stance and reach beyond feminist theories.

In order to effectively study Latinx women, their professional practices, and their identities, recognition must be given to the contributions of feminist theoretical perspectives that provide context for this research, in particular standpoint theory (Carbado et al., 2013; Collins, 1997; Evans & Chamberlain, 2014). I position Latinx women at the center of this critique and acknowledge that this theoretical position aims to give voice to the voiceless, the marginalized, and ethnic minority groups. Standpoint theory also stems from an essentialist paradigm, effectively grouping the experiences of all women and ethnic minorities together, and this is where alignment with my topic diverges.

Intersectionality theory (Crenshaw, 1989) thus emerges as I endeavor to incorporate other voices, social experiences, and the multiple Latinx identities that women hold, and to situate Latinx women professionals in this context. Intersectionality, elaborated on in Chapter II, allows for multifaceted views of relationships between people because its more relational view considers how "an individual's multiple social locations can culminate in complex combinations of privileges and disadvantages, where people could hold privileged and marginalized identities" (Booysen, 2018, p. 17). Socially situating Latinx women in health information management creates an appreciation for the variety of experiences, cultures, and life stories that women in the profession bring to the work they do. This also allows for deeper discussions about how Latinx women's identities influence the groups they participate in, and possibly the decisions they make that may influence their professional practice. The experiences I have had as a Latinx health information management professional in the workplace have influenced my decisions about the

work I do, my leadership practice, and career choices. In order to situate these experiences socially, I begin from my position as a Latinx health information management professional.

Researcher's Positionality

I am a second-generation American woman of immigrant parents, and the oldest of four siblings. I am the sister of a special needs brother. I am bi-ethnic, recognizing my Father who is Puerto Rican and my Mother who is Austrian. I speak English and Spanish, with a limited smattering of German and French. My husband is biracial, African American, and Puerto Rican. I am a Latinx woman Director of Health Information Management at a prominent academic health system.

I grew up middle class in Los Angeles, California during the 1970s. During this adolescent period of my life, Los Angeles, like many cities in the United States, was negotiating race, segregation, and the rights of women and ethnic minorities. I recall seeing protests in the streets on the way to the market with my mother, and on television young people being sprayed with hoses for legally demonstrating. I tried to make sense of what was happening around me, taking into consideration the beautiful rainbow that was my family and situating this within the very Caucasian private school I attended. I recall being asked by a fellow student, "Are you a 'surfer' or a 'low rider'?", and I immediately understood that they were trying to understand whether I was white or Latinx. I did not have the language then to articulate that I was in fact both, and neither.

My adolescent experiences taught me how to be an expert in suppressing experiences of microaggressions and marginalization. As a new professional, I came to believe that I did not have a right to my feelings, having been afforded many advantages that women of color have to fight for and never win. Through experience and trials by fire, I developed an appreciation for

the similarities and the differences in perceptions of ethnicity, culture, and power between White women, African American women, and Latinx women at work. My education in these concepts came from wise, progressive, and empathic women leaders from a variety of ethnic and cultural backgrounds who mentored me in leadership and health information management. They provided strong critiques to improve my professional practice and even stronger shoulders for me to lean on.

I began to view my history, identities, and how they intersect with my professional practice in a more critical way some years ago. I was working in my first Director position at a small community hospital, and as part of the hospital executive team, I reported to the CEO. At the conclusion of a routine leadership meeting, the group was discussing affirmative action, and in front of the entire Executive team, the CEO said, "We don't need to worry about that because Maria is our token Latina." I was shocked and could not articulate a response in that moment. My colleagues did that customary nervous fidget-chuckle and looked away because the topic had now turned embarrassing and inappropriate. They had all let me down, and I suddenly understood that while I was positionally an insider, I most definitely remained an outsider.

It is within this tension that I begin my search for paradigms to understand the social contexts within which I operate professionally, and to help me answer questions about the identities I reveal and how my identities are influenced by social factors. In order to effectively examine Latinx women in heath information management, it is important to understand individual, collective, and relational identities. Noting that individual identity refers to one's self-definition, or who I think I am, relational identity moves toward integrating the "social role-based identities . . . [and] refers to the relation between the individual and the significant others, or role relationships" (Booysen, 2018, p. 5). Collective or social identity (Booysen, 2018;

Uhl-Bien, 2006) refers to a special or specific group category to which one belongs. Latinx women in health information management may find themselves working within these identity layers. Unpacking identities requires a view into how people navigate within their worlds, how they make sense of the events unfolding around them, and how they make meaning from their interactions with others. Essential questions have emerged through my doctoral work thus far, and from my pilot studies, such as: In a predominately female profession, how do Latinx women working in health information management integrate their identifies in their work? How easily do they move in and out of their social role-based identities in order to create an environment within which they can lead effectively? Do Latinx women unknowingly buy into the social assertions that being empathetic, vulnerable, and relational are feminine traits and denote weakness, which leads them to put aside their agency? These are important questions about the multiplicity of identities that Latinx women hold and the positional leader characteristics they manifest in work contexts. I will bracket these questions and pay attention to how they are revealed through the participant storytelling.

I am aware that I cannot contain all of my identities as singular components; for instance, I am not defined solely by my ethnicity, culture, biological sex, or gender identity. My physical characteristics, culture, race, and ethnicity are parts of the whole of my personhood. My identities also operate inter- or independently as needed, while still connecting to the essential part of who I am. In my view, this is not a limitation, rather it is an opportunity for deeper understanding of how my identities remain fluid and ever changing, and how this coexistence and fluidity is harnessed for Latinx women who lead. This coexistence and fluidity can be described as the simultaneity of identity, “the simultaneous process of identity, institutional and

social practice, which operate concurrently and together to construct people's identities and shape their experiences, opportunities and constraints" (Holvino, 2012, p. 172).

The challenges I have faced in my profession are not specific to me, and other Latinx women have expressed resonance with the experiences I have shared. It is within this space that I explore the identities, challenges, and resilience of Latinx women who lead in health information management. Exploring the potential impact that change, professional roles, and the information management profession have for Latinx women, I question deeper the notions of identity, power, and recognition in this professional setting.

Purpose of the Study

The purpose of this study was to explore the identities that Latinx women hold and reveal and offer a space for discussion about how their identities contributed to their ability to be successful in their professional practice. Grounding this work in narrative inquiry and viewing identities critically made space for delving deeper into the specifics of how culture, race, ethnicity, and class influenced the participant's leadership practice. While this study shined a light on Latinx women, it also created a space for awareness, discussion, and advocacy for all ethnic minorities who are often underrepresented and overlooked in the workplace.

Research Questions

In exploring the potential impact that professional environmental change, professional roles, and the information management profession have for Latinx women, I begin to more deeply question the notions of identity, power, and recognition in this setting. In a predominately female profession, how do Latinx women working in positional leadership roles integrate their identities in their work? What exemplars do Latinx health information management professionals use in leading their teams? How easily do they move in and out of their social role-based

identities to create an environment within which they can lead effectively? These questions, and others mentioned in this chapter, have informed my primary research question: How do Latinx women's identities influence their health information management leadership practice?

The Literature

I bring together four bodies of scholarly work for this study: intersectionality, women in the workplace, women in leadership, and Latinx women in health information management. There is scant literature about health information management, so it is used as background to support the context of the study. I include resources from health informatics and general information management, where available, to explicate similar workplace environments. This brief overview of literature is provided to orient the reader to the context of the study, the definition of health information management, the use of the term Latinx, and intersectionality theory, which will be discussed in more detail in Chapter II.

Feminist Waves in the United States

I begin by recognizing the influence of feminist movements in the United States because of the contributions made to scholarly literature and practice. These movements came in what can arguably be described as waves (Evans & Chamberlain, 2014; Grady, 2018), with the first occurring in 1848 after the Civil War in which women fought for the essential right to participate in democracy by winning the right to vote. The second wave came in the mid-1960s during a time of sociopolitical unrest and tensions between races and genders, with some of the movement's energy owing to the availability of oral contraception. Informing the movement during this time was significant literature that focused on equality, discrimination, and power, and which placed discussions about the marginalization of women, their work, and how the media projected their identities into the hands of everyday white women (Carbado et al., 2013).

The third wave begins in the early 1990s and is often referred to as postmodern feminism. It is guided by the principle that discussions must be inclusive of race, sexuality, and class. Here, the discourse is even more focused on issues that divide women: race, sexuality, and the emergence of the intersections between these concepts takes hold. It is within this context that studies are primarily from a white woman's perspective.

I use this brief historical look only to exemplify the work and struggle of women's movements because:

> In the end, each has become an interest group, concerned only with itself. While each may talk about Black Power, Women Power, Worker's Power, in the final analysis each is only talking about separation of powers, or "a piece of the action." None is talking about real power, which involves the reconstruction of an entire society for the benefit of the great majority and for the advancement of humanity. (hooks, 1984, p. 91)

It is the African American, Latina, and Asian women of this time that begin to draw out the nuanced discussions about women and the intersectionality of experiences. I believe the real work continues and is exemplified by appreciating the intersections of all of these concerns, specifically race, gender, ethnicity, and class.

Intersectionality

I use intersectionality as the grounding theory and critical approach for this dissertation, and the associated literature of many scholar-practitioners informs my ontology. I propose that in order to properly understand the experiences of Latinx women in health information management, I must view their experiences as intersecting with other components, and not merely because they are women. Yes, their identities include their genders, and they also include their race, sexuality, culture, and class "because the intersectional experience is greater than the

sum of racism and sexism" (Crenshaw, 1989, p. 140). Along these lines, intersectionality can be expanded to include other marginalized groups of women, as many scholar-practitioners have done, including Mari Matsuda, bell hooks, A.E. Booysen, and Evangelina Hurtado. I discuss further the implications of applying an intersectional approach using the "intersectional-identity-cultural conceptualization of workplace identity formation" (Booysen, 2018, p. 22), and include a macro-meso-micro view of how identities at work are developed and integrated and include in Figure 2.3, Booysen's framework.

Figure 1.1

An Intersectional-Identity-Cultural Conceptualization of Leader Identity Formation

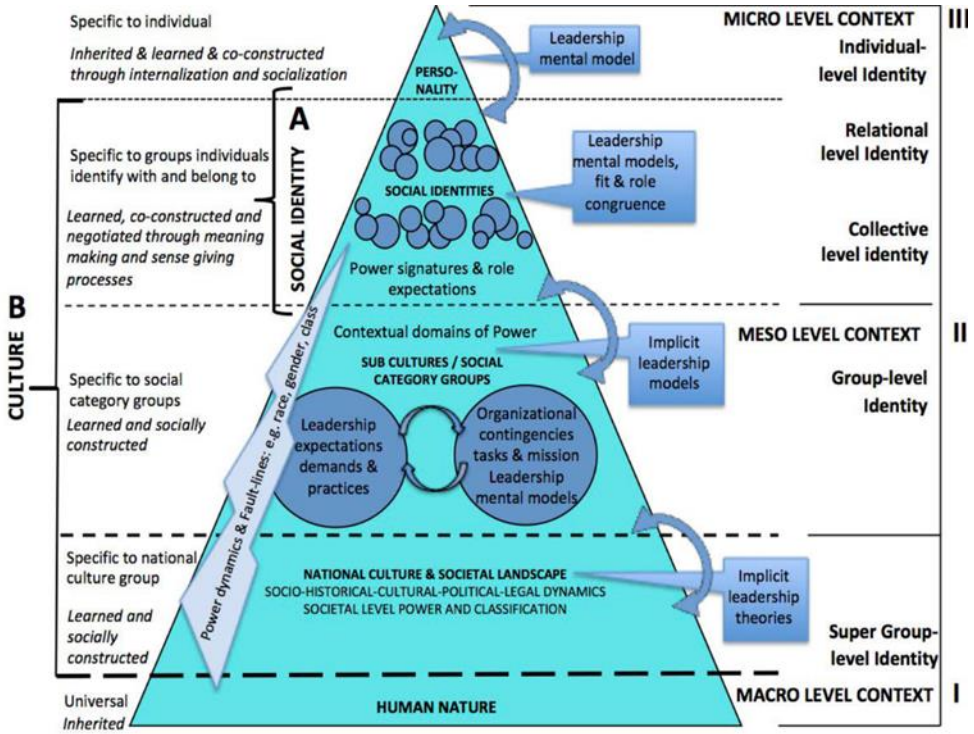


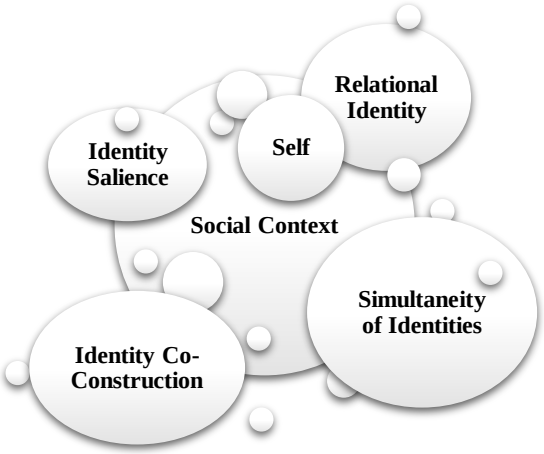
Figure 1.1 Workplace Identity Construction: An Intersectional-Identity-Cultural Lens, by L.A.E. Booysen, 2018, *Oxford Research Encyclopedia of Business and Management*, p. 22. Copyright 2018, used with permission from Oxford University Press.

This conceptualized framework helps to exemplify how Latinx women in health information management form their work identities and integrate leadership practices in their work based on

social identity theory, cultural leadership theory, leader member exchange, and leading across differences (Booysen, 2018, p. 22). As I reviewed the literature and prepared this study, I began to have a more focused view of Latinx women and how they form, hold, and show their multiplicity of identities in the workplace. I draw on Booysen's framework throughout this dissertation, and the impacts of it have influenced a deeper view of individual and group level identities, such that I began to conceptualize an adapted model for this study (see Figure 1.2).

Figure 1.2

Adaptation of Identity Formation: A Micro-Level View



Note: Adapted from Workplace Identity Construction: An Intersectional-Identity-Cultural Lens, by L.A.E. Booysen, 2018, Oxford Research Encyclopedia of Business and Management, p. 22.

This conceptual adaptation began as a basic drawing, and focused identity formation on the micro and individual identity formation of Latinx women in social contexts, with the participants (self) moving through different identity construction events. I kept this adapted model backgrounded as I worked through the literature and subsequent participant interviews. After analyses of the interviews and integration of literature, a deeper and more formed conceptualized adapted model emerged and is discussed further in Chapter V.

Perceptions of Work

Women are challenged with conflicting priorities between home, family, and work, and struggle with how to address their ambitions while still maintaining their sense of self and connection to important people in their lives. Latinx women may have compounding challenges owing to extended family, access to education, or perceptions of professional ability as a result of ethnicity or culture. I draw a distinction between women at work and the perception of the work women do by delving into how this affects predominately woman professions, such as health information management. Joyce Fletcher (1999) articulated the ways in which women's work and their voices are disappeared or silenced. She describes power and knowledge, which are inextricably linked, using a post-culturalist critique as the theoretical context, supporting the idea that the production of knowledge is also a production of power, in which only some voices and experiences are counted as knowledge. The perception of the work women do in health information in this context is external, meaning that those that are served by the work health information management (HIM) professionals do such as healthcare professionals, patients, and non-healthcare participants. How is the work of health information management professionals perceived by others outside the profession? Is the perception of the work tied to gender? It is important, therefore, to engage in conversations about the attributes that denote women's work, specifically that what women are socialized to do at home does not translate to the socially acceptable external work that men perform. The idea of "the feminine" is likely to have departed from organizational definitions of work, but there exists an idealized notion of masculinity that denotes authentic work. This concept aligns particularly well with health information management because the social concept that positions information as a commodity that only men

can develop, procure, and manage is debunked because women in this predominantly woman profession are the architects of the knowledge being created, stored, managed, and disseminated.

Identity

The term "identity" is used to describe the multifaceted characteristics that Latinx women hold. As defined in Merriam-Webster (2019), identity is "the distinguishing character or personality of an individual" and "the condition of being the same with something described or asserted," and I recognize that women hold more than one identity. We embody both a relational and a collective self (Uhl-Bien, 2006, p. 657). That is, we understand that we relate to the world in two distinct ways: our relational self, which is our relationship with significant others such as our family, and our collective self, or the ways we relate to others "based on our identity with a group or a social category" (Uhl-Bien, 2006, p. 658). The "social self-concept" (Uhl-Bien, 2006, p. 657), or how women in health information management in leadership positions define themselves relative to those they work with, their families, and how they think of themselves in each of these groups, aligns with understanding how professional identities influence Latinx women in health information management and requires that we acknowledge their complex identities as well.

Women in Health Information Management/IT/IS

Latinx women must navigate professional relationships that can be intricate and complicated, and which can be especially challenging in the context of working in professions dominated by men such as information technology (IT) or information systems (IS), which are akin to health information management. Latinx women's identities inform their view of the world around them, soak into their professional relationships, and may also affect their ability to move forward professionally. A different perspective is valuable in reviewing the relationships

that exist between information technology as a career in historically underserved groups, and the turn here is also an alignment with the more technical aspects of the work that health information management women do in their professional practice. In order to approach this discussion cogently, I recognize that approaching women as "other," in effect making gender a variable in discussions about policy and interventions, is a faulty approach because it creates the assumption that there is a singular female perception or experience. Unpacking the experiences of women working in information management and information technology, Kvasny (2006) identified incremental advancement and hope as narratives of ascent in a study about African American women enrolled in a technology class. The participants in the study described their longing to escape the alienation and loss they experience in the workforce using the metaphor of biblical exodus—a great discovery and need to move out of their current state in a swift escape from subjugation. The women identified attaining IT skills as a strategic way of escaping poverty, enhancing other skills, and increasing their social network within IT. The author explained:

> [the] women saw themselves as agents of social change, not victims. However, calling upon these women to be change agents only makes sense if we also look at the history, culture and structure in which their agency is to be exerted. (Kvasny, 2006, p. 11)

Here again, we need to delve further into understanding and evaluating the theoretical implications of the identities and roles women hold.

Latinx women have multiple facets within their social identities as professionals. These identity facets may include cultural influences, ethnic background, parental status, and economic status, and may require them to negotiate their multiple group memberships. A Latinx woman may adjust her vernacular in certain professional settings, for example, in order to assimilate more easily with group expectations or norms. This can be stigmatizing and problematic for the

woman if the identity facets are viewed in contrast with social expectations. If we agree that there is no stigmatization if multiple identities are not viewed as problematic (Hurtado, 1996, p. 374), then we may also agree that the essential attitudes and beliefs in the United States about race and gender are not valid. However, there must be universal agreement, free of ego and subjugation. Instead, we might ask a more appreciative question, such as: how can we approach an understanding of the ways in which individuals handle the "cognitive transitions that result from multiple group memberships and the ways knowledge is generated within the restrictions defined by these memberships to rise above them" (Hurtado, 1996, p. 375)? Said another way, we must understand the underlying experiences of minority women, the identities they hold, the groups they move in and out of, and the ways in which they produce and share knowledge about those experiences. The relational aspects of this approach are far reaching because they allow for an intersectional as well as an identity approach.

In particular, Hurtado (1996) discussed the myriad ways that women of color hold and release their anger to address the inequities they face, and how they have learned to use thoughtful silence to monitor the world around them. She noted, "[the] consistent experience of anger as a result of group memberships can block as well as facilitate access to knowledge for many women of Color" (Hurtado, 1996, p. 378). Humans need to be able to articulate their displeasure, dissatisfaction, and anger in productive ways, and the inability to do so creates a mindset that can be self-destructive or at the very least self-limiting. One position is that if women of color experience this silencing or marginalization within groups, perhaps at work or in professional associations, they may begin to appropriate that as part of their identity, which in turn affects their ability to access knowledge or their career trajectory. Are women of color who

use their agency assigned labels that socialize them into particular roles that prevent their success? Maybe, and Hurtado addressed this by noting that:

> [outspokenness] is the complement of the strategy of silence. Knowing when to talk and just exactly what to say is especially effective if the individuals are not expected to talk. It is the surprise attack that has the most impact. (p. 382)

Latinx

I choose to use the term Latinx throughout this dissertation primarily to address the issue of exclusion that is brought about owing to the Spanish use of gender, as in Latina or Latino. Using the term Latina/o does not sufficiently include other specific non-gender-conforming voices that deserve to be recognized. There is debate among Latinx academic scholars as to the appropriateness of assigning "x" instead of "o/a," such as, "the former term does not correspond to Spanish syntax and this will prevent Spanish dominant people from identifying with it, creating a larger schism between recent Latino immigrants and American born Latinos" (deOnís, 2017, p. 82). While there are detractors, there are also those who support reframing language to encourage inclusivity,

> Even if the stakes of gendered language do not feel high to some of us, they do feel high to many vulnerable others. As a supplement and not a substitute, Latinx offers a decent alternative to that unnecessary imposition of gender. (deOnís, 2017, p. 82)

The terminology is evolving, and recently new language has been formed to capture the distinctions of the Latinx diaspora, from Mexico to South America to the Caribbean. Some of the energy behind this change comes from the historical government labels assigned to people of Spanish descent, "Hispanic" being used to identify people who come from "Spanish-speaking" countries, and how "the term Latino was adapted by the U.S. government to label individuals

who identify as mestizo or mulato (mixed White, with Black and Native) people of Central or South America" (Delgado-Romero et al., 2007, p. 36). Technically speaking, my Father identified as mestizo, owing to his Taino and Spanish ancestry. The similarities "between these pan-ethnic terms is that they both refer to a cultural and ethnic group, not a race" (Salinas & Lozano, 2019, p. 2). Indeed, people of Latin American descent comprise various races, depending on ancestry and context, as the social construction of race continues to change through time. Discussions with Latinx women in my pilot study found that they referred to their identity by associating with their family's country of origin rather than associated pan-ethnic labels. I unpack this concept further in the research that follows as Latinx women explicate their identities.

Epistemological Stance

I provide in this dissertation a view into the history and epistemology of intersectionality, narrative inquiry, and its relevance to the topic of Latinx women's identities. I discuss my ontology and positionality as a health information management professional within this context. A key part of this dissertation are the interviews and utilizing narrative inquiry and interpretive phenomenology.

In order to properly situate the tensions and discussions about Latinx women in health information management, I provide a brief examination in Chapter II of standpoint theory as the essential jumping off for further examination of Latinx women's identities. I recognize the value of standpoint theory in positioning the discourse about women working in health information management from women's experiences in which they were subjugated or marginalized because of their gender. Yet standpoint theory is not enough on its own to help me frame the experiences that I have had as a woman and a health information management professional.

Taking a deeper, critical interpretation of identity has led me to intersectionality theory. Intersectionality theory expands beyond the limits of standpoint and allows for a multifaceted view of relationships between people. Using intersectionality to explore Latinx women in health information management helps me appreciate the variety of experiences, cultures, and life stories they bring to the work they do; at the same time, it allows for deeper discussions about how these identities influence the groups they participate with, and possibly the decisions they make that may influence their leadership practice. Intersectionality theory appreciates the co-construction of identities and social and cultural contexts, and "is a methodological and analytical tool that unlocks the ways in which different forms of social inequality, oppression, and discrimination interact and overlap in multidimensional ways" (Booysen, 2018, p. 14).

Research Method

I will use narrative inquiry to understand how Latinx women's identities influence their leadership practice in health information management through the co-creation of their stories. People learn through stories, and it is in the nuances of the storytelling that we can make meaning and that meaning can inform our state of being. It is this understanding that energizes my desire to dig deeper, to fully appreciate the lived experiences of Latinx women in health information management and ask more specific questions of myself to push the literary discourse. Within the scope of qualitative research, I use narrative inquiry to understand Latinx women's identities and how these influence their health information management leadership practice. As a research method, and throughout the literature about these concepts (Bochner & Riggs, 2014; Bold, 2013; Uhl-Bien, 2006), narrative inquiry supports the storytelling approach because it creates a space to hold and unpack tensions and questions about marginalized groups.

Listening to and interpreting the stories of Latinx women who lead in health information management requires a foundational approach that recognizes the researcher and the researched as co-constructing the story. I use intersectional reflexivity as a tool in the research process because it allows the researcher to "seek a deeper understanding of the dynamic nature of intersectional work done by researchers and participants where multiple identities are embodied, narratives shift and social identity borders are regularly traversed" (Atewologun & Mahalingam, 2018, p. 158). By utilizing a reflexive approach, I am able to push beyond reporting the statements of the participants to "actively constructing interpretations of the researcher's own experiences in the field and then questioning how those interpretations came about" (Atewologun & Mahalingam, 2018, p. 158).

This study included interviews from nine Latinx women working in positional leadership roles in health information management. A full Institutional Review Board (IRB) approval included an informed consent form for interviewing the participants, bearing in mind the ethical considerations of the study. These considerations included engaging in reflexive dialogue before the interviews to establish the researcher and participant's positionality, emotional effects that the interview may have had on the participant, and identifying support post-interview. The consent to participate and the subsequent deidentified interview transcripts were stored on a separate server enabled with multifactor authentication.

Contributions and Significance of This Study

This study aims to add to scholarly work in the domains of Latinx women and work, Latinx women and leadership, and women who work in the health information management profession. The significance of this study is the potential value of situating identity within the health information management space and the value of understanding the professional practice of

Latinx women who lead in health information management because there is very little research in this domain. The beneficiaries of this study will be the participants, the organizations within which the participants work, as well as the professional associations related to health information. I too will be a primary beneficiary of this study, owing to the opportunity to speak with women who may share similar social, cultural, and identity experiences. This study will create an opportunity for Latinx health information management professionals to share stories about their professional practice in a way that exemplifies the value their cultural and social identities bring to their work. Casting a light on the experiences of these women in this space through the critical lens of intersectionality allows Latinx women in health information management to share their stories about their personal leadership experiences, which may also contribute to scholarly work in understanding identity development for ethnic minority women in this professional space.

Limitations and Delimitations of This Study

The limitation of this study is that it is not meant to be a generalization of all women who work in health information management, rather it is a view into the experiences of a representative sample of Latinx whom who are working or have worked in positional leadership roles in health information management. Identifying women who lead teams in health information management is achieved by including women who are leading or have recently led a team irrespective of their specific work title, since there is job role and title variation across healthcare settings within health information management.

I delimit this study by identifying only participants who are Latinx women working in positional leadership roles in health information management. I anticipated that there are not large numbers of Latinx women in the United States who work in positional leadership roles,

further limiting the number of participants, so I included Latinx women participants working in positional leadership roles in health information management in the United States and the following territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the United States Virgin Islands.

Key Terms

- *AHIMA* refers to the American Health Information Management Association, the national association body of health information management professionals.
- *CAHIIM* refers to the Commission on Accreditation for Health Informatics and Information Management, the accrediting organization for health information management professionals.
- *HIM* refers to Health Information Management.
- *Identity/Identities* refers to the personal, social, group, and national identity categories that individuals integrate and associate.
- *Latinx* refers to the myriad Spanish-speaking, indigenous, and preferred gender pronouns of individuals from otherwise Spanish countries. This term is used interchangeable with Latina and Hispanic.
- *Profession* refers to the health information management profession.

Organization of Dissertation

Chapter I provides an overview of my dissertation topic, situates my position as the researcher, and establishes the purpose of this study and the questions I seek to answer. In this chapter, I describe the health information management profession and provide an overview of the literature, epistemological stance, ethical issues in conducting this research, and highlight the theoretical framework that I used to study the identities of Latinx women who lead in health

information management. An adapted model of Latinx women's identity construction in dialogue is foregrounded and discussed.

Chapter II situates Latinx women in leadership in information management, followed by an examination of the literature that focuses on the concepts and theories that are critical to understanding how Latinx women's identities influence their professional practice.

Chapter III presents the methodological approach I used for data gathering and analysis, which was developed from biographical and narrative thematic research methods. In this chapter I also present the rationale for the research methodology, and the associated limitations and ethical issues that surfaced and how they were addressed.

Chapter IV presents the data from the participant interviews, using interpretative narrative analysis and commonplace analysis to ensure the strength of the conclusions drawn with respect to the emergent themes. I discuss the results of the data analysis, highlighting women's stories that demonstrate how their identities influenced their health information management leadership practice.

Chapter V brings forward a full representation of a model of dialogic identity construction in practice. This model is the result of integrating the analysis from the participant's cocreated stories with a micro-meso view of the Intersectional-Identity-Cultural Conceptualization of Work Place Identity Formation (Booysen, 2018). I present the implications of the study for leading change for Latinx women in the health information profession, and for informing women's leadership development to support the space for Latinx women's stories to be heard. Highlighting these stories has implications for further study about the profession and the value that women's identities bring to the professional space. This exploration will contribute to the body of knowledge about women who lead in the health information management

profession, Latinx women in the workplace, and people who work at the intersections of gender, ethnicity, class and power.

CHAPTER II: REVIEW OF THE LITERATURE

In this chapter, I present a review of literature from four bodies of scholarly work: women in the workplace, women in health information management, Latinx women who lead, and leadership identity formation. I examine complicating factors affecting Latinx women who lead in health information management, such as career anchors, including gender role stereotypes, perceptions of women's work in information technology, identity construction, and intersectionality. There is scant literature about health information management, and in particular, about Latinx women who lead in health information management, therefore I include resources from similar workplace environments: information systems and technology, health informatics, and general information management. I use political, economic, social, technological, legal, and environmental frames (PESTLE) to explicate the tensions that affect Latinx women in the health information management profession. Finally, I review identity construction both within and outside the workplace, as well as the implications of intersectionality within this context.

Women in the Workplace

There are 4,165,140 computer and mathematical professionals working in the United States, of which 25.5% are women (U.S. Bureau of Labor Statistics, 2019); women remain a minority in all science, technology, engineering, and math (STEM) fields (Catalyst, 2020a). There are 29 women CEOs at Standard & Poor 500 companies in the United States (Catalyst, 2020b), and five of these women run technology companies. These figures are up from 2013, when there were 19 female CEOs (Cook & Glass, 2013, p. 1080). It is easy to applaud the fact that there are women CEOs of multinational, billion-dollar corporations. Yet considering that

women represent 50% of the population, but only 5% of upper-echelon positions in our nation's largest corporations, this disparity deserves a more in-depth review.

Ryan and Haslam (2005) presented evidence of precariousness in women's executive roles and showed that their ability to be successful is dependent not only on the financial security of the company, but also on perceptions of the quality of their work. The authors tested the theory that the relationship between women in leadership affected company performance by utilizing a correlational analysis to "assess the strength of the relationship between the percentage of women on the board of a company and its annual performance" (Ryan & Haslam, 2005, p. 84). One outcome of their analyses was that contrary to the belief that women appointed to boards were associated with "subsequent drop in company performance . . .in times of general financial downturn, companies that appointed a woman actually experienced a marked increase" (Ryan & Haslam, 2005, p. 86). An important outcome of their study was related to companies' performance leading up to the appointment of women to boards, that companies that appointed women to boards during general financial downturns experienced poor performance in the months leading up to the appointment, in contrast "when the stock market was more stable, companies that appointed a woman had experienced positive (but fluctuating) performance" (Ryan & Haslam, 2005, p. 86).

Vinnicombe and Singh (2003), in favor of women's appointments to boards, explained this in their study in which they stated, "six of the ten top companies with women directors (i.e., 60%) underperformed . . . while two of the bottom five without women directors (i.e., 40%) underperformed" (p. 82). These findings, however, did not show a statistically significant difference ($p = 0.53$), meaning that the appointment of women to a board does not result in a subsequent drop in company performance: "indeed in a time of a general financial downturn in

the stock market, companies that appointed a woman experienced a marked increase in share price" (Ryan & Haslam, 2005, p. 86). Studies have pointed out that the appointment of men to boards occurred most frequently during financially stable periods (Ryan & Haslam, 2005; Servon & Visser, 2011). One conclusion might be that the likelihood of women's placement in leadership positions is higher during an organizational financial downturn:

> In this way such women can be seen to be placed on a "glass cliff," (the phenomenon that women, especially women of color, are likelier than men to achieve leadership roles during crises or downturns when the chance of failure is highest) in the sense that their leadership appointments are made in problematic organizational circumstances and hence more precarious. (Ryan & Haslam, 2005, p. 87)

I will review the glass cliff phenomenon further in this chapter and examine the potential causative factors that women navigate, such as career anchors, gender role stereotypes, social context, and gender stereotypes such as think manager–think male.

Women in Technology

Despite the success of some women, many have lagged behind men in STEM, and this has affected their access to better-paying technology jobs. In 2015, the number of people employed in STEM occupations was just over 8 million (U.S. Bureau of Labor Statistics, 2017, p. 1), of which about 27% were women (Catalyst, 2020a). The factors hindering women from accessing and moving ahead in these fields may fall into several categories; as defined by Servon and Visser (2011), these included a "perceived corporate culture that marginalizes women, isolation, and the extreme nature of many jobs" (p. 276). I explore further IT workplace culture, family dynamics, power, and isolation within the context of women working in technology.

Culture

A qualitative study conducted in Australia, Ireland, New Zealand, and the United States demonstrated how culture contributes to women's IT career choices (Trauth, Quesenberry, & Huang, 2008). The authors draw keen insights from their female participants that resonate with my own experiences working in health information management and reporting to IT. The study endeavored to understand the cultural implications for women in IT as a group, and the cultural diversity that exists between the groups of women themselves. The authors looked "to demonstrate how cultural influences on gender and IT are manifested in the lives of female IT practitioners and academics" (Trauth, Quesenberry, & Huang, 2008, p. 11). Every culture has traditions or norms that workers hold onto as a sense of comfort and belonging within their workgroups, and these norms influence the decisions they make about their work and potentially how they lead. The study included four culturally embedded normative themes: maternity, childcare, perceptions of women working outside the home, and responsibilities for the care of aging parents. Maternity and family were a common theme in the study, and many participants expressed the stress and marginalization they felt either because of having children or choosing not to have children. The cultural implications of these choices weighed heavily on many of the women interviewed. For example, the authors noted the change in sentiment over time for one mother, who was discouraged from working outside the home, that ended with her finally exclaiming that more and more mothers were employed outside the home. Ethnic stereotypes were also a common theme, as in perceptions of one Vietnamese American woman: "She likes math, and hence many people associate her with the stereotype that Asians are good at math" (Trauth, Quesenberry, & Huang, 2008, p. 16). The stories in this study are relatable because they align in many ways with the experiences that Latinx women have shared with me as they navigate their social systems. Immigrant families are accustomed to living and working together,

and sharing responsibilities and familial roles; this is a common cultural identity for Latinx women. Notions of motherhood and the expectations that gender roles have for Latinx women at home are profound because they are tied to community. Child and elder care responsibilities often fall to Latinx women who must balance these obligations with their work and Latinx women depend a great deal on family members and their extended Latinx community for support.

Family Dynamics

In addition to the cultural influences that women in the workplace must contend with, there are family responsibilities that may influence their career choices and trajectory. Career choice was a prevalent theme throughout the above study's interviews:

> Women in the U.S. study felt the American societal message of career choice centers on what you want to be. However, in other countries, the societal message of career choice centers on what you can be or what you should be. (Trauth, Quesenberry, & Huang, 2008, p. 14)

One Chinese participant explained, however, that "in China, our country says a woman and a man are equal. There is no [stereotype that IT is] men's work" (Trauth, Quesenberry, & Huang, 2008, p. 15). Societal messages about gender equality may vary across cultures and ethnic groups, and there remain mixed messages for women who enter the workforce and careers that may be socially considered men's work. While societies endeavor to craft messages that are inclusive, patriarchal ideas and behaviors continue making the discussions about career choice more nuanced. Latinx women may face stigmatizing roles that are assigned to them, which may require them to work against familial-cultural notions of work so that the luxury afforded to most American women is not something many Latinx women can enjoy. If, for instance, a Latinx

woman devotes herself to her career and decides to have a child on her own, it is likely she will face criticism from her family and social networks and this knowledge is engrained in them from early childhood and influences the kind of work a Latinx women may choose.

Power

Analysis of the above narratives also revealed that the exercise of power over participant women took several forms, both subtle and overt. When asked about marginalization in social networks, the participants' examples pointed to their exclusion from working in IT and how this exclusion contributed to their inability to advance in IT organizations (Trauth et al., 2006; Trauth, Quesenberry, & Huang, 2008; Trauth, Quesenberry, & Yeo, 2008).

Similar notions relating to power were expressed in my pilot study. One Latinx participant described how, in her experience as a health information management professional, she began to internalize how she presented herself within the non-Latinx professional communities in which she was participating. The participant had developed a positive sense of self for completing a bachelor's degree, the first in her family, and had channeled her energy to approach her work with a positive and open attitude. As she explained, however, this was not always met in kind; when a physician excoriated her for calling him about not completing his work, she stated, "He insulted me. He said you know what, you're never going to be anything . . . [he] made me feel that I was stupid [and] that I didn't know what I was talking about." The participant expressed that the experience fed into her self-perception of inadequacy and created a feeling of isolation.

Isolation

Perceived experiences of not fitting in or marginalization can lead to isolation, and as much as one-third of women holding IT management positions feel "extremely isolated at work"

(Servon & Visser, 2011, p. 278). Servon and Visser (2011) used survey and interview data to address the question, “What are the barriers that prevent female retention and advancement within these [science, engineering, technology] occupational sectors?” (p. 273). Organizations have long agreed that women working in science, engineering, and technology occupations are beneficial for both women and the organizations at large; however, the implications for women are only now being explored (Servon & Visser, 2011; Trauth et al., 2004; Wajcman, 1991). Women who join predominately male technical fields may feel apart from the group, which contributes to the absence of female mentors, thereby creating long-term stress for women related to their career progression that contributes to women leaving the technology workforce altogether.

In my experience, and in the pilot studies I conducted, I found that health information management professionals have long-held beliefs that they are so specialized, the work they do so important, and the marginalization they feel so pronounced, that their isolation within organizations and professional groups can be profound. Most people may not consider working in the technology sector as an extreme job, but the “extensive travel, long hours and around the clock demands” (Servon & Visser, 2011, p. 278) that study participants have described add additional stressors that make this work fall outside what most would consider typical. The reality of the work is that, for many, it means long hours, being tied to one’s computer or phone on an almost 24-hour basis and is among a small group of subject-matter experts in an organization making decisions that affect patient care.

Women in Health Information Management

Information resource management refers to the people with the skills and knowledge to formalize policy and processes around managing information within a technical framework.

This can effectively be the foundational description for health information management too, with “its origins in library science, records management, administrative management, and other disciplines concerned with the effective storage, retrieval, and utilization of documents in organizations,” and “a coherent and global approach to managing information” (Trauth, 1989, p. 260). Establishing a strong link to the concept of information management outside of health information management is essential because it permits an exchange of ideas and similarities to surface. A common theme in this profession is “We must have a seat at the table,” referring to the decision-making opportunities afforded only to executives and those working in the IT and information systems space.

Health information management is “the practice of acquiring, analyzing, and protecting digital and traditional medical information vital to providing quality patient care” (AHIMA, 2020). The processes included in this practice are governed by state and federal laws, and by institutional policies specific to the patient population being served. The technical processes span the continuum of operational patient care, from registration for clinical service through final reimbursement from payers. Academic literature about the health information management profession is sparse, so I draw here on gray material to provide a brief history of the profession. I also review the structure of the credentials and certifications of professionals working in this field in order to identify the levels of expertise and education requirements for Latinx women who lead in this space. I conclude this section with a review of extant literature in related disciplines, such as health informatics and information systems, using a PESTLE lens. I used this approach in a pilot study and found that PESTLE provides a cogent jumping-off point for discussions about the complexities and tensions that women navigate in health information management environments.

History of the Profession

The health information management profession began modestly, out of the need to ensure that clinical care is appropriately memorialized for continuity of patient care, treatment, and research. In one of their initial actions in 1918, the American College of Surgeons adopted a movement called "hospital standardization," a minimum requirement of which was that "accurate and complete case records be written for all patients and filed in an accessible manner in the hospital" (Huffman, 1947, p. 2). Hospitals began to realize that someone was needed to maintain and secure the records. In 1928, the American Association of Medical Record Librarians was formed under the patronage of the American College of Surgeons. Hospitals during this time were primarily connected to academic institutions, and many women who worked in hospitals performed clerical, secretarial, and administrative tasks such as typing and filing. The professional certifications for this profession came later, in 1935.

Credentials and Certifications

Health information management professionals now receive certification through AHIMA, which traces its history back to 1928. It was established to "elevate the standards of clinical records in hospitals and other medical institutions" (AHIMA, 2003, p. 1). Over the last 90 years, the association has worked hard to keep pace with the changing healthcare environment, including moving from paper-based records and workflows to electronic health records (EHRs) and integrated care delivery models.

AHIMA supports two foundational credentials identified as Registered Health Information Technician (RHIT) and Registered Health Information Administrator (RHIA), and these require completion of a two- or four-year academic program from an approved school, as listed further in Table 2.1. AHIMA also supports three certifications; the Certified Coding

Associate (CCA), Certified Coding Specialist (CCS), and Certified Coding Specialist-Physician (CCS-P). These certifications also require completion of academic coursework in order to be eligible to complete the exams. Additionally, there are three specialty certifications supported by AHIMA; the Certified Health Data Analyst (CHDA), Certified in Healthcare Privacy & Security (CHPS), and the Certified Documentation Improvement Professional (CDIP) which do not require completion of academic coursework, however, may require preparation to sit for the exams. The Commission on Certification for Health Informatics and Information Management (CCHIM) is a standing commission appointed by AHIMA that to ensures the proficiency and expertise of professionals practicing Health Informatics and Information Management and provides oversight of AHIMA certification programs. Individuals who wish to practice in any of the domains are required to complete an academic course of study and pass a credentialing or certification exam managed by CCHIM. The Foundational credentials may be complemented with an additional certification in a particular specialty domain, such as clinical coding specialist or health privacy and security professional.

Table 2.1

Credentials and Certifications

	Domains		
	HIM Credentials	**Clinical Coding Certifications**	**Specialty Certifications**
Credential & Certification Definitions	Registered Health Information Administrator (RHIA)	Certified Coding Associate (CCA)	Certified Health Data Analyst (CHDA)
	Registered Health Information Technician (RHIT)	Certified Coding Specialist (CCS)	Certified in Healthcare Privacy & Security (CHPS)
		Certified Coding Specialist-Physician (CCS-P)	Certified Documentation Improvement Professional (CDIP)

Note: Adapted from AHIMA Certifications & Careers (2020).

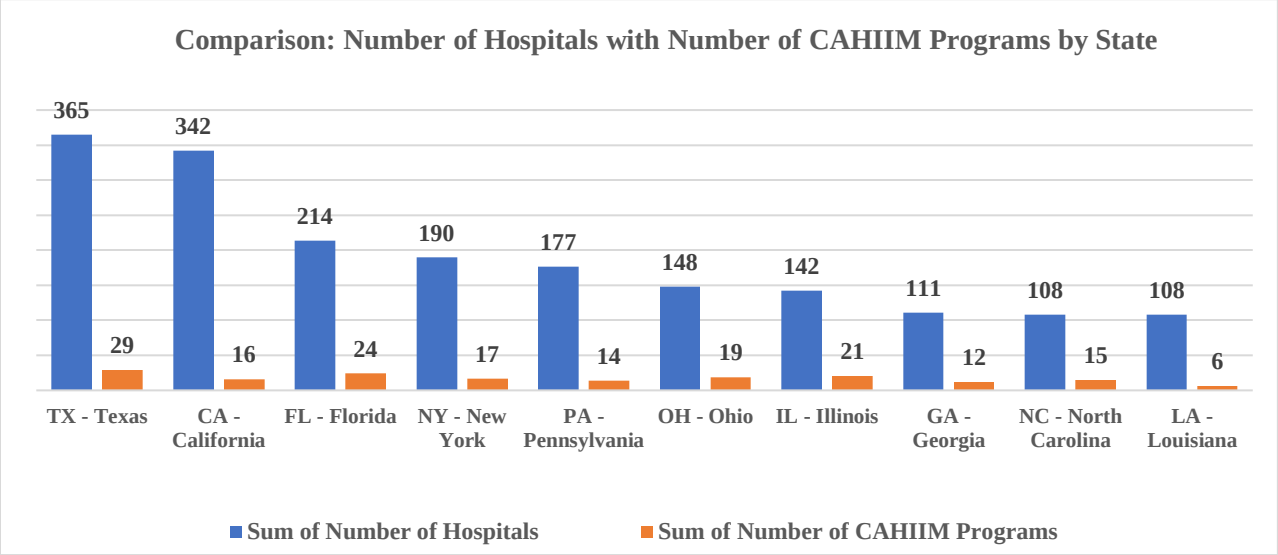
Access and Availability of Academic Programs

Access to academic programs for health information management is discussed here within the context of licensed hospitals in the United States because many hospitals and health systems maintain core health information management departments and services. As of January 2020, 302 active CAHIIM-accredited programs offer health information management associate, bachelor, and master's degree programs, and graduate programs in health informatics in the United States and Puerto Rico. These programs include campus-based, online, and combined campus-based and online content delivery methods.

The challenges for prospective health information management professionals in pursuing their credential is multifactorial and includes the availability of CAHIIM accredited programs local to prospective students (despite access to distance learning opportunities) and potential job opportunities after graduation. According to Becker's Hospital Review (Murphy, 2017) of the Centers for Medicare and Medicaid Services (CMS)-accredited hospitals, Texas (with 407 hospitals), California (341), Florida (186), Illinois (180), and New York (172) have the highest numbers of licensed hospitals (these figures do not consider other licensed health facilities, which include long-term care, home health, and other health organizations not named "hospital" in their license). The number of hospitals with potential roles for health information management professionals does not correlate with the number of academic programs across states. For example, using data from Murphy (2017) and CAHIIM (2020), I present in Figure 2.1 the top 10 states in the U.S. with the greatest number of hospitals, and the corresponding number of CAHIIM accredited health information management and informatics programs in those states. California has the most significant disparity, with 342 hospitals and 16 academic programs.

Figure 2.1

States With Greatest Number of Hospitals Compared to CAHIIM Programs in Each State



Note: Adapted from Murphy, 2017; CAHIIM, 2020.

The AHIMA credential was stripped from the Medicare conditions of participation for licensed hospitals years ago, and States removed the requirement from their regulations. In California however, Title 22 CA ADC, section 70447 (Barclays, 2020), lays out the requirements for licensed health organizations to have a credentialed health information management professional on staff to support the regulatory oversight for managing patient clinical information. In order to achieve this requirement, smaller and medium-sized licensed hospitals, for instance, may identify one credentialed individual as a consultant to oversee the regulatory requirements and leave the day-to-day operations to a noncredentialled staff member.

AHIMA (2014) conducted a workforce study to "define the nature of the workforce that will be needed to meet the health information needs of society 10 to 20 years from now" (p. 5). The objectives of the study were to understand the current issues for health information management professionals, how healthcare will be transforming, and what knowledge,

education, and credentials professionals might need in the new healthcare landscape. Study participants included AHIMA staff, health information management professionals, and healthcare employers.

The study supports what has been widely understood by professionals in this space, that 91% of AHIMA's 103,000 members identify as female (AHIMA, 2014, p. 26). This finding aligns with the association's long history of representing a predominately female profession. The study also found that the "ethnic background of survey respondents was virtually identical to the ethnic background reported for AHIMA members" (AHIMA, 2014, p. 30). The workforce study asked health information management professionals and their employers to rate the key job skills that were required at present (2014), and that would be required in 10 years. The health information management professionals surveyed rated analytical thinking, problem-solving, and communication skills as relevant in 2014 and in the future. By contrast, employers rated EHR management, privacy, and analytical thinking as necessary in 2014 and in the future. The fact that leadership was rated as having low importance by both health information management professionals and their employers in this study leads me to question, why? Could the perception of these professionals' work affect how employers view the need for leadership within this space? Adding to this tension is the effect of the career trajectory for Latinx women in health information management. It would be helpful to view how these statistics have changed in the intervening years; however, a similar subsequent study has not been made available.

The study described further that:

> Health information professionals will need to re-establish their position as the stewards of health information in the future reality of healthcare delivery. The profession's ability to claim and defend its position as the champions of the accuracy, completeness, and

> validity of health information regardless of the source of that information will be critical to the profession's continued success. (AHIMA, 2014, p. 15)

Adding to the challenges and complexities of working within the male-dominated healthcare, health finance, compliance, legal and health-IT fields, women in health information management must also re-establish and defend the profession. Said differently, health information management professionals must fight for relevancy. How does a Latinx health information management professional wrestle with the notion that, in addition to navigating workplace tensions and fighting for a seat at the proverbial table, their professional association is validating that they must continue to fight for something that they already own?

The career trajectory for health information management professionals can be challenging, and it can also be filled with unexpected opportunities. There are health information management professionals who have moved beyond the confines of their credential scope and have been successful in their roles as Chief or Vice President, or even as CEO or President of large hospital systems or their own companies. These women, however, represent a minority within the profession. As the AHIMA Workforce study stated, "interviewees estimated that less than 2% of C-suite level positions are currently held by health information management professionals" (p. 16). How did those C-suite women leading in health information management navigate their career trajectory? I explore career trajectory and complicating factors further in this chapter by unpacking the concepts of the glass cliff phenomenon.

Factors Affecting Latinx Women Who Lead in Health Information Management

Career Anchors

How do people choose the work they do? What makes them gravitate toward a particular profession? Career anchor theory is one way to view how women working in information

management and IT find alignment with the work they do. Career anchors are the self-perceived patterns of talents, values, needs, abilities, attitudes, and motives that attract or anchor a person to a particular occupation (E. Schein, 1971). Career anchor theory consists of eight career anchors: managerial competence, technical/functional competence, entrepreneurship/creativity, autonomy/independence, service/dedication, challenge, lifestyle integration, and security/stability (Quesenberry & Trauth, 2012, p. 460).

E. Schein (1971) argued that the development of an individual's talents occurs both within and external to organizational and societal boundaries that influence one's attraction to a particular profession (p. 405). A mixed-methods study examined several challenges that women face in IT professions through the lens of career anchor theory, such as "equal pay, organizational security, managerial competence, lifestyle integration, challenge and variety, and technical competence" (Quesenberry & Trauth, 2012, p. 465). Each of these challenges is insurmountable on their own, and together they can make it difficult for women to find success in the IT workforce. Using this approach, Quesenberry and Trauth (2012) identified five primary manifestations of career anchors pointing to why women choose IT careers, including lifestyle integration (28%), organizational security (18%), technical competence (17%), challenge/variety (14%), and managerial competence (10%). The participants in the study described why they chose an IT career, highlighting lifestyle integration and the ability to balance their careers with family and personal growth.

Notably, many women stated that they pursued an IT career because of pay and benefits (Quesenberry & Trauth, 2012, p. 465). While pay inequity remains for women in general, some IT organizations have implemented equal pay for equal work policies; in organizations without these interventions, women expressed negative experiences. In my experience, equal pay for

equal work in IT policies may also align with technical aspects of the work and required certifications: as IT professionals move up in the organization, and the dependence on certifications diminishes, pay inequity grows. This is exemplified when informal aspects of who gets paid what overtake the formal aspects related to documented knowledge such as certifications.

Gender Role Stereotypes

Perceptions of gender roles are established in a variety of ways, such as through family, societal influences, and worldviews. These perceptions lead us toward particular stereotypes that may determine the roles that men and women hold in familial, social, and professional environments. These roles may be socially ingrained to the extent that we are unable to imagine someone operating outside their assigned role, for instance in highly gendered professions like firefighters, nurses, and managers (Bruckmüller et al., 2014; V. E. Schein et al., 1992; Wajcman, 1991). Today, it is not unusual to see a woman leading in a nonstereotypical profession, such as Chief Information Officer or Director of Legal Affairs, and gender stereotypes may impact the effectiveness of women managers and their career trajectory.

An argument can be made that IT is socialized as male work, while health information management, positioned between finance, IT, and compliance is seen as predominately female work, owing to the gender distribution of these professions (AHIMA, 2014; Quesenberry & Trauth, 2012; Wajcman, 1991). In a predominately female profession like health information management, what stereotypes and role expectations must Latinx women push through or embrace in order to meet the expectations of the patriarchal system of healthcare?

There is a social perception of who should work in particular roles, regardless of their affinity for a particular type of work; this happens by way of sex-role stereotyping or assigning

gender to a particular type of work. Sex-role stereotyping has a long history, and as stated in Wajcman (1991):

> The construction of men as strong and technologically able, and women as physically and technically incompetent is a social process. It is the result of different childhood exposure to technology, the prevalence of different role models, different forms of schooling, and the extreme sex segregation of the job market. The effect of this is implicit bias in the design of machinery and job content toward male strength. (p. 42)

The Schein Descriptive Index (SDI) has been used in studies about sex type stereotyping, gender role perceptions, and the persistent question of why men are selected for managerial roles over women (V. E. Schein, 1973). Schein's 1973 study, in which the SDI was developed and applied, included 92 descriptive terms that participants used to rate their perceptions of men in general, women in general, and both male and female middle managers. The outcomes from this study indicated that "successful middle managers are perceived to possess those characteristics, attitudes and temperaments more commonly ascribed to men than to women in general" (V. E. Schein, 1973, p. 99), which may point to the fact that there were fewer women in management roles when this study was conducted. The study further found that the perceived characteristic similarities between middle managers in general and men, in general, increased the probability of men being selected for managerial roles.

Our perceptions of manager characteristics and gender role stereotypes still persist today, and more recent empirical studies (Booysen & Nkomo, 2006; Ryan et al., 2011; V. E. Schein & Mueller, 1992) have demonstrated Schein's (1973) findings that, "successful middle managers are perceived to possess the characteristics, attitudes, and temperaments more commonly

ascribed to men in general than to women" (p. 97), and contributed to the phenomenon "think manager–think male" (p. 97). Schein's early work (1973) found that "managerial positions were sex-typed as male occupations" (V. E. Schein, 1992, p. 440), and these positions were aligned with particular accepted characteristics that would lead to a manager's success. Schein (1973) further posited that organizational thinking about who would be best suited for managerial roles "may deter women from striving to succeed in managerial positions" (p. 95).

Building on Schein's empirical studies about sex-role stereotypes, Booysen and Nkomo (2006) teased out the "think-manager-think-male" phenomenon and challenged the concept by asking "Why not think-manager-think-female?" The aim in this replicative study, conducted in South Africa, was to understand the nuances of the in-between, those men and women whose perceptions were more equal when they were asked to rate the characteristics of men as managers and women as managers. The study showed "significant resemblance between men and managers, and . . . also a significant rating, albeit lower, of women and managers" (Booysen & Nkomo, 2006, p. 28). Men perceived managers to possess the characteristics more commonly associated with men at a similar rating (0.76), and women perceived managers to possess the characteristics associated with both men and women (0.54), "It thus seems that South African male manager's perception about managers tend to be 'think manager–think male and (in the exception) think female'" (Booysen & Nkomo, 2006, p. 29).

V. E. Schein and Mueller (1992) used the SDI to study sex-role stereotyping in the United States, Great Britain, and Germany. The study outcomes aligned with the cultural perceptions of gender in the respective countries. In Germany and Great Britain, for example, the study confirmed that managers were perceived to have those qualities more frequently associated with men than with women. In contrast, there was no significant difference in the United States

between the ratings of men and managers and women and managers, leaving the authors to note, "these interclass coefficients were not significantly different from each other; as such the hypotheses are not confirmed among women" (V. E. Schein & Mueller, 1992, p. 443). The outcomes for women differ by country and by the degree to which women managers are more or less integrated into the workforce. The interclass correlation coefficient between men managers and women managers in the German sample, ($z = 4.02$, $p < 0.01$) indicates that both men and women "perceive that men possess the characteristics more commonly ascribed the men than women" (V. E. Schein & Mueller, 1992, p. 443). The same was found in Britain, although the coefficient was lower when compared to Germany ($z = 2.43$, $p < 0.04$), and in the United States, the "interclass coefficients were not significantly different from each other" (p. 443).

Studies in this vein (Booysen & Nkomo, 2006; Millward & Freeman, 2002; V. E. Schein, 1973, Schein & Mueller, 1992) have noted the rigor that SDI brings to the study of perceptions of men and women in management roles. It also expands the discourse about what it means for women working in predominately female professions when they report to predominately male organizational structures. The findings seem to indicate that Black women in South Africa highly rate women as managers when compared across race and gender, possibly due to the experiences of Black women in South Africa during apartheid. The findings in this study stand out when compared to studies in Germany, Great Britain, and the United States in so far as the perception of men as managers in these countries is generally accepted. It is important to understand the perceptions of Latinx women regarding the concepts of think manager–think male, and how their experiences influence their thinking about leadership and gender in the workplace and especially in gendered professions such as IT.

Perceptions of Women's Work in Technology

In a study about the sociocultural influences that affected women's access to STEM, education, cultural background, family influence, and gender inequity are cited as problematic (Trauth, 2002, p. 108). The "odd girl out," as the study's title stated, is the woman who can make her way in the IT field not despite these challenges, but because of them. The author teased out the complexities and challenges for women and minorities who worked in IT, identifying two principal arguments. The first was the essentialist perspective that positions men and women's IT abilities in terms of biology, for instance, the idea that men and women have vastly different essential ways of making meaning that affect how they interact with and engage IT, so much so that there could be "men in IT" and "women in IT" (Trauth, 2002, p. 101). Could there be truth to this argument, such that it leads women to abstain from the technology workforce? I agree with Trauth's (2002) position that this is not the case. Women do not have their own IT that only they understand and interact with; instead, they want to be engaged in discussions about IT development and innovations and are left out of these discussions because they are separated by socially accepted perceptions of IT work. Trauth's (2002) second argument underscored the social construct of how women engage with IT, looking at the marketing of IT and the ways it is developed as primarily suited to men, thereby making IT primarily masculine work. This effectively disenfranchises women from the IT workforce altogether (Trauth, 2002; Wajcman, 1991).

Women who work in technology professions must navigate numerous challenges regarding their professional acumen, productivity, and identity within the IT space. A particularly poignant example of the challenges that health information management professionals may experience is the perception of their work. In the electronic world of

healthcare today, information is seemingly easy to acquire and disseminate. Health information management professionals, primarily women, develop and integrate the processes that govern the acquisition and dissemination of clinical information. Fletcher's (1999) critique described the production of knowledge as the production of power, in which only some voices and experiences are counted. In my pilot study, health information management professionals said that while they are the gatekeepers for personal and private clinical information, their expertise is often not only silenced, but not even solicited. As health IT continues to develop and change, health information management is becoming more aligned with informatics and privacy and security, both male dominated areas the participants recognized as becoming heavily politicized and monetized.

Challenges and Tensions for the Profession

Using the PESTLE frame, I explore the complicating issues and tensions that affect health information, management professionals.

Political Frame

There is a good deal of overlap between the Political and Legal drivers for change, as the job of health information management professionals has changed alongside innovations in healthcare technology, local and federal regulations, and economic factors that affect the delivery of care. For instance, when President Clinton signed the Health Insurance Portability and Accountability Act into law in 1996, the United States may not have truly understood all of the legislation's ramifications, and health information management professionals and information technology-security professionals' work was about to become more complex. This one piece of legislation ushered in a wave of opportunities for skilled professionals to work in specialized domains, supporting the need for privacy and security certifications.

The 2009 American Recovery and Reinvestment Act (ARRA), originating as a stimulus package for the American economy (U.S. Department of Health & Human Services, 2014), was the gateway for relevant healthcare legislation, not the least of which was the Affordable Care Act (CMS, 2020) which had an enormous, and validating, impact on health information management professionals. This vital piece of legislation effectively positioned health information management professionals to lead many aspects of advancing technology within healthcare. As the CEO of AHIMA stated, "ARRA is poised to fundamentally redefine how health information and informatics are practiced and applied, most likely for the rest of the 21st century" (Dowling, 2010, p. 17). Health information management professionals were feeling particularly validated. In this predominately female profession, many women who had been speaking and writing about the need to lead discussions about technology transformation and learning to speak IT felt a renewed sense of urgency. ARRA created a space for further technology specialization under the 2009 Health Information Technology for Economic and Clinical Health (HITECH) act. The HITECH Act "encouraged healthcare providers to adopt electronic health records and improved privacy and security protections for healthcare data. This was achieved through financial incentives for adopting EHRs and increased penalties for violations of the HIPAA Privacy and Security Rules" (HIPAA Journal, 2020). This act benefitted the health information management professionals who had already been working with IT and information systems teams to implement EHRs, and this was another opportunity to increase and validate their subject matter expertise in the industry.

Economic Frame

An impactful economic issue facing health information management professionals has been the increase in mergers and acquisitions (M&A) of hospitals and health organizations in the

United States. A Modern Healthcare headline stated, “Hospital megamergers continue to drive near historic M&A activity” and the article goes on state that these mergers and acquisitions “reach near–historic levels in the second quarter of 2019” (Bannow, 2019, p. 1) The consequences of large health systems M&A, intended or otherwise, are the consolidation and integration of services. For example, where there had been a health information management Director at each hospital in a health system, we now find one higher-level position over many hospitals and clinics. While academic health information management programs continue to grow and recruit students, the number of positional leadership jobs seems to be leveling off.

Another economic factor has been the changes to reimbursement for clinical services through regulatory interventions and new insurance payment models. The Centers for Medicare and Medicaid Services, often catalysts for change in this vein, implemented requirements such as the Regulatory Audit Program in 2003, meant to reduce fraud and abuse and usher in innovative payment models. The audit program is an example of another opportunity for health information management professionals, specifically those working in the clinical coding certification domain. However, new payment models also meant changes to services and reduced revenue for the organizations they serve.

In my pilot study with health information management professionals, participants discussed how ineffectual management of vendor contracts affects resources. As organizations move to alternate staffing models under the guise of saving money, long-term contract staff are dismissed, making way for the more transient per-diem, and often noncredentialled staff. Equally complex are the separation of duties, effects on workflow and processes, and lack of cross-training due to hyperspecialization, which creates the need for additional staff. This poses a burden to budgets and makes it challenging to support additional funding for basic needs and

projects. The implementation of EHRs has caused many organizations to follow the misguided notion that a substantial reduction in health information management staff is required. However, the reality is that there is a need to increase staff with a higher level of technical training.

Social Frame

The perceived value of the profession to organizations (positive and negative) has changed along with economic and technological changes in the healthcare sector. Pilot study participants agreed that where health information management professionals have adapted and expanded their skill sets to include broad-range communication, they have realized success in cross-boundary relationship building. Ernst and Chrobot-Mason (2011) described five boundary categories—vertical, horizontal, stakeholder, demographic, and geographic—each with specific tactics that can address the barriers in order to build relationship bridges and lead teams successfully. The six tactics are described as buffering, reflecting, connecting, mobilizing, weaving, and transforming. Understanding these boundaries is essential. Another level of boundaries that the authors do not mention, but that have particular importance for this study, are the specific demographic boundaries women experience as a result of gender-role stereotyping. As much of health information management work is regulation and policy-driven, it is essential to understand how Latinx women in the profession can network and build relationships across boundaries when political or legal forces make it challenging.

A participant in my pilot study explained the experience of feeling disengaged from her team after receiving her certification, “I felt isolated, and it made me reflect on how difficult the transition to a professional career was … I felt separate from those who were not credentialed, and it was difficult to make connections after graduating.” Professional women new to health information management may experience this same disengagement, which may be linked to the

lack of resources available to them in science, engineering, and math in general. Servon and Visser (2011) reported that one-third of the women manager participants in their study had experienced feelings of marginalization that created isolation, and the authors point to causes such as lack of women role models and mentors. While participants in my pilot study were aware that the professional association has a program to match students and new professionals with mentors, they also agreed that establishing a mentor early in one's professional practice should be mandatory and not merely suggested.

Technical Frame

There is no doubt that technology has been a primary disrupter and driver of change in healthcare. The impact of technology specifically within health information management has been felt across all disciplines, beginning with EHRs, computer-assisted coding, natural language processing, and artificial intelligence modalities that make caring for patients and trending data easier. These changes have created a need for health information management professionals to expand their subject-matter expertise and become well versed in the technology vernacular. It has also created a gap in education and training, and fear among those working at staff levels in health information management who are inadequately prepared in technology and finance at both the associate and baccalaureate degree levels, which is a deficit to the overall success of the teams. One factor for this, as discussed in the pilot study group, may be that many staff-level employees are not credentialed in health information management. In California for instance, where the availability of programs is low, many health information management departments lack the required workforce to advance the technical initiatives required to be successful. An added tension is that many healthcare organizations do not understand what the health

information management credentials represent, so they have not adequately aligned job descriptions and budgets to accommodate the certification requirements.

Legal Frame

The drivers for change in the legal and political frame overlap as they are often intertwined between the interventional approaches and the funding to support regulations and policies. Working in healthcare requires a strong foundation in compliance and risk avoidance. The regulatory implications for health information management professionals' work are directly driven by regulatory requirements and state and federal standards. These legal drivers have implications for a health information management professional's credentials and reputation within their organization. Navigating the legal aspects of healthcare may place health information management professionals in precarious positions, such as having to assume the role of expert when called upon by providers and attorneys. This is a double-edged sword due to the perception that healthcare leaders may view our position as the constant "no" or "stop," when in reality, our role is to ensure the best interest of the patient while safeguarding the organization and the care providers. Health information management professionals collect and manage clinical data, audit it, release information to regulatory and research agencies, and report findings to the regulatory and executive committees of the organizations we serve.

Environmental Frame

While many health information management professionals work in hospitals, healthcare delivery systems, and patient care centers, many more are adopting the changes that the technology boom has afforded workers around the world—the ability to work remotely. The introduction of virtual private networks and advanced security platforms has been beneficial for

many health information management professionals, especially women, who must still balance home responsibilities. This balance includes taking care of children and parents, the ability to work alternate schedules in order to attend school, and networking opportunities.

The Glass Cliff and Health Information Management

The glass cliff phenomenon, a term coined by Ryan and Haslam (2005), is a way to describe the precariousness of female and ethnic minority appointments to CEO positions (p. 81). Ryan et al. (2008) looked into the phenomenon, focusing on the perceived suitability of men and women in non-CEO positional leadership roles. These same women and ethnic minorities were also associated with a high risk of failure. In the study, the perceived leadership suitability of male and female candidates differed by 0.13 when the organization was improving. However, when the organization was shown to be declining, the difference in perceived leadership suitability between men and women climbed to 0.93, where women were favored for the leadership role (Mulcahy & Linehan, 2014; Ryan et al., 2008, p. 537). Rather than something to celebrate, the complexities and challenges of such a role in a declining organization require further examination, in particular by focusing on women of color and Latinx women.

In exploring the challenges and discrimination that Latinx women in health information management may face in the workplace relative to their career opportunities, it is important to include the systems within which this discrimination unfolds in the professional social context. Maume (1999) asserted that occupational segregation exists in managerial promotions, stating that “there is little doubt that White men seek to exclude Black women and Black men as competitors for prestigious jobs” (p. 489). One way that white men work to minimize intrusion by black men and black women is to hire them into racialized positions. These racialized positions can be thought of as set-asides: “Too often Black managers are channeled into The

Relations . . . the community relations, the public relations, the personnel relations" (Maume, 1999, p. 489). In the public sector, these positions service primarily ethnic populations such as "social welfare or corrections" (Maume, 1999, p. 489). While important to organizations, these positions are not the fundamental functions needed for business growth.

White women, black men, and black women are not reaching parity with white men in career development due to a number of social and associative factors, and women and minorities wait longer for promotions. Maume (1999) found that there is "unobserved heterogeneity" (p. 498), that is, the longer a worker spends in a risk set, such as an occupation or position that has been racialized, the lower the opportunity for them to move into a managerial role (although it is not clear how this is evaluated in the article). Another segregating factor seems to be that as female workers increase as a percentage of the workforce, the opportunity for men to move into managerial positions increases as well. Therefore:

> The positive effect of gender composition provides strong support for the argument that men working in female typed occupations enjoy the benefits of a glass escalator, and men in female-dominated occupations are mismatched to the gender-stereotypical expectations of their occupations. (Maume, 1999, p. 499)

This is an interesting thread to pull because it ties sex-role stereotypes (Booysen & Nkomo, 2010; V. E. Schein, 1973; V. E. Schein & Mueller, 1992) and the marginalization of women and ethnic minorities to their ability to move along the glass escalator toward a more precarious glass cliff position. Bruckmüller et al. (2014) generally agreed that it remained unclear why women are appointed to precarious positions and why this phenomenon exists (p. 4). Yet, I have a nagging sense that our social identity may be a factor related to ethnic women's appointments in these circumstances.

Identity

What is identity? When we talk about our identity, do we think about our ethnicity, culture, and race, or do we also consider the social and relational constructs that are part of our identity formation? Vignoles, Schwartz, and Luyckx (2011) noted that the considerations behind a question such as "Who are you?" are far more complex than they seem and include hidden meanings. For instance, the word "you":

> Can be a singular or plural—thus, identity can refer to self-definitions of individuals ("I am the father of two children, a guitarist, a British person, a social scientist"), as well as pairs of individuals, small face-to-face groups, and broader categories ("We are parents, we are a band, we are British, we are social scientists"). (p. 2)

Identity, therefore, includes not only "whom you think you are (individually and collectively), but also whom you act as being, in interpersonal and intergroup interactions" (p. 361). When asked who I am or where I am from, I have often stumbled over my reply, depending on the context. Here is a frequent conversation I had with my father as a young girl:

Me: My teacher asked me today, "What are you?"

Dad: What did you say?

Me: I told her I was Puerto Rican.

Dad: Oh yeah? (big smile) What did she say?

Me: Nothing. I think she was confused.

Dad: (looks at me confused)

A simple yet complex question that almost every Latinx woman has been asked is, "Where are you from?" followed by, "No, but where are you really from?" Women bring to their work their life experiences, the perceptions they have of themselves, how they perceive others,

and the perceptions others have about them and their work. I introduced the topic of identity and my own positionality in Chapter I to position this research discussion around Latinx women's identities, social groups, and ways of producing and sharing knowledge about their experiences; here, I deepen that discussion in order to understand the impact of identities on the leadership practice of Latinx women in health information management.

Identity Construction

In order to understand how Latinx women's identities influence their health information management leadership practice, a review of how identities are constructed is needed. I turn to a theoretical perspective on this topic (Booysen, 2018; Tajfel, 1982; Vignoles, Schwartz, & Luyckx, 2011), and consider three central questions. The first relates to how we view our identities, in other words, is identity viewed as "individual, relational, and collective?" (Vignoles, Schwartz, & Luyckx, 2011, p. 3). Humans can embody both a relational and a collective self (Uhl-Bien, 2006, p. 657): the relational self is our relationship with significant others such as our family, and our collective self is the way we relate to others "based on our identity with a group or a social category" (Uhl-Bien, 2006, p. 658).

The second question is whether identity is viewed as persistent or fluid and continually shifting (Booysen, 2018; Vignoles et al., 2000). When asked about family history, many people state the familial, ethnic, and cultural backgrounds that they identify with, such as, in my own case, "my father is Puerto Rican, and my Mother is Austrian." I might also then add, "I am a health information management professional," or "I am a wife and sister." All these identities move and become apparent when I decide or when they are contextually relevant; I may also add to my identity in specific ways. For example, since my dissertation is completed, I am also a Doctor of Philosophy, or in particular situations, my identity may shift toward assimilating with

my European identity. I might say that my identity is also "under construction" as I adopt new skills, integrate new experiences, and affiliate with new groups.

The third question related to identity construction asked whether it is viewed as "discovered, personally constructed, or socially constructed?" (Vignoles et al., 2000, p. 336). Is it possible that identity construction incorporates aspects of all three views? For example, we may discover and personally construct our identities by looking in the mirror, listening to family histories, or educating ourselves about our ethnic identities. In contrast to how we discover and personally construct our identities, our interactions with individuals and social groups also influence our identity construction, as we may have an affinity for or feel connected to one group over another, and this affinity or connection influences how we think about ourselves and how others see us within these contexts. These "social self-concepts" (Uhl-Bien, 2006, p. 657) help us further define ourselves relative to those we work with, our families, and how we think of ourselves in each of these groups.

National and Cultural Identities. In 1986, Elizabeth Warren completed a State Bar of Texas registration card and wrote American Indian in the space marked "race." In 2018, senator and presidential candidate hopeful Elizabeth Warren received an enormous amount of opposition from her constituents and others regarding her Native American heritage claim (Nilsen, 2018). In order to squelch the tensions, Warren submitted to a DNA test that "concluded that while the "vast majority" of Warren's ancestry is European, the results "strongly suggest" Native American heritage six to 10 generations ago" (Nilsen, 2018, p. 3). Senator Warren's campaign issued a response stating that the senator is much like many Americans who have family histories that include First Nations people. The Senator was on the receiving end of rebuke, mistrust, and name-calling for months. This very public display of identity occurs all the

time in our nation's politics and hits at the center of the ways in which people understand and claim their identities.

Much like Elizabeth Warren, my identities are linked to my family histories and stories that are passed down from generation to generation. I argue that despite the political intricacies of Warren's claim, at the center is her understanding of her familial origins. I imagine that she may have grown up hearing stories about her family establishing themselves in a new country and working to assimilate. I think about my own family identity stories and consider that how these stories are developed and shared may not be far removed from how others experience their familial history development. Our identity stories become part of how we think about ourselves in the world, and by extension, how we represent ourselves in social situations. Exploring the identities of Latinx women who lead in health information management requires that we make space for women to talk about their identity stories.

How people develop and associate their identities has been the topic of many fruitful and diverging discussions for years. We frame our identities with seemingly simple questions and statements such as, "who am I?" and "who I think I am" (relating to our individual and collective identities), and "how I act and who I become as a being" (referring to relational identity; Booysen, 2018, p. 4), perhaps without considering the import behind these questions. Booysen (2018) stated that "identity can be viewed as a constant interplay between [these] three levels of inclusiveness, individual identity, relational identity and collective identity in a symbolic interactive way" (p. 4). In the context of the workplace, these questions become powerful statements for Latinx women as they navigate their individual identities within collective identities and group associations.

Gallegos and Ferdman (2007) developed a model (Table 2.2) through which to view the discussion about Latinx identity and provided a contextual framing reference for this discussion.

Table 2.2

Latino/a Racial Identity Orientations Model

Latino/a Racial Identity Orientations Model

Orientation	Lens	Identity As/Prefer	Latinos Are Seen	Whites Are Seen	Framing of Race
Undifferentiated /Denial	Closed	People	"Who are Latinos?"	Supposed color-blind (accept dominant norms)	Denial, irrelevant, invisible
White Identified	Tinted	Whites	Negatively	Very positively	White/Black, either/or, one-drop or "mejorar la raza" (i.e., improve the race)
Latinos as Other	External	Not White	Generically, fuzzily	Negatively	White/not White
Subgroup-Identified	Narrow	Own subgroup	My group OK, others maybe	Not central (could be barriers or blockers)	Not clear or central; secondary to nationality, ethnicity, culture
Latino-Identified (racial/Raza)	Broad	Latinos	Very Positively	Distinct; could be barrier or allies	Latino/not Latino
Latino-Integrated	Wide	Individuals in a group context	Positively	Complex	Dynamic, contextual, socially constructed

Note: Latino/a Racial Identity Models, by P.V. Gallegos, and Bernardo M. Ferdman, 2007, *The Business Journal of Hispanic Research*, 1, p. 31. Copyright 2007, used with permission by *NSHMBA, dba Prospanica.*

Their work offers a lens to help Latinx people understand how identities manifest in complex social situations. The authors stated that the "worldview of Latinas and Latinos is closely related to how they interpret and respond to situations, and that worldview both influences and is influenced by their ethnoracial identity" (Gallegos & Ferdman, 2007, p. 60). Identity formation does not originate in a vacuum; it is influenced by the processes that support "personal construction (agency) and social construction and control (regulation)" (Booysen,

2018, p. 6), and Latinx health information management professionals may find that their definitions of identity cross Gallegos and Ferdman's model boundaries.

Gallegos and Ferdman (2007) pointed to acculturation and the experiences that Latinx people have as immigrants or when traveling or moving outside of their socioethnic worlds. For example, I lived in New York City for two years when I was first married and found almost immediately the need to identify with the predominant ethnic Latinx culture: Puerto Rican. This was not an issue because, of course, I identify as Puertorriqueña. However, I had not lived day to day among Puerto Ricans, and so I felt the cultural tensions between Los Angeles (a predominantly Mexican-culture city) and New York City, and the need to balance my identities while adopting all my Puerto Rican identities was challenging. I had to assimilate into a part of society that was new and yet not new. I will admit that it felt good not to have to explain to people what being Puerto Rican meant. These experiences affected my sense of identity by linking me to the broader Latinx community and the Puerto Rican community within which I was living.

The concept of linking to the broader Latinx community is explored further by Gallegos and Ferdman (2007) as they described their leadership development program experiences with Latinx leaders. "While cautious at first, many of these managers undergo what they describe as epiphanies about the value of claiming their Latino identity and sadness at having been separated from their Hispanic roots for too long" (Gallegos & Ferdman, 2007, p. 62). Gallegos and Ferdman do not provide additional information as to the Latinx group they are referring to, which matters because proximity and access are significant contributors to one's ability to remain connected or linked to one's community. For example, Latinx immigrants from Mexico, Central America, and South America may be able to connect more

frequently: “Extensive and frequent contact with Mexico leads Latino immigrants to increase their language and cultural vitality, renewal, and modernization—a situation that is less likely to lead to complete assimilation” (Hurtado, 1996, p. 306). It is worth asking how linking affects Latinx women who work in diverse (or not so diverse) organizations—how do they integrate their culture and their identities at work?

Workplace Identity Construction. Workplace identity includes “specific organizational dynamics” (Booysen, 2018, p. 8), or the embedded structures, traditions, policies, and contexts within which we operate. Workplace identity construction occurs in the routine and the everchanging “navigation of, negotiation, reflection, and action on the personal—relational—social identity experiences within the organizational context” (Booysen, 2018, p. 8). All of this occurs in concert to the past, present, and future. The identities Latinx women hold in the workplace, then, include myriad elements reflective of current and past experiences, professional and familial ties, and personal and external influences. These identities are shaped (and re-shaped) by the experiences in which Latinx women choose to participate, and by those experiences foisted upon them.

As a group, health information management professionals (including Latinx women) may hold particular identities, such as professional domains and certifications (e.g., coding, privacy, or informatics), or professional roles or titles (e.g., manager, director, vice president). Within this professional group, Latinx women find ways to distinguish themselves further, creating social value for this distinction within this group (Vignoles et al., 2000). Latinx women’s perceptions of characteristics that successful managers have may be influenced by their experiences and their group associations.

Booysen and Nkomo (2010) investigated the intersection between race and gender and theorized that there might be differences in the "degree of correlation between perceptions of managers and the specific characteristics of men and women depending on the race and gender of the perceiver" (p. 290). In a study set in South Africa among men and woman managers that used a variation of the SDI, correlative perceptions (manager–as–male) were more robust among black males than white males, suggesting "strong patriarchal traditions that remain in respect to the role of women in many black African societies" (Booysen & Nkomo, 2010, p. 295). The study also found that "Black women in South Africa had the highest intra-class coefficient between characteristics of women in general and successful managers of all four race and gender groups" (Booysen & Nkomo, 2010, p. 295).

Ibarra (1999) studied professionals who were navigating transitions from technical and managerial work to client and advisory roles. The study revealed three basic tasks that professionals undertake in navigating these transitions: "1) observing role models to identify potential identities, 2) experimenting with provisional selves, and 3) evaluating experiments against internal standards and external feedback" (Ibarra, 1999, p. 1). The term "provisional self" is intriguing because it identifies subtle behavior that may go unnoticed in social settings, particularly when we make an unconscious decision to put forth a part of ourselves to test the waters. We are, in effect, provisioning our identity for the situation, relying on our past experiences to model our behavior. Ibarra's study found that, on average, 62% of participants' role prototyped or identity matched their role models, 65% experimented with their image, and 82% evaluated their image based on model behavior. Adapting to new roles can be challenging and having strong role models on whom one can model behavior and role-based practices are

valuable, whether they are present in our daily work or represent foundational figures from our childhood.

A study conducted among 120 black and white women managers in the United States focused on their life and career struggles, and the ways in which they formed and presented their identities (Edmonson-Bell & Nkomo, 2001). The lived experiences of the participants were viewed from within their work setting, using a theoretical framework that was based on race, gender, and class within the participants' American cultures. Participants shared their histories, presenting them as a way to create a context around the experiences that shaped their professional lives. The study includes many stories of poverty and privilege, of women being shuffled from one caregiver to another as children, or lack of affection and mentoring, and importantly, some stories revealed that there was little discussion about their identity and their place in the world. The authors noted the "power of geography and social location when combined with race" (Edmonson-Bell & Nkomo, 2001, p. 82) can create the notion that anything is possible for a young woman, that their choices are endless, and that their gender is not a barrier to success. When viewed another way, geography and social location can have the opposite effect entirely, creating doubt, confusion, and resilience. A shared belief among the black women interviewed in the study was the sense of giving back: "They learned the importance of being responsible to the black community—part of the culture of resistance. There was the expectation of giving back to the community; it was an attitude of service" (Edmonson-Bell & Nkomo, 2001, p. 97).

The study also found that "as a group, black women were more critical observers of the social-structural barriers in their companies than the white women" (Edmonson-Bell & Nkomo, 2001, p. 162). The authors point to intergroup theory, "and the way we perceive our social

identity is significantly determined by our group memberships" (Edmonson-Bell & Nkomo, 2001, p. 97). Participants were strategic about plotting their advancement and the need to be exceedingly observant of their surroundings and relationships at work and mindful of their behaviors and the way they were perceived. These tactics required paying attention to many issues while continuing to lead teams, taking care of family, and minding one's professional advancement. The study found that many of the white female narratives included unanticipated gender discrimination, and these women were unwilling to label the impediments discrimination; the authors posit that the participants' naiveté may have helped them as they moved toward the glass ceiling. Conversely, black women "were more likely to point to social structural barriers and the need for institutional changes, and the white women found more individualistic ways of understanding the barriers" (Edmonson-Bell & Nkomo, 2001, p. 169). Women, then, have different ways of approaching workplace identity and finding ways to identify themselves individually within the world of women professionals.

Leader Identity Formation

Schedlitzki and Edwards (2014) juxtaposed leader identity development from a psychology perspective, proposing people developed a single identity that develops over time, with a contributing sociology perspective that "self-identities are temporary, fluid and co-constructed within the social context" (p. 245). Said differently, facets of our identities may be temporary in that we invoke and call upon identity features as needed in particular circumstances; our identities are also fluid in situations that require us to move from one identity to another based on our role or position in a social situation. In my experience as a Latinx woman who leads in health information management, I am aware of my personal and social identity in differing contexts, such as when I am interacting with organizational C-suite leaders,

and when I am working with subordinate Latinx women on my staff—I call on particular features of my identity in each context as needed to communicate and achieve particular goals. There is alignment with Schedlitzki and Edwards's (2014) stance and how I view leader identity development, specifically that it describes the process of "leader becoming . . . to be socially constructed and locally situated one, where the leader is drawing actively and subconsciously on previous and current on-the-job experiences with existing leaders in the organization" (p. 246).

Latinx women may hold certain national or cultural identity constants as they develop and move within their organizational contexts. Latinx women may absorb social queues, experiences, and perceptions about their work that contributes to developing their leadership identity. Latinx women are aware of the pressures to fit into corporate cultures and find ways to assimilate by adopting leadership behaviors as their own. In Hite's (2007) study, Latinx women shifted to modeling behaviors of others around them, which in turn lead others to miss their personalities and what they could actually bring to the organization. Self-identities are incredibly important for Latinx women who must navigate the cultural implications of "success in the mainstream and attachment to the Hispanic culture" (Hite, 2007, p. 32). It may be especially true for Latinx women who lead in health information management who have the added challenge of balancing role expectations in a profession that may not be understood, and in which there may be few models, therefore, requiring constant education about the profession and the value that the profession brings to their organizations (Sasnett & Ross, 2007). What are the leader identity development impacts for Latinx women in the absence of prototypical models in health information management?

Prototypical leaders generally exhibit behaviors that closely align with specific group norms, and these leaders are perceived by the group members to be effective and even

compelling; we often look to our positional leaders to exhibit particular behaviors that we expect to encounter in certain groups. Van Knippenberg et al. (2004) recognized that we construct our leader identities collectively as a social process in two ways, "leader group prototypicality (the extent to which the leader has group-defining attributes and representative of the group's identity), and leader group-orientedeness (the extent to which the leader has the group's best interest at heart)" (p. 841). Still, Steffans et al. (2013) argued that there is value in viewing the "impact that perceptions of leader performance and prototypicality have on each other, and the ways in which these two factors allow a leader to act as an identity entrepreneur" (p. 606), thereby underscoring the value of examining leader identity construction and the how that impacts leader performance. Latinx women leaders hold their social identities in tandem with their group identities and develop particular skills that represent their group identity as well as carry the collective interests of the group in social situations. The idea of identity entrepreneurship is enticing because it also underscores the uniqueness of Latinx women's ethnicities expertise within the profession.

Identity has been characterized as a constant struggle (Carroll, 2017; Sveningsson & Alvesson, 2003) because of the complexities in navigating expectations of ourselves and others, and "the intersection of expectations, individuals feel the need to represent themselves with coherence and distinctiveness while at the same time being aware of the palpable contradictions, precariousness, fluidity, multiplicity, and fragmentation" (Carroll, 2017, p. 97) that our identities present in social contexts. These struggles are compounded for Latinx women as they develop their leadership practice because they may not have access to strong role models or other leaders with whom they can turn for mentoring. Operating from the margins may be mandatory for Latinx women in health information management as they attempt to build their leadership

practice, and they must accept that access to essential leadership resources is limited. Identity, therefore, remains an "ongoing question or project which complicates choices of who to be and what to say and do in any moment" (Carrol, 2017, p. 97).

Feminist Theory Critique

In Chapter I, I provided a brief overview of race, gender, ethnicity, and class within the context of understanding Latinx women in health information management. These concepts were framed within the three feminist waves beginning in 1848 and continuing through the 1980s. Each wave was characterized by specific political and social events that support the discourse and, eventually, policies that affected women in the workplace and, perhaps by extension, their social identities. Because this research is about Latinx women, a specific gender and ethnic group, the need to understand the theoretical concepts around women and women who work means that a view into feminist literature is also required. I argue, however, that resting on historical discussions about women is merely a way to understand where these discussions originated, and to show respect for the activism that is the foundation for the work happening in the 21st century. How can we piece together the arguments, struggle, and advocacy of those who came before us, and transform these waves into long-term discussions that result in policies, instead of resting on the notion that women's rights, or rights for the poor, ethnic minorities, and immigrants only come in waves that ebb and flow? In a thoughtful argument about the use of the term "feminism," Nicholson (2010) posited:

> The different kinds of activism around gender that have taken place since the early nineteenth century in this country cannot be reduced to one term, feminism. That kind of reduction obfuscates the historical specificity of gender activism in the history of the

> United States. It obscures the differences in the ideas that have motivated different groups of people to pursue different kinds of political goals at different moments in time. (p. 8)

Standpoint Theory

Standpoint theory emerged in the mid-1970s from Black Feminist thinking as a reaction to essentialist notions of the experiences of white women, the predominant class in this discussion; therefore, the position of standpoint theory did not include voices from the margins of society—ethnic minority women. Standpoint theory can be viewed as "the deconstruction of patriarchal definitions of gender in order to develop women's own definitions of what it means to be a woman" (Hurtado, 1989, p. 846) so that we do not rely on notions of how others think women think, feel, or perform. Standpoint theory referred to "historically shared, group-based experiences" (Collins, 1997, p. 375), for example, the subjugation of women in the United States. Collins (1997) qualified this concept by arguing that to think that groups "come into being or disappear based on participation seems narcissistic, egocentric and archetypally postmodern" (p. 375). The ideals of feminism and feminist waves continue to be meaningful to a large extent because the essential meaning rings with the fundamental needs of many (Nicholson, 2010). Women, and by extension, ethnic minorities, must define their identities within the context of their experiences. Social justice discourse must begin somewhere, with loud voices and fists to the sky, exclaiming the disenfranchisement and power over groups; they must also change, diverge, and become actionable. By acknowledging and integrating the voices from the margins, standpoint theory evolved to create a space for more considered discussions about race, ethnicity, culture, and class in the United States.

Intersectionality Theory

Social justice reforms and policies, specifically tort reform, could not have moved forward in the late 20th century without hearing from ethnic minorities and others who lived in the margins of society. Including voices from the margins meant that a larger space for discourse was needed, a space that demanded that society look at and argue about the intersections of these experiences. Crenshaw (1989) coined the phrase intersectionality in describing ways to consider how Black women are subjugated within the law. The concepts that Crenshaw (1989, 1991) expounded in her work, specifically within the context of women and ethnic minorities in the workplace, continue to be studied (Atewologun & Mahalingam, 2018; Atewologun & Sealy, 2014; Atewologun et al., 2016; Booysen, 2018; Hurtado, 1996; Kvasny, 2006; Schedlitzki & Edwards, 2014). At its core, intersectionality helps us to frame how specific manners of discrimination come together and affect our characteristically social and political identities. The social and political identities that ethnic minority women hold cannot be extricated from each other, rather they operate simultaneously and have different complicating factors based on their race, ethnicity, and class. Latinx women may find that they must choose particular identities at different times and this can make some women feel they have a split personality, having to choose between dimensions of her identity "creates a kind of identity schizophrenia where a woman of color has to deny a major part of her life experience" (Holvino, 2006, p. 1). Advocating for an identity simultaneity model that included five key concepts, Holvino (2012) described the nuances that differentiate the layers of simultaneous identities, the process by which our identities are apparent all at once, all together and as needed, and are relevant to time and place.

Taking an intersectional approach means that we must consider the "temporal and spatial nature of lived experiences and oppression because interlocking inequalities (and privileges) are not fixed or ahistorical; they are time-based and content contingent" (Booysen, 2018, p. 17). Exploring the identities of Latinx women who lead in health information management means considering the time and space within which experiences and oppression occur because these experiences do not exist independently. Being oppressed, for example, is not a fixed condition or something that just happened one time; instead, it is the feeling of being subjugated as a result of being oppressed, which may be carried throughout the social interactions and relationships developed after the oppression. Once we acknowledge that such an event has occurred, we may hold that feeling and develop coping behaviors to avoid a similar event in the future. Intersectionality, therefore, provides a lens for looking more deeply at the cross-cutting and intersections of race, ethnicity, culture, and class within the oppressive and disenfranchising experiences that Latinx women face in the workplace.

Collins (1990) moved the needle in discussions about intersectionality and identified interlocking matrices of domination, power, and marginalization by attempting to unmask cultures of oppression. The theory of matrix of domination made progress outside the Black feminist group "due in part to Collins's modernist and postmodernist sociological applications" (Limpangog, 2016, p. 1), and in many ways, made the theory accessible to other women minorities. An essential argument that Collins made is that because Black women were not able to demonstrate openly and in formal contexts, they were able to participate in resistance in two important ways, group survival and institutional transformation, "subsequently disturbing the matrix of domination" (Limpangog, 2016, p. 2). In this way, minority women have been able to voice their concerns through group associations, thereby affecting workplace policy.

The oppression that ethnic minority women experience can be profound. It informs their view of the world, seeps into their relationships, and also affects their career trajectory. Unpacking the experiences of women working in information management and IT, Kvasny (2006) identified incremental advancement and hope as narratives of ascent in a study about African American women enrolled in a technology class. The participants in the study compared their longing to escape the alienation and loss they experienced in the workforce to the biblical exodus metaphor—a great discovery and a need to move out of their current state in a swift escape from subjugation. The women identified attaining IT skills as a strategic way of escaping poverty, enhancing interpersonal and communication skills, and increasing their social networks within IT.

> [The] women saw themselves as agents of social change, not victims. However, calling upon these women to be change agents only makes sense if we also look at the history, culture, and structure in which their agency is to be exerted. (Kvasny, 2006, p. 22)

Latinx women have multiple facets within their social identities as professionals, mothers, sisters, or wives that require them to negotiate their multiple group memberships. If we agree that there is no stigmatization if multiple identities are not viewed as problematic (Hurtado, 1996), then we may also agree that the essential attitudes and beliefs in the United States about race and gender are not valid. However, this must be a universal agreement, free of ego and subjugation. Instead, we may ask a more appreciative question, such as how we can approach understanding the ways in which Latinx women address the "cognitive transitions that result from multiple group memberships and the ways knowledge is generated within the restrictions defined by these memberships to rise above them" (Hurtado, 1996, p. 375). Said another way, we must understand the underlying experiences of Latinx women, the identities they hold, the

groups they move in and out of, and the ways in which they produce and share knowledge about those experiences. The relational aspects of this approach are far-reaching because they allow for an intersectional as well as an identity-based approach.

Summary

As women continue to discover the challenge of establishing their identity within their groups and work settings, they might feel as though they are swimming against the tide. The ways that Latinx women define themselves professionally, the relationships that both men and women have with IT, how their work is viewed, and the inability for women to move beyond the perceptions that keep them perched in precarious positions are all valuable discussions in which to engage. An in-depth analysis of the concepts and social constructs that drive how women in health information management and IT are viewed, and how these views contribute to their self-perception, is needed. This requires further examination that can only come from the Latinx women working in health information management themselves.

CHAPTER III: METHODOLOGY

Storytelling is an essential tool for leaders to connect with groups. I use similar tactics in my professional practice. At work, I often weave a personal or professional story into an explanation of a process or new idea. It makes what I am planning real, almost tangible. I trust that the act of telling a story creates a relationship with the people with whom I am speaking. This relationship closes the distance between us and makes what we are working on relatable, and we become personally invested. Storytelling is my way of understanding how I operate socially—it is how I make sense of my world.

I am a Latinx health information management professional, working as a Director in an academic health care system. I serve national- and state-level professional associations, and I frequently present on health information management and leadership topics. As a practicing health information management professional and volunteer, I am an insider, but in my role as a researcher, I attempted to position myself as an outsider, hoping to gain insight into participants' experiences. I am accustomed to holding this insider-outsider tension, as I have often been called on in my career to share my expertise but not my vision; I have been recognized in my positional role, but not as a leader. I have been called on to "clean things up," but not to plan new and strategic programs. I am left with the question, "Why?" If female Latinx health information management professionals have put in the work, attained the certifications and education, then what can be the reason for being sidelined and overlooked? My insider self feels these tensions profoundly; my outsider self wants to know more about how other Latinx women in my profession experience similar tensions. This led me to my research question: How do Latinx women's identities influence their health information management leadership practice?

The purpose of this qualitative research was to study the experiences of Latinx women who lead in health information management in the United States. The study aimed to analyze the stories of Latinx women in this predominantly female profession to gain insight into how they "self-interpret" (Laverty, 2003, p. 32) their experiences, and to understand how their cultural, historical, and social experiences influenced their professional practice. The primary beneficiaries of this study were the participants, the women who may not have had the opportunity to express their personal identity or stories about leading in the health information management space. Other beneficiaries included health information management professional associations, healthcare organizations, and related human resource and development groups that valued understanding the perspectives of Latinx women working in leadership positions. This study illuminated the contributions of Latinx women to their organizations, thus creating benefit for all.

In this chapter, I present the methodological foundation of narrative inquiry and give an overview of how I implemented this method in this study. I include the decisions and procedures that informed these methodological decisions. Following this, I include discussion of integrating intersectionality as a critical lens, purposeful sampling, coding, and the proposed processes for cocreating a grand narrative. I present the way that telling participants' stories was achieved through a cocreated, interpretive approach within narrative inquiry. The chapter concludes with a research timeline.

Narrative Inquiry as Method

Narrative inquiry is a social, interactive, and relational activity, and supports the creation of space for researchers and the researched to explore topics such as identity, power, and gender in depth. Narrative inquiry requires that the researcher shift their thinking about researched

people from objects to be studied, disconnected from the process, to cocreators of the process (Clandinin, 2006; Wells, 2011). This shift in thinking is important because it changes the researcher from an observer to a participant, a central position in the method and for this study.

Narrative inquiry enables researchers and participants to give voice to the silenced and underrepresented in society (Bold, 2013; Clandinin, 2006; Jovchelovitch & Bauer, 2000; Pinnegar & Daynes, 2012). These are powerful statements and convey the pull of narrative inquiry as a singular research method, and they do not come at the exclusion of intersectionality, which can be used as a critical lens within this narrative methodology.

Narrative inquiry, as a qualitative research method, is a viable approach to study the experiences of Latinx women in health information management. This is because while it is a "methodology of the physical sciences to study human learning and interaction" (Pinnegar & Daynes, 2012, p. 8), narrative inquiry also creates a context within which "the objective conception of the researcher and the researched" (p. 11) can move toward cocreation of the narrative. Narrative inquiry "as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular narrative view of experience as a phenomena under study" (Clandinin et al., 2007, p. 22). It is the interaction between the researcher and research participants in narrative inquiry that allows for cocreation and, finally, interpretation of participants' stories. Narrative inquiry therefore aligns with the intersubjective nature of my research because it is interpretivist and constructivist in nature.

An essential requirement in narrative inquiry is understanding the relationship between researcher and participant. The researcher moves "away from a position of objectivity defined from the positivistic, realist perspective toward a research perspective focused on interpretation and the understanding of meaning" (Pinnegar & Daynes, 2012, p. 9). The value in this

perspective is that the researcher has access to the social environments and interactions that are detailed and specific to the participant. Health information management is, by definition, a specific domain within the health sciences, so narrative inquiry is an appropriate approach with which to conduct research with the Latinx women who lead in this field.

This research is grounded in the single method of narrative inquiry because this method accommodates storytelling, specific meaning making, and interpretation. Narrative inquiry researchers understand and integrate stories as data, and appreciate the power of the particular through this process. "Generalizable experience" is a misnomer in this context because there are few experiences that can be generalized once we delve deep into individual stories. For instance, a generalizable experience for Latinx women in health information management may be marginalization in the work setting, while specific experiences based in the individual identities held by a particular Latinx woman may influence how she reacts or responds to that same marginalization. These experiences are very specific because the culture and experiences of one Latinx health information management professional may be vastly different from that of another, even though both may be from the same ethnic background.

Relevance of Narrative Inquiry to the Topic

People learn through stories, and it is in the distinctiveness of storytelling that we make meaning, which informs our state of being. It is this understanding that motivated me to dig deeper to fully appreciate the lived experiences of Latinx women in health information management, ask more specific questions of myself, and push the academic discourse.

Narrative inquiry is an unstructured form of "in-depth interview with specific features . . . [it] is motivated by a critique of the question-answer schema of most interviews" (Jovchelovitch & Bauer, 2000, p. 3). Typically, other qualitative interview methods require the development of

questions, perhaps in a particular format or order, and primarily constructed by the researcher or interviewer. This process requires the researcher to make specific assumptions and may drive the interview in a specific direction. There are many situations in which this is desirable and for which the subject matter aligns with these methods. However, I argue that my topic requires that I attempt to play as small a role as possible, both in crafting questions and in interacting with participants, so that the storytelling that emerges is authentic and not directed by me in any way. As such, narrative inquiry is a fitting way for me to understand the multiple identities held by Latinx women and how those identities influence their health information management careers. As a practicing health information management professional and an insider in this process, participants may have shared stories with me that they might not have otherwise shared (with a white male researcher, for instance). There is a shared professional language and, potentially, shared cultural and social identities that could have helped put the participant at ease in the research process. I practiced critical subjectivity by journaling, bracketing, and intentional reflection to address over identification with study participants.

Using Intersectionality as a Critical Lens in Narrative Inquiry

I used intersectionality as a critical lens in this research to position my approach within narrative inquiry. Intersectionality is recognized as an appropriate theoretical stance within which to frame critical discussions about women, ethnic minorities, and marginalized voices (Booysen, 2018; Carbado et al., 2013; Coaston, 2019; Crenshaw, 1989). Investigating the experiences of Latinx women who lead in health information management required an approach that acknowledged the emergence of marginalized voices and supported a constructive research position able to profoundly articulate the nuanced differences between participant experiences. Intersectionality was used as a critical lens through which I viewed and explicated power

dynamics across the sociopolitical spheres that Latinx women in health information management experienced. Building on my discussion of intersectionality in Chapter II, I here provide a micro view of intersectionality, because applying this lens to this specific group of professionals required clarifying my individual stance in order to weave the stories that supported the topic and approach.

Intersectionality was identified by Kimberlé Crenshaw in 1989 "as a prism to bring to light dynamics within discrimination law that were not being appreciated by the courts" (Coaston, 2019). The approach suggests viewing Black women not only as Black and women, or Latinx women as Latinx and women. Instead, it focuses on the dynamic interaction and multiplication that these intersecting identities pose within a specific sociohistorical context, and helps us understand that discrimination and marginalization occur under both circumstances– being Black or Latinx, and being a woman. Therefore, I included a brief critique of the systems of oppression within which Latinx women who lead in health information management, including how these affect how Latinx women and their work, were viewed. Kimberlé Crenshaw's prism lets the light shine on the multiple facets of identities that emerged when participants begin to be viewed differently; that is, made up not of singular or additive components, but rather of intersecting, multiple, and multidimensional factors with a variety of experiences and needs.

It is important to acknowledge two critical aspects of using intersectionality in research: "how to analyze intersection, and who or what intersections to include" (Atewologun & Mahalingam, 2018, p. 153). I drew from Atewologun and Mahalingam's (2018) description of three recommendations for "cultivating intersectional reflexivity" (p. 157), and integrated these into interview preparation, and into subsequent analyses through journaling and memoing during

interviews. The authors' first recommendation was to identify my own relevant intersectional identities by relating to the participants and describing a "list of the handful of identities, visible and invisible, mutable or fixed, that may be salient in the context of the study" (Atewologun & Mahalingam, 2018, p. 159).

Their second reflexive approach was to be "sensitive to sites of intersectional identity salience in collecting and analyzing data" (Atewologun & Mahalingam, 2018, p. 160). This was critical because the essence of this research was to provide a space for voices to be heard without assigning specific cultural or social norms. It is here that I was most aware of the contexts that may have potentially influenced the researcher-participant dynamic, and of my insider-outsider position in the relationship.

Finally, following their third reflexive approach, I maintained awareness of this insider-outsider position and attempted to manage my emotions relative to the stories being told by participants. Managing my emotions in this context enabled me to be at ease with ambiguity, or with the not knowing of all of that was being shared. This tactic is neither confirmatory or negative; rather, it allowed me to be present and mindful of what was being shared without attempting to interpret or make meaning in the moment. These considerations are further acknowledged in Chapter IV through my use of bracketing during interviews which enabled me to remain fully engaged as a researcher, and a Latinx woman and health information professional in the process.

I approached these practices first by providing a short description of my own identity and positionality in the participant solicitation information for the study. I was prepared to discuss the social, cultural, private, and public identities I held in order to create a shared understanding of the concept before beginning the interviews. What I brought to the interviews was my

insider-outsider position. For example, my insider social identities included the professional positions I hold in my work organization, my service work with professional associations, and as a Latinx woman. Recognizing this insider-outsider position was important to the researcher-participant relationship because it puts the researcher "in a position that can lend deeper insight about some aspects of a phenomenon. This is especially true when the phenomena are emotional, ambiguous, and/or involve contested interpretations, requiring access to inside voices" (Bishop et al., 2019, p. x). Having an awareness of these identities was important because they also fed into my outsider position as a researcher in this study and required me to be objective and open. This led to the final reflexive approach, which was to stay present in the moment and mindful of what I held and what participants shared with me.

Study Design

This section describes the design of the study, including ethical considerations, decision to use a representative sample, interviewing, coding, coding team design, data analysis processes, memoing, and thematic and story analyses.

The data for this study were collected from in-depth semistructured interviews with Latinx women in positional leadership roles in health information management in the United States. Secondary sources included artifacts relevant to the purposeful sample population, including governmental reports, economic data, and professional association reports. The purpose of these secondary sources was primarily to address any gaps identified related to the professional practice of health information management and Latinx women in leadership roles that could be found in the literature.

Informed Consent

An application and proposed consent form was sent to the Institutional Review Board of Antioch University. The informed consent form included an overview of the study, proposed questions, method of the interview, and interview data security measures.

The Purposeful Sample

A purposive sample of Latinx women who work in positional leadership roles in health information management was sought. As this study did not aim to tell the story of all Latinx health information management professionals, I aimed for the higher end of 9–12 participants so that I would have a range of participants from which to interpret experiences. Additional important criteria for participation were that the women identified as Latinx (this was also explicated as identities that include the terms Hispanic, Spanish, and Latina). Latinx participants were practicing health information management professionals who were leading or had led teams in positional leadership roles (manager or above) to ensure that their scope of practice included managing others. The titles of participants' roles had great variability because there is variability in position-naming conventions across health organizations. For example, a title of director or vice president in one organization may be manager in another, and these designations often depend on the size and complexity of the organization. I stipulated the reporting relationships of the participants as another means to qualify titles and scope of responsibilities in the interviews.

I solicited interview participation utilizing a variety of methods, including posts on the International Federation of Health Information Management Associations (IFHIMA), American Health Information Management Association (AHIMA), and California Health Information Association (CHIA) websites. I used this approach because I anticipated that I would not locate a large enough purposeful sample who worked in positional leadership roles in my local area of

Los Angeles, California, or perhaps even in the United States. I therefore included participants working in the United States, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, as previously described. I used the snowball technique (in which one person tells another about the study, and the communication snowballs until participation saturation is reached) to gather participants by communicating this study through my existing relationships and professional social networks. I began soliciting participants in early 2020, however, due to the global pandemic, soliciting participants by leveraging in-person events was not possible and contributed to the difficulty in identifying study participants. I relied heavily on contacting colleagues and friends and I solicited participants by presenting at virtual professional association conferences, and virtual networking at professional-social association events.

Interview Process

Initial interviews were scheduled for 90 minutes. I advised participants that extra time was built into the interview to allow for orientation and possible interruptions that may cause the interview to be extended. Almost all of the interviews were about 90 minutes. Follow-up with the participants occurred by email.

I brought to this study lessons learned from a pilot study, and integrated approaches that I hoped would create a safe and encouraging space for women to share their stories. One primary challenge was scheduling time in participants' very busy schedules. This required me to provide a variety of interview day and time options, including evenings and weekends. All of the interviews were conducted using Zoom teleconference as in-person interviews were not possible due to the pandemic. I attempted to ensure that, as much as possible, facial expressions and body language could be shared between myself and participants during interviews, however almost all participants opted not to use the video portion for the interview.

The interviews began with brief introductions and orientation to the process and equipment. I asked participants to include their name, title, and organization, and I asked permission to use their full name, and to then respond to my interview question: “Can you tell me stories about how your identity has influenced your health information management leadership practice?” I anticipated that I may need to repeat the question, and provide some context about the term identity, however, this was not the case in any of the interviews. During each interview, I made notes and memoed, being mindful not to distract from the telling of the stories, this process supported the generation of new questions that I wanted to follow up on during or after the interviews.

Follow-up discussion with participants was not required except to review the initial transcript (member checking) and each participant’s final story. This was designed as part of the co-creative process of this study. The resulting consequence of this activity became rich and nuanced cocreated stories about the lived experiences of Latinx women in health information management. The transcript review created an opportunity for participants to ask questions or provide additional commentary.

I used speech-to-text modality in recording and transcription of the interviews. I reviewed each transcribed interview for errors and formatted the transcript to show speaker and text, verbatim. This proved to be a successful approach because I became intimately involved in the co-creation of each story, having read and edited each interview at least three times before coding began.

Coding

After the interviews were fully transcribed, I began coding using thematic analysis to identify common themes throughout each interview and across interviews. The coding team was

comprised of myself and an external Latinx woman, with a Masters degree in Public Administration working in clinical research administration, who reviewed the initial thematic coding framework and transcripts for alignment. I met with my methodologist and external coding reviewer throughout this process to identify themes and clarify coding which was completed using NVIVO 12.3 software. I communicated with my methodologist and external coding reviewer as needed in order to identify any conflicts or challenges with alignment in coding.

Thematic Analysis

The approach to analyzing the interview data included a thematic analysis of each transcript to identify overarching and common themes in each interview. Analysis began when I completed editing and designed the coding framework with the first transcript. I utilized thematic analysis in the first pass of review to present individual themes (Bochner & Riggs, 2014; Herman, 2009). Because I am a Latinx woman and a health information management professional, I carried a particular position in the researcher-researched relationship that must be recognized. In this relationship, the study participant was not just a storyteller, rather, she was someone who may "make or co-construct meaning narratively in conversation" (Bochner & Riggs, 2014, p. 23) that I resonated with deeply. Another tactic I used is a "measured resilience on gut instinct" (Bochner & Riggs, 2014, p. 44), that is, identifying themes by drawing on my own experiences and knowledge of Latinx culture and the health information management vernacular in order to appropriately identify themes. Constructing the stories and identifying relationships between participants required another level of analysis, and I used the conceptual analytical process of commonplace analysis (Clandinin et al., 2007) to achieve these links.

Commonplace Analysis. In order to achieve the next level of analyses, I used Clandinin et al. (2007) conceptual framework of commonplace that worked as balustrades to properly situate the themes using "three commonplaces of narrative inquiry—temporality, sociality, and place—which specify the dimensions of an inquiry space" (p. 23). Temporality means the events, as told to me, had a beginning, middle, and end, and situating the stories temporally underscores their transitory nature. Sociality, the second element of the framework, was especially meaningful because the Latinx women in this study described identity construction as a social action, and the framework required that I maintain a relationship with the participant's lives, making sociality important for both researcher and participant. The third element, place, represented the "specific concrete, physical and topological places where the inquiry and events took place" (Clandinin et al., 2007, p. 23), and in this study that referred to home, the general workplace, or the health information management profession. The authors further stated that in narrative inquiry the specificity of place is central because "place may change as the inquiry delves into temporality and the narrative inquirer needs to think through the impact of each place on the experience" (Clandinin et al., 2007, p. 23). This is important to underscore because the acknowledgement of place and temporality affects identify formation. The outcomes of this analysis are described further in Chapter IV.

Identifying the interconnected sequences and "capturing not only how the unfolding of events as described, but also the network of relationships and meanings that give the narrative its structure as a whole" (Jovchelovitch & Bauer, 2000, p. 10), assisted me in identifying the cogent parts of the interviews for analysis. Another layer to storytelling can be found in Wells (2011), who stated that using story analysis in narrative inquiry:

> Allows for ambiguity or contradiction in identity to emerge, conditions that are not easily addressed in methods that emphasize explicit self-characterizations . . . identities may be difficult for them to claim or to explain or that may even be outside conscious awareness. (p. 24)

It is in this tension that the cocreation of the narrative unfolds. As I reviewed these stories as unique and whole, I had the opportunity to discuss with each participant the meaning they make from the stories they told, and see how our understandings aligned or differed.

I focused on "illuminating the details and seemingly trivial aspects within experiences that may be taken for granted in our lives, with the goal of creating meaning and achieving a sense of understanding" (Laverty, 2003, p. 24). This was the interpretative and co-creative endeavor of this research, and perhaps the most important piece. Positioning participants as cocreators not only established a space for their voices to be heard, it also validated their agency in articulating actions to create change.

Transferability, Usefulness, and Credibility. I proposed that the transferability of this study would be the applicability of the stories to other Latinx and, by extension, other ethnic minority women working in health information management in the United States. As I experienced in my pilot study, the tensions and challenges that Latinx women experience are not discussed openly in their organizations or professional associations. As one pilot study participant explained, "These are topics that we don't openly discuss, we talk about them in private, in small groups, and in contexts that don't create an opportunity for advocacy or action." The credibility of this data is in the telling of these stories; the fact that the stories were cocreated does not detract from their credibility, instead it further qualifies and substantiates the real experiences of women doing this work.

Ethical Considerations

Confidentiality was a primary consideration for this study as I considered the physical, social, and professional security of the participants who shared their stories. The interview recordings and transcripts were stored in a secure environment, with access permitted by me for research purposes only.

My position and influence compared to that of participants was recognized because participants were sharing information about their individual professional practice, as well as how that affected how they are viewed within their professional associations and potentially their organizations. Due to the sensitive nature of the discussions and potentially revisiting traumatic experiences, participants were asked if they wanted to identify themselves using a pseudonym. A list of counseling services was available for participants but not needed.

Timeline

The estimated timeline for completing this study was approximately 10–12 months. The effort began in earnest once IRB approval was granted and solicitation of participants began. The interview portion required about eight to ten weeks. As interviews were completed, electronic data were transcribed so as not to delay any portion of the process. Coding began as transcripts were completed and edited. Coding required a first pass using thematic analysis as previously described. I independently completed the story analysis portion using the method previously described, and concluded by constructing a grand narrative that wove individual participant stories together using the identified themes to provide a view into the experiences of Latinx women who lead in health information management. The stories were integrated into Chapters IV and V of this dissertation, Study Findings, and Discussion and Conclusion, respectively.

Summary

This study engaged in narrative inquiry methods with thematic and commonplaces conceptual framework analysis. Compelling stories for each participant were cocreated with the researcher and describe the lived experiences of Latinx women who lead teams in health information management. Using the commonplace conceptual analyses provided a cogent approach to identifying the individual stories and the connections between the participants.

CHAPTER IV: RESEARCH FINDINGS

Chapter IV reports the stories and analysis of this research. An overall finding from this research was the way in which the participants negotiated, resisted, disrupted, and refused to accept limited identities through an internal dialogic process. In order to explicate how this developed, I begin this chapter by introducing the themes and categories that I found through analysis. Next, I present each participant's cocreated story as a response to the primary research question: How do Latinx women's identities influence their health information management leadership practice. Using the conceptual analytic frame of commonplace (Clandinin et al., 2007), I provide additional analysis by clarifying how the participants constructed, coconstructed, and reconstructed their identities in time, place, and social context.

As I worked through the thematic and commonplace analysis, an important understanding emerged that exposed the internal dialogues that each participant described as they shared their identity stories. The internal dialogues arose instantaneously when the participants were in social contexts in which they were required to navigate, claim, reclaim, negotiate, and renegotiate their identities when agency was given or taken away and occurred when their identities were threatened or embraced. This finding was important because it provided a deeper view into the way the participants responded and negotiated identities offered to them through interactions with others, and resulted in a dialogic process that each woman experienced while navigating the faultlines of gender, ethnicity, power, and class. I present and discuss this important finding at the conclusion of this chapter.

Participant Demographic Data

I begin by sharing demographic data about the participants, their title, credential and certifications, and academic designations. In Table 4.1, Participant Demographic Data, I present

the study participant details.

Table 4.1

Participant Demographic Data

NAME	CREDENTIAL	TITLE
CLAUDIA	MBA, MHSM, RHIT	Director
MIRNA	RHIT	Supervisor
CLEO	RHIT	Manager
ANA	RHIT	Supervisor
ELVIA	RHIA, CCS	Adjunct Professor
LIZBETH	BS, RHIA	Senior Manager
IMELDA	MBA, RHIT, CCS-P	Manager
GLORIA	RHIA, MBA, CPHQ	Director
ELAINE	RHIT, CDIP, CCS, CCDS	Manager

The women in this study had a broad range of academic designations, credentials, and professional certifications. The value of education, credentials, and certification was discussed in every interview as a goal attained or a goal to achieve as participants moved through the various points in their professional practice. The value of an education was tied to their individual identity, as Cleo said that getting her degree and credential "was personal . . . because nobody in my family went to college," and Mirna, who stated, "I was actually the very first one, third generation to go to college." Each of these women described that achieving the goal of a degree was important, for themselves and for other generations in their family, as these women served as models of achievement and opportunities.

Professional certifications evoked specialized skillsets that link to the emergence of technologies and practices in healthcare such as Certified Clinical Documentation Specialist (CCDS), Certified Documentation Improvement Professional (CDIP) which is obtained through the Association of Clinical Documentation Integrity Specialists, and Certified Professional in Healthcare Quality (CPHQ) obtained through the National Association of Healthcare Quality. It

is important to understand the educational accomplishments, credentials, and certifications of the participants as they are linked to their roles and scopes of responsibilities, and as discussed later in this chapter, linked to Profession and Workplace Identity. One participant had multiple certifications from different associations, AHIMA and the Association of Clinical Documentation Integrity Specialists (ACDIS), and another participant had two graduate degrees. Table 4.1 further explicates my expectation, described in Chapter III, that the titles of the participants would show variability and divergent connotations based on the organization size and the participants' scope of responsibilities.

Identification of Themes and Categories

The results of the thematic analysis are organized by key themes and categories within social contexts derived from the nine interviews. I present these key themes and categories in Table 4.2. Each theme and category was described and illustrated in the participant's stories and reflected further in the commonplace analysis by situating the themes and categories within the Family and Workplace social contexts. A complete thematic analysis table is included in Appendix C.

Table 4.2

Identification of Themes and Categories in Social Contexts

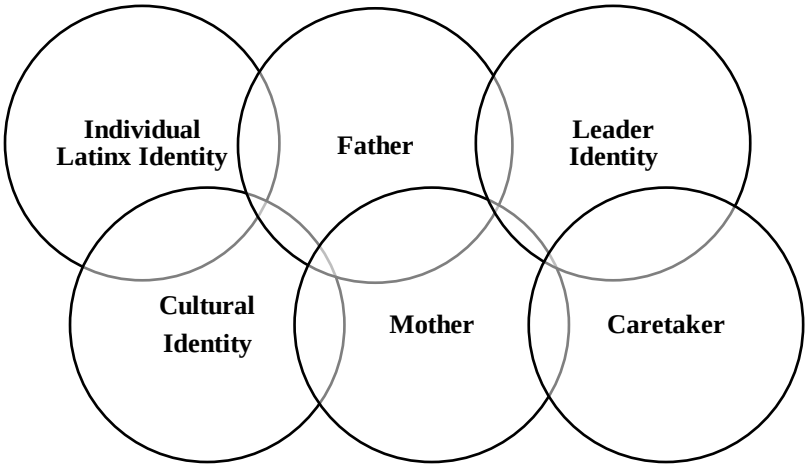
Social Contexts	Categories	Themes						
		Identity	*Family*	*The Profession*	*Power*	*Education*	*Advocacy*	*Bias & Microaggressions*
Family	Individual Latinx Identity	x	x	x		x	x	x
	Cultural Identity	x	x	x	x	x	x	x
	Leader Identity	x	x	x	x		x	
	Father	x	x			x		
	Mother	x	x					
	Caretaker	x	x	x				
Workplace	Workplace Identity	x	x	x	x	x		x
	Mentor	x		x		x	x	
	Perception of Work	x		x	x	x		x
	Relevancy	x		x	x	x		
	Position\Role	x		x	x	x		x
	Credential Preference	x		x	x	x		x
	Code Switching	x	x					x

Seven key themes emerged from the interviews: Identity, Family, Profession, Power, Education, Advocacy, and Bias and Microaggressions. The importance of these themes are their representative affects in the construction, co-construction and re-construction of the participants' identities. For example, all of the participants were grounded by their family and their culture, which is part of their given identities that they take with them into the workplace. It is in the presentation of their identities in the context of work that their identities were further co-constructed or re-constructed when they were forced to navigate or respond to power, bias, and microaggressions. The participants' internal dialogues, meaning making, and mental models within those contexts were therefore part of their cognitive sensemaking and part of the process of resisting, disrupting, and refusing to accept or enact the limited identities forced on them, mainly due to external dynamics internalized by others, and more often also by themselves.

Through further analysis, categories emerged that refined and added specificity to the participants' identity formation in two primary social contexts, family and the workplace. These primary social contexts had numerous relationships when compared with each other across themes and informed both family and social contexts. By situating the contexts within identity construction, re-construction, negotiation, and agency, a dialogic identity construct began to emerge. I imagined that the themes were the backdrop for the two contexts, and the categories overlapped and informed each other making their fluidity apparent across the themes. I provide in the outcome of this meta-analysis a visual representation and analysis of the relationships across the categories and themes. I begin with the relationships that the social context of family represents in Figure 4.1.

Figure 4.1

Relationship of Social Contexts – Family



The women in this study integrated their given identities within their family social contexts, with their cultural identities that were influenced by language, food, and traditions, and

informed their relationships with their fathers and mothers. The relationship between class and cultural identity for the women in this study was a result of societal systems that forced some of the participants into categories that assigned particular identities based on appearance, language, and geography. Describing her upbringing, and how class informed her identity, Liz said:

> We lived in the middle of a gang affiliated area and because we knew everyone in the neighborhood, after a while we just felt safe … so seeing little Jose sitting on the corner steps at two o'clock in the morning with a gun didn't seem out of place.

This experience was thereafter part of Liz's identity, it informed who she was, and whether she wanted to share that part of her life in the workplace realizing that doing so could put her at a disadvantage with others who have had no such experiences.

Some of the participants' caretaking responsibilities were a blessing in that they informed their mentoring and leader identities, such that they referred back to experiences in their upbringing that assisted them in navigating workplace leadership contexts. The mental models that the women formed growing up Latinx were grounded in responsibility and honor to their family, and then to represent their family and culture in the world. Gloria had an interesting perspective:

> First generation [kids] want to do everything to succeed, and to thank their parents for doing their best and acknowledging their struggles; compared to third and fourth generation [kids] who take for granted that we will always be able to further our education and that we have options, and you believe that you come from a family that's going to leave a legacy.

For many Latinx women, language is a key part of their cultural identity. My coding partner identified this and wondered whether the lack of knowledge in a participants' native

tongue impacted them as a leader, perhaps as a loss of cultural strength knowing the language gives someone, and whether that alone would impact someone's leadership style, especially if they are a valued communicator. I searched for this relationship in the coding and found that language, the value of learning and understanding Spanish, speaking it with colleagues at work, and conversely, not being fluent in Spanish, was discussed in several interviews. The effects of this seemed to have an effect on how the participants viewed their individual cultural identities, and Gloria explained:

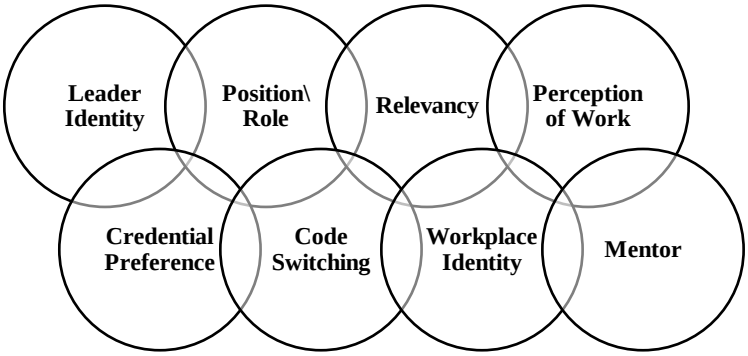
> I'm embarrassed when I tell people that I only interpret minimally … I just let them know [my Spanish is not good] and they always understand. I understand that someone from another language has difficulty in speaking and learning English, I know how they feel because I feel that embarrassment too with Spanish.

Gloria's relationship with the language could be tied to her family's assimilation as third generation Chicano Mexican Americans. She was not raised speaking Spanish in the home, and three generations of her family were educated in the United States. She feels that Spanish is part of her cultural identity, and she did not assign it the same value as other women in the study.

In Figure 4.2, the workplace social context includes categories relevant under themes related to negotiating, re-constructing, and resisting identities on offer in a work context. The overlapping spheres show the identity interactions and flow between each of the categories.

Figure 4.2

Relationship of Social and Workplace Contexts – Workplace



As this study is situated within the health information management profession, relevancy and perception of the work were discussed and seemed to be an added complexity, although not a critical component for identity re-construction by the participants. When asked about relevancy and perception of the work, the participants' responses referred to individual perspectives of their view of the profession for themselves, and less about the way the profession is viewed in their workplace. Mirna shared that she was acknowledged for her hard work by her Director and CFO, and that made her feel valued.

The categories, Position\Role and Education, are strongly related as they are also tied to credentials and certifications. The relationship between these categories was strong for participants in circumstances in which they were resisting identities on offer, and Mel described her experience being mistaken for an administrative assistant during an orientation with the CEO at a new job:

> The CEO wasn't there yet, and the other directors who would be reporting to me pointed at me and asked, Do you know how to make coffee? Maybe we should start making coffee? So, I did. When the CEO arrived he didn't see me because I was making coffee…

> and he says wait a minute, where's Mel? Isabella is here but where is Mel? The directors automatically assumed because we both have Hispanic names, hers was Isabella Rodriguez and I'm Imelda Nunez, that because I'm colored, I'm the admin and she's the VP.

When I asked how she responded to the event, Mel admitted she was happy to make the coffee, and also wished she would have had a response. Instead, she told herself that she would thereafter ensure that she looked and dressed the part.

The impact of identity re-construction and refusing or accepting identities on offer had a particular implication related to relationships and leadership practice in the workplace context. While the participants carried with them into the workplace their confidence and resilience from their family context, they were faced with renegotiating, pushing back, and re-establishing their identities in the workplace. The women in this study had a range of leadership experience, and each participant presented their experiences as lessons learned and opportunities to improve their leadership practice. Some leadership lessons were learned as a result of mental models instilled at an early age, such as Elaine's father surrounding her model leadership behaviors:

> He used to take care of a youth group, and I would go with them on all their educational sessions and their field trips … just hanging around with all these older people. But I think that kind of helped and you don't see too much of that anymore.

Elaine's family social context made an impact, and her reflection on being surrounded and conversing with older adults helped her in her development. This aided in her maturity and perspective as a future leader.

It struck me that the women viewed their leadership as an entity to be loved, nurtured, and grown, and they recognized that to accomplish this required advocacy in service to others.

Integrated in their workplace identity was the desire to advocate for others, Elvia wanted to empower her staff and be a positive role model "because it can be hard for people to accept when they make mistakes, and I didn't want to limit or affect the way that they were going to produce because they're afraid of making mistakes." Identifying role models was important for the participants, and the literature (Singh, 2006; Vinnicombe & Singh, 2003) supports the value that role models and mentors have on the career progression of women in the workplace.

Interpretive Phenomenological Findings–Cocreated Stories

Each participant was provided with a transcript of their story and thematic analysis over email. The participants made meaning from a review of their story and associated themes that emerged, and provided comments and clarifications in response over email.

Ana

As a first-generation daughter of an undocumented mother from Mexico, Ana's sensitivities to the experiences of women and immigrants are especially keen. Her mother was a housekeeper in a convalescent home, and worked at a linen supply company for over 30 years. Her mother put Ana and her brother through private school working these two jobs. Ana felt the burden of her mother's sacrifice and vowed she would not work two jobs, underscoring this she said, "I honestly don't know how my mom did it. I went to private school through high school. I'm very thankful that she was able to do that for us." She also recalls that her mother's expectations of her beyond graduating from high school were somewhat limited, "I remember my mom telling me as long as you graduate high school, I'll be happy. I think she embedded that idea in me unconsciously."

Living everyday beneath the shadow of a parent who is undocumented and the microaggressions that existed all around her, Ana did not need coaxing to name the

stigmatization she experienced:

> It could be the whole stigma of them categorizing us all as being illegal. We're not, you know? We work hard. We're here to make a difference, and especially here in California, I think we're such a huge melting pot … and even though we're such a huge melting pot, [we] still have that stigma behind our color, behind our race, behind who we are.

She acknowledges that Latinx women in positional leadership roles are underrepresented in the workforce, inferring that people view Latinx as part of a certain class, that Latinx women stay home and take care of their families.

Ana's department is located in the basement of the hospital, along with environmental services and the morgue. She thinks that perhaps because she works behind the scenes she is viewed as non-essential, and she underscored that "it seems like nobody sees us, everybody sees the doctors, everybody sees the nurses, but nobody sees us." Ana pivoted and reinforced that Latinx women health information professionals make a big difference. She explains that her work is grounded in advocacy, "I can go out there and help somebody when there's a language barrier . . . and I can communicate and even educate our patients. I just feel as though I did my good deed for the day when I can actually help a patient."

Elvia

Elvia is an Adjunct Professor and a Coding Auditor at Kaiser Permanente. Born in Los Angeles, she moved with her family to San Diego at 16 years of age. She recalled that her family was more on the lower end of the spectrum than middle class, "but not super poor . . . we had the basics." Her parents and three siblings were very close, her mother was very religious, and her father was a driving force for the family. Her father passed away suddenly a few years ago and she reflected on the impact he made on her life, "he was really a pillar in my life as far as

everything I am . . . my dad was more of an empowering person . . . he was always trying to motivate me to achieve whatever goals I wanted." Elvia married at 24, and when she completed her Associate degree, her father encouraged her not to give up and to continue with her education because he could see how much she enjoyed learning.

She recalled her work as a Coding Auditor and considers the intersections of power, "it's something that can affect people either positively or negatively … so, if you're a positive person, I think you tend to inspire and use that power to really influence people," and she quickly added that she has never been in power. Elvia's approach to managing was grounded in service to her team, creating a space for education and transparency. By making her staff comfortable, she created a collaborative environment that was not punitive, "so in that sense, I had a little bit of power and I would be more inclined to be positive about power."

Elvia thinks about her identity as a mixture or blend, "when I think about my identity, being Mexican American, I definitely see myself with a dual personality." She acknowledges her Mexican heritage, speaks Spanish at home and with family, and keeps this identity separate from her work identity. Elvia says she brings her Mexican American identity along at work, "as far as I'm still Mexican American, right? I'm still Hispanic. I think I'm unconscious about it in another environment." For example, she does not speak Spanish at work since there is no one to speak Spanish to anyway, so that part of her remains at home. Her work identity is grounded in her self-described personality traits, friendly and approachable, and she adds, "it's a mixture, but I think I accept who I am. I feel confident, competent and comfortable with who I am. I don't feel at a disadvantage when I speak to people that are not Latinx."

Liz

A Senior HIM Manager, she credits her parents with reinforcing education, and she is the only college graduate in her family. She attended Loma Linda University and received her Bachelor of Science and RHIA credential, and is enrolled in a graduate degree program. Family is the cornerstone of Liz's upbringing and remains her primary focus in all she does.

The eldest of four siblings, Liz had to grow-up fast, and taking care of her family was instilled in her at a very young age. She stated, "it started with me when I was maybe 10 or 11, and from what I understand from our culture, we all grew up this way … if you are the oldest, it is your responsibility to help with the family and the household." Liz associated her caretaking responsibilities with the fact that her parents did not speak English. Although they understood and could communicate in simple ways, they depended on Liz to translate. Liz shared a story that illustrated this perfectly:

> We were in danger of losing my niece to the courts. I was the interpreter at a court visit and I put my name down on a form as legal guardian for my niece, I was 25 years old. We were able to get emergency custody of her, and ever since then she's been pretty much mine and my mom's.

This is the way, Liz explained, that families cope and adjust. It was during this time that she and her family lost their father. Her father was working a graveyard shift and he was cashing his check at a liquor store. Somebody pulled up to rob him, and they shot him in the back. He died instantly. The family went through a long trial, and it was very difficult. It took a toll on Liz, and was especially difficult for her mother.

Liz does not see a lot of Latinx women in her workplace, and she said that surrounding herself with her culture at work is comforting, "within our group, there's a couple of us that

speak Spanish, and let me tell you we use it … it makes you feel comfortable because you can talk as who you are." She described that her ability to switch hats or identities becomes automatic, "you don't think twice about it … when you're in the C suite and you enter specific meetings where they see you and don't acknowledge you." She noted that taking the identity that was being provided seemed easier than forcing her Latinx identity on others.

Liz has over 20 employees reporting to her with oversight of departments at five associated organizations, she is enrolled in graduate school, and due to the pandemic, she's also a teacher, "I find ways to get work done, to study and to be a teacher to my kids and to still be a parent at the same time.

Elaine

In a career spanning 30 years, Elaine has worked at renowned health systems and consulted for large healthcare organizations. Clinical coding has always been her passion and she admits to loving all things health information. Born and raised in East Los Angeles, Elaine was the 1979-1980 homecoming queen at Garfield High School.

Elaine's father, her role model, figured prominently in her life. While he did not graduate from high school, he had a lot of experience in the military, and he was a Supervisor for a plastics factory. His influence on her life was profound, and she described it this way:

> He really just taught me so much about dealing with people and kind of forewarned me about the challenges I might have in personal relationships. As I started working and making more money he would always tell me, be careful who you meet me as far as a relationship… because some men are not worthy.

Elaine's educational path was heartened by the notion that her father did not want to her to grow up to be like her aunts, who struggled all their lives, and so he made education a priority.

Elaine knows that life is not fair, but as her father always told her, as long as people are trying to pull you down, you know you are doing something right.

Early in her career, Elaine benefitted from the mentorship of a phenomenal Director, a former Navy Nurse who had worked with heroin addicts in San Francisco, and whose demeanor was embracing. Elaine found herself working with nurses and clinicians who did not regularly think about health information management, and she recalled that her Director taught her "not to take things too seriously when people look you over … she would say that people will have to learn to accept you, or you just keep moving through," a lesson she keeps front of mind today.

Claudia

As Director of Business Operations, Claudia has worked for a federally qualified health center in Dallas, Texas for over 15 years. In working within a primarily Hispanic patient population, Claudia relies on her culture, language, advanced education, and influence to drive patient advocacy. Claudia is proud of her work to create a safe community-space for women to receive prenatal care and later safely deliver their children at the partner hospitals.

Growing up in a two-parent, predominantly Latinx home, Claudia had a broad world view, and she was encouraged to continue her education, "It wasn't *if* you went to school, it was *when* you went to school. It wasn't *if* you went to college, but *when* you went to college." The messages Claudia experienced growing up helped to form the behaviors she would eventually model, and she attributed this largely to her culture and having a family-village behind her all the time.

Claudia is most proud of her advocacy work with Los Barrios Unidos clinic working with soon-to-be mothers and collaborating with her team and the community. Over the years, the organization created a model for these patients from a different perspective, "we realized that

because of the patient population we serve, traditional approaches wouldn't work." Community health workers created relationships with patients, got patients engaged in the clinic, and made recommendations based on the patient's social determinates of health components. She admits that the idea about sharing pre-natal appointments was not popular, and because of her background Claudia understood why it made sense. She explained:

> Postpartum depression is socialized as an American problem … there is no postpartum depression in Latin American, or Asia, and we had to ask why? We realized that women in Latin America and Asia don't deliver by themselves. The community has a baby … there's this large extended family that is able to carry women through these events. You don't have a baby by yourself, you have your mom and your sister and your grandma there too.

Gloria

As Executive Director of Quality and Professional Services, Gloria was part of a team responsible for implementing a large project across the health system. She begins her next professional chapter as a full-time health information educator at East Los Angeles College. Gloria completed the AHIMA Independent Study Program (ISP) in her early 20s, with encouragement from a mentor, and attended Loma Linda University's bachelor's program years later. A third-generation California American, Gloria considers herself Chicana Mexican American.

Her family was very Americanized, "[her parents] wanted to be assimilated into being Californian or American as a whole," and she makes meaning from this by adding, "I had a very American [upbringing]… very American, Fourth of July, the flag out…." Her mother was a homemaker, and her father had his own business. As a general contractor, he drafted and

developed a number of buildings. Gloria and her brother attended Catholic schools, and she recalls, “basically what we wanted, we got.” Her reflections on her upbringing seem to echo a readily accessible image of a middle-class family prospering set within the context of generational Mexican American heritage.

The Chicano history in Los Angeles is long and has emerged as analogous to advocacy. For example, our interview occurred on the 50th anniversary of the National Chicano Moratorium Against the Vietnam War. Being Chicana is deeply-rooted for Gloria, and she explored that further in describing her family and upbringing:

> We’ve assimilated into being American … my parents went to school here, my grandparents on both sides went to school here. My mom’s side goes back even further than my father’s side, but I always just say I’m third generation Mexican American, and that’s how I identify myself. Maybe we’re a dying breed … but I don’t really see that with individuals that I’m around of a certain age group, we consider ourselves Mexican American, or Chicana still.

She added that much of the injustices and racial overtones are not new, they have always been going on, and said:

> I remember as a kid the swastikas, and I remember the Ku Klux Klan in Palmdale. I remember all that. So now that the young people are coming in, they’re seeing things differently in the workforce, and you can imagine the more mature individual has to come down to the same level. We have to understand each other.

Mel

Mel is the Senior Operations Manager at a large academic health system in Los Angeles. She is also an entrepreneur and started a coding company some years ago, and recently worked

with the Indigenous Pueblos in New Mexico to provide consultative support with their technology integrations. As a bi-ethnic and multi-lingual woman, she has an appreciative view for marginalized communities and works to integrate her identities with her outreach.

Mel's family history tells a story of migration and the search for opportunity that so many immigrants understand. Her father served in the U. S. Navy and met her mother in Okinawa, where Mel was born. Her father, who was Mexican-Filipino, moved the family to the Philippines where Mel was raised and spent the majority of her young adulthood. She has extended family in Mexico, Texas, and the Philippines.

Mel began her health information practice when she moved to the United States, and she said, "here I was starting all over again, and I found that it's a different culture away from the kind of people that I can relate with, and it has been very difficult." She described the cultural barriers she faced, "I encountered a lot of barriers because of who I am, because of the cultural differences that I encountered here … the first barrier was my accent, and the next barrier was that I look so different." Owing to the fact that she is a woman and a minority, she described herself as "twice the minority" and this made it all the more difficult for her as compared to white men or white women in similar roles.

These experiences left Mel feeling powerless, and she told her children that in order to compete with a white man or a white woman, they would always need to be one step ahead. If they are looking for a high school graduate, you have to have an associate degree. If they are looking for somebody with an associate degree, you have to have a bachelors. If they are looking for somebody with bachelors, you have to have a masters.

Mel worked her way up in a variety of roles despite the barriers she encountered by being quiet. She reflected on this and admitting her disappointment, she said:

> That's the only part that I regret, I should have done something when I was experiencing it … I should have said something so that people were aware that this is how you make minorities feel, not for myself, but for other future leaders, so that they don't have to experience what I went through.

Mirna

A master patient index coordinator, Mirna lives with her husband and son near Dallas, Texas. She works remotely from home, and her long-term goal is to obtain her Bachelor degree in health informatics. She has experienced diversity and challenges in her work and has been enjoying the change from managing others. In her previous position she was the HIM coordinator at an acute care hospital, and managed staff in scanning and record integrity. She believed that being Latinx helped her as a positional leader in the department because she said, "I'm strong minded, and was able to follow directions to the point from the Director to make sure everyone was doing exactly what needed to be done."

In discussing the influence of power at work, Mirna assigned power an identity by referring to it in the third-person. She shared her experience in a hospital system and stated, "Power was so set in their ways, that they believed they understood the best way to do things," and when she brought something up, they may not listen and discount the suggestion based on the individual making the suggestion.

Engaging in the professional association is a goal for Mirna, and she admitted life with children gets busy. Mirna added that from her perspective, and from what a coworker has shared, the Texas association of health information management professionals does not have a lot of Latinx participation because they have to pay out of pocket. Many organizations do not reimburse staff for attending educational events, and the cost can be high. Mirna explained that

attending a conference for continuing education units “is a bit pricey … they run from $150 to $390 … that's a lot of money … that’s either rent money, gas money, grocery money or some of my bills.”

Cleo

Cleo is the Manager of Data Integrity at a hospital system in Pomona, California. She has worked in the organization for 22 years, seven of those years in health information management, and almost four years in her current position. She started her career just out of high school with a diploma and “a little certification in medical assisting.” She worked in patient access for 15 years and absorbed everything. As she says, “the more you learn, the more you get.”

Cleo is one of eight in her family, and she said, “we just did what we had to do … we hustled and worked … you don’t learn that in a book, you’re taught that, you know what it means.” Her work ethic permeated her life, and by extension, her professional practice and her work experiences.

Cleo was a Patient Access Supervisor and reported to the Executive Director of the Business Office early in her career. The majority of the business office staff were Latinx women, and the Executive Director was overheard saying that she only hired Hispanic women because she knew the job would not get done otherwise. Everyone in the department had heard this and understood that to mean that teams would work overtime and on weekends without additional compensation to ensure the work was completed. Cleo shakes her head and admits:

> She's a white woman, and the wrong person could have heard that and it would have been bad. The staff would just come early in the morning, and leave late at night, and while it was never said directly it was implied, so they did it.

Cleo acknowledged that the comment worked to reaffirm socialized stereotypes, that on the surface it seemed a compliment, but underneath created a slow boil of resentment.

Thematic Analysis

I remained fully engaged as a researcher in the process, and I also acknowledge that my experiences as a Latinx health information management professional allowed me to analyze the participants' stories more deeply because of our shared experiences as professionals in this space and as researcher and participant. I now present the key findings by describing the similarities and differences between and across participant stories, underscoring their identities in dialogue using commonplace analyses. Clandinin et al. (2007) described the commonplaces of narrative inquiry as having temporality (events in transition), sociality (personal and social conditions), and place (physical boundaries). The commonplace analyses used in this study are the stories that the participants told about their identity experiences (events in transition), the social contexts in which the events occurred (family and workplace), and the place that the contexts were situated includes the individuals involved. In this way I provide another level of analyses that aligns the themes that emerged with a critical intersectional identity approach that respects the ways in which identities are constructed, reconstructed, and declined on offer (Clandinin et al., 2007, p. 23).

Woven throughout every interview were the lived experiences of the participants' Latinx identities. Deeply engrained within each story, their identities emerged as they recalled the impact of family, education, their professional practice, and how they approached mentoring and advocacy. Each participant described their identity as the edifying lens through which they view and make sense of the world, establishing their identities as immutable and engrained in who they are and how they live and work in the social systems around them. Multifaceted stories

spanning generations and countries illuminate how their identities are threaded throughout their development and professional practice.

Individual identity construction experiences were shared through vignettes that painted a picture of how the participants' identities were created and cocreated through the lens of ethnicity and class and were inextricably linked to their cultural identities. The unique characteristics of this study is that the Latinx women were actively constructing and coconstructing their identities as minorities within a predominantly female profession within the larger organizational white-male reporting structures. Important identity construction discourse states that we construct our identities not only from the perspective of who we are and who we think we are, but importantly, also how we act and who we become as a result of our experiences with others (Booysen, 2018; Hannum et al., 2010). This became clear as the participants described their families, and reinforced the idea that their identities were discovered during their upbringing, and personally and socially constructed based on how they interpreted their surroundings and through interactions with others. As I was listening reflexively to the participants' stories, I was struck by the similarities to my personal identity construction and how the social and cultural influences I saw around me shaped my identities and by extension my professional practice.

Individual Latinx Identity. Identifying their individual identities, the participants boldly stated their truth, and the individual identity construction stories became unique as they knitted together their physical characteristics with their generational ancestry. Eight participants identified as Mexican American and one participant identified as Filipino-Mexican-American. Arguably, all the participants had more than one ethnic identity owing to their stated integration and assimilation with American language and cultural norms.

Most of the participants understood the term Latinx and the encompassing logic that is meant to include specific Latinx cultures and gender identities. One participant however was clear about how she viewed herself and her culture, Gloria said, “I’m not accustomed to being considered Latinx, I still consider myself a Chicana Mexican American. I’m third generation Mexican American, and that’s how I identify myself.” Participants’ individual identities ran the gamut of descriptions from physical appearance, such as curly hair and height, to language. Most participants understood and spoke Spanish, and some admitted to peppering Spanish with English, resulting in the ever popular Spanglish and local cultural vernaculars. Language, the use of language, and the perception of the participants’ ability to speak Spanish or English is important to unpack here because not every participant spoke fluent Spanish. Several of the participants’ internal dialogue included what it meant for them to speak Spanish with others in the workplace, as Liz explained:

> Within our group, there’s a couple of us that speak Spanish, and let me tell you we use it … it makes you feel comfortable because you can talk to them as who you are. I can go back and I can be myself, whereas I can’t do that with my boss because we may not have that level of respect.

It therefore becomes more than the ability to speak Spanish, because as Liz described, she finds comfort in sharing this part of herself with others. Liz equated the ability to converse in her primary language as a level of respect that she had not established with her boss and the meaning she made from this was that her boss may not respect the fact that she speaks a second language. The manner in which the participants approached language in context, such as in a meeting or professional setting, was important particularly for those who were not fluent. Gloria described that she did not grow up speaking Spanish every day at home, and she connected with people

who have difficulty in speaking and learning English because she had the same experience with Spanish. The representation of Latinx women in the larger context, that they all speak Spanish, and when the speak English they do so with an accent, cannot be viewed as a monolithic representation for all Latinx women. In this study there was a difference between and across participants with respect to how their identities are formed in relation to how they are viewed, and this speaks to how these women navigated and addressed assumptions about what it meant for them to be Latinx in the workplace.

The individual identity construction stories were almost always tied to experiences of bias and microaggression, and the ways in which their identities were personally and socially constructed seemed to create within them tensions that impacted how they navigated social and workplace contexts.

Cultural Identity

The participants' cultural identities were interwoven in every story they shared and linked to their responses to others, social contexts, and faultiness that contribute to cultural identity co-creation and re-creation. Faultlines are the "dynamics of multiple demographic attributes that can potentially subdivide a group" (Hannum et al., 2010, p. 14), and the women in this study experienced faultlines in their formative years as social structures in school and their community, and as adults in their workplace contexts.

Discrimination, microaggressions, and purposeful oppressive behaviors were part of each participant's upbringing. Ana described feeling shame as a young girl, "growing up we were a little bit more ashamed of it. I'm ashamed because of the discrimination part of it … they call us illegal, they call us all Mexican, we're not all Mexican." As Ana shared her story with me, I sensed that her younger self had emerged momentarily to remind us both that the shame was real

and ever present for her as an adult. Her reflection of herself as a young girl brought forward the temporal nature of the experience. While the experience reflects a moment in time, it also has a past, present, and a future because the experience created an identity facet for Ana that she refused, and continually resists. The real feelings and experiences that she made meaning from and that she had incorporated over time helped her to reconstruct her multiplicity of identities.

The women in this study echoed their need to constantly fight stereotypes, and Elaine described an instance with a former Director:

> She made a point to state the differences between us, and she told me once that she thought that Hispanics were lazy. I've never been told that directly, that Hispanics are lazy. Growing up, you always hear that's what people think but in reality, we're one of the hardest working cultures around.

Shocking as this may be, for the women in this study this kind of discrimination is all too common. The stereotypes that the participants experienced have been woven into the fabric of our national consciousness, to the extent that these Latinx women expressed a constant and neverending battle to prove their integrity, work ethic, and intelligence. The idea that Mexicans are lazy potentially translates to all Latinx nationalities and underscores the work that Latinx women must in engage in to turn those stereotypes around. Their experiences in the world translated to their experiences navigating social systems at work, and reflect the sociality common place, the conditions that occurred socially that affected them personally, in which some participants felt unseen, unheard, and generally underrepresented in positional leadership roles in their organizations.

A learned approach was shared by Gloria, who reflected on her experiences and shared how she made meaning from stigmatizing behaviors:

> We're always judged based on our ethnicity, and when others explain the discrimination they experience I see it through my own experiences and how I would approach it. I've worked Chinatown for so many years, and I was usually the only minority among Caucasian individuals. I didn't have a problem with them, and they didn't have a problem with me. Why? Because I was part of them.

Gloria's work in the organization had, over time, created a buffer for her and she became a holder of knowledge and history that was integrated into the culture of the organization. The way she made meaning from this was integrated in her approach, and she realized that younger generations may view these kinds of situations differently because they do not have the body of experiences navigating the social systems at work.

Despite the stigmatizing effects of stereotypes and microaggressions, the women in this study remained resilient and acknowledged their cultural identities as an amalgamation, a beautiful tapestry of integrated aspects of their culture. The participants reflected on the music, food, and language that makes their culture so rich. They exemplified the challenges that first and second-generation immigrants face, and they have kept alive in themselves, their families, and their social circles their culture and language (Ibarra, 1999). The participants shared their challenges, and in the same breath, they claimed their position and hope for the future.

Workplace Identity

Sharing their experiences being Latinx in the broad healthcare workforce, each participant explicated how Latinx women are generally underrepresented in specialized settings and in positional leadership roles. As each participant had led teams and worked in positional leadership roles, they searched for role models that they could connect with culturally, and having found few or none, described a sense of isolation or existing apart from the larger work

community. Finding connections in the workplace was critical for the participant's success, and every woman shared stories of developing relationships, mentoring, and advocacy. Changing hearts and minds was not explicitly defined, however, it came through in the way the participants described their resilience in handling workplace bias and microaggressions, demonstrating their expertise and work ethic as the value proposition required to move forward. The perception they had of themselves in the workplace was important to understand because their identities in this context were persistent as they discussed notions of what Latinx women represent for them individually and collectively.

Individually, participants expressed feelings of being one of a few, or the only, Latinx woman in a positional leadership role in their organization. This is important to understand because the participants' internal dialogue about what to foreground or background to others may have had a greater impact without the opportunity to view and interact with other Latinx women. Collectively, for the women in this study who had the advantage of working with and reporting to Latinx women, the benefits may be exponential because the participants represent a specific culture within the organizational culture and others benefit from exchanging ideas and creating safe spaces that allowed them to integrate new knowledge and groups norms within the larger organizational context (Atewologun & Harman, 2020; Ferdman, 2017).

It was intriguing to explore how the participants expressed the manner in which others perceived their identities, and Mel described the feeling this way, "because of who I am, I always have to prove myself, especially when I'm new." The perception that others have of the participant's power or authority was explored, and Gloria stated:

> I would feel that perhaps there was jealousy, and certainly there may have been, but you know power is a lot [about] perception. I can make someone feel that I have the power

just by the way that I'm articulating something or dropping the names that I know.

The solitude of being a minority within a large social system was explored, and Claudia recalled her experiences being a woman in a predominately male program, "It was about being a minority within a minority. It was challenging but [we had to] figure out how to navigate through that." Place, a dimension of commonplaces, is foregrounded here because within the boundaries of the physical workplace, Claudia held her identity as a minority and a woman navigating power within the patriarchal systems of her organization.

Understanding how the participants chose to express themselves or participate in particular contexts, Elaine described the following scenario:

> We had an issue with staff histrionics and assigning groups based on ethnicity and perception. I was divorced and I had two children at home, but my new Director liked to party after work. I felt set aside in my work group because I didn't participate in after work activities.

The work of health information professionals is particular within healthcare and the ways in which the women in this study exhibited particular qualities in their work was further explored as the experience of being overlooked for certain roles. Elvia, a self-described perfectionist, focuses on her work as a coding auditor which helped to ground her and enabled her to engage in positive self-affirmations. She referred to being overlooked for a position, "this is just a missed opportunity. I can do the job, and I feel capable and willing to do it." It is therefore not a lack of ability, willingness, or intellect that the participants described being successful in their work, rather it was at times the perception of them individually or collectively that contributed to their success and the constant need to change others' perceptions.

Leader Identity Construction

Participants understood leadership concepts, and more seasoned professionals integrated leadership in ways that highlighted leader modeling in positive and negative ways. Overall, role modeling was described as an essential tool by each participant through stories about their career progression. The ways in which they exhibited good leadership behavior led to the interviewee's discovery of strong leadership paradigms and the importance of mentoring. Their awareness of leader behaviors, regardless of formal leadership training, was telling as they described an awareness of what occurs when leaders make decisions intuitively versus decisions that are data driven, and grounding their leader approaches from a service perspective.

Early career leader modeling also came from the participant's subordinates, and for some, being thrust into positional leadership roles at an early age. The trial-by-fire approach that many women leaders understand worked for some as they learned as they went along, while other participants preferred a less "center stage" role in influencing and leading teams. Cleo described that early in her career, her coworkers contributed toward shaping her leadership behaviors because they had shared identity stories that contributed to establishing trusting relationships. Other participants shared similar experiences of developing the teams around them and how that contributed to their long-term success in positional leadership roles.

Another concept about leadership behaviors that emerged was the all-encompassing "bossy" stereotype that women in positional leadership roles are assigned. This designation is especially sensitive for Latinx women because it works in tandem with other stereotypical socially constructed identities, such as loud, emotional, and angry that are linked to power and control. Telling a Latinx woman that she is bossy only serves to stoke a fire that is burning and just waiting for the opportunity to spread. When these experiences occur, they underscore

tensions of place, the boardroom (workplace) or the living room (family), that Latinx women in this study described holding their personal and collective identities in one hand, holding their positional influence and title in the other hand, and not having another arm to wield a defense to address the microaggression head-on. Gloria's description of addressing this in the Latinx community was especially poignant because she positioned young girls as the first recipients of the title bossy and the responsibility Latinx women have to flip the script. She said:

> I think that we do a disservice to [women] by not teaching them to be assertive. We usually tell little girls, Oh, don't be bossy, but you would never talk to another male leader and tell him that he's being bossy; you tell him he's being assertive. I have a friend that has a little girl and she says she's just bossy … I say no, she has leadership skills. I think that's a very powerful thing that you can give other people.

Mentoring young girls therefore is essential, and changing the interpretation of bossy to leadership potential was a positive approach that can be leveraged through advocacy and education.

Family

Every participant discussed how their upbringing shaped their individual and cultural identities. The commonplaces analyses of the data situates the experiences that the participants shared about their upbringing (father, mother, siblings, husband, children) in the representative commonplace of temporality, sociality, and place, owing to the ways in which their stories were told, the feelings and hopes and the relationship that emerged between researcher and participant, and the physical boundaries of the stories (home). Stories about participants' fathers and their influence on their lives was described in every interview, perhaps owing to the influence that fathers have on their daughters and the lasting impact that has on their development.

Interestingly, reflections on the participants' mothers were less specific, except for a few who were raised by single mothers. Stories about class were threaded throughout the interviews as the association between family, upbringing, and access to social systems and opportunities were linked to class.

Father

Perhaps nothing is as important to a woman in her formative years as a father figure, and for Latinx women there are also the culturally imbued machismo male archetypes that evoke power and masculinity (Quinones Mayo & Resnick, 1996). The fathers that the participants described may have been powerful and masculine, but they were also hard-working, loving, encouraging and supportive—possibly not the image that non-Latinx cultures prefer to see. The exploration of family and the impact of their fathers conjured an image of my own father, hardworking and completely devoted to his family. One participant described getting up early on Saturday to go to work with her father repairing a building near their home where she learned skills that serve her to this day. Elvia described her father as a pillar in her life, and this description was not uncommon in the interviews as participants described the guidance they received from their fathers as young women. I struggled in these parts of the interviews and forced myself to take notes to otherwise occupy my mind and not lose track of the interview, because the stories brought front of mind my father who passed away during my doctoral journey.

Mother

The mother-daughter relationship that participants described evolved from a shared experience, as women and as mothers themselves. Three of the participants were raised by single mothers who struggled and worked hard to make ends meet, sometimes holding down two jobs

at a time without consistent transportation. As if being a single mother was not enough, legal status made the journey more difficult and stigmatizing. As well, carrying the weight of being a first-generation immigrant is by itself a heavy load and comes with it the challenge of how others perceive the immigrant class as a whole, and many of the women described single–mother homes that were on the lower end of the spectrum than middle class.

For participants who had the perceived advantage of a two-parent household, their mother's individual identity and influence had a profound affect. For instance, Mel's mother who moved to the Philippines, leaving her family behind in Japan, evoking a history of migration and assimilation into new cultures that come replete with new language, food, and social systems that must be navigated.

One participant shared a connection with her mother that was born from trauma and the need to ensure the survival of their family. After her father was murdered, Liz reflected on her relationship with her mother and described it as husband-partner, referring to the position that she stepped into to help her mother support their family. She described that she was so focused on survival she had not allowed her mother to fulfill the role she needed, to be a mother to her as they were both immersed in grieving. The path forward for Liz meant creating a partnership in a different way and assuming a non-traditional parental role not common among Latinx women, and she admitted this influenced her professional identity and leadership practice.

Caretaking

A concept that emerged specifically about the understood obligation that Latinx women hold to assist in caretaking at home during their upbringing, caretaking was identified discretely in one interview and was explored at the periphery by participants. This was a topic for which I had to bracket my feelings and experiences because I identified closely with the stories. As

described by the participants, typically the eldest daughter in Latinx families develop caretaking behaviors very early. A parent may ask for some help with a younger child, prepare a bottle, or change a diaper, and slowly expand over time to include preparing meals and translating legal documents. While not unique to Latinx families, the women in this study explored these activities as normal behaviors and did not realize that other families existed differently. In upbringings with two parents, the participants experienced mothers who worked in the home. Participants seemed to share similar recollections of taking up responsibilities in the family that other ethnic cultures may not consider and seemed to occur in single parent participant stories.

Profession

The participants' stories were all grounded within the health information management professional context. The physical work settings varied from acute care hospital to community health centers, to individualized remote work environments, and many of the participants were working from home due to the pandemic. The participants' general perceptions about the health information management profession were that the enjoyed the work, that it added value to their families' lives, and not a single participant expressed any regret in pursuing the profession. Many found the health information profession by chance, and some began their academic journeys through nursing and other ancillary related programs because they wanted to work in healthcare.

Mentor

Mentoring women in the workplace can only be underscored as the literature (Delgado-Romero et al., 2007; Fletcher, 1999; Gallegos & Ferdman, 2007) has time and again provided evidence of the value that mentoring adds to women's professional practice. It is no surprise then that this theme occurred frequently throughout every interview. While the topic of mentoring was discussed as a central leader identity construction element, the participants

threaded this theme throughout their stories as it related to the health information profession specifically. Many of the women described that having a mentor was like a lifeline to help rescue and guide newly credentialed professionals as they navigated the social systems in their organizations. Through mentoring new professionals, and by talking to other women and other health information management professionals, the participants shared their experiences in creating an awareness about their work. Creating the awareness was key because every participant acknowledged that sometimes people they work with every day do not understand the complexities of the work they do.

Perception of Work

The participants placed a high value and perception of their work, and they shared stories of the value they placed on their credentials. The significance of a credential and certification was tantamount to having employment in the profession because most organizations require a credential and other specific certifications that support the level of subject matter expertise required to do the work. Individual and collective perceptions of the work that health information professionals do came through in all the interviews.

Organizational perceptions were more vague with regard to understanding the roles and responsibilities of the participants' work. The participants described incongruent reporting structures that contributed to how their work was perceived by others, such as IT, Finance, and the general C-Suite. The way that the profession is viewed by individuals in organizations seemed disengaged and contributed to the ways in which health information professionals are disconnected from the larger healthcare continuum. It was not unusual to hear a participant tell a story about regularly shifting and changing reporting structures because the organization did not have a straightforward definition of the work. The impacts of technology and regulatory changes

on the profession were discussed and linked to a lack of knowledge about the work by healthcare leadership.

Building relationships across organizational boundaries was a key component for successful leadership across interviews and part of the relationship building included changing hearts and minds about the perception of the work. All of the women in the study described to a degree, that positioning themselves as a resource in their organization was critical for them to be successful. Cleo explained that working well with organizational departments was important in her work, and she was often solicited to be included in discussions about clinical documentation. This is important to note because in some organizations health information as a department is not held in high regard, and as Cleo said, "HIMS was always a joke back in the day." I resonated with this notion because I have collaborated to change perceptions in my organizations, and this effort always takes time because the process is dependent on building relationships with organizational players who have the power to influence perceptions about health information management throughout the organization.

I began the first two interviews with the notion that the profession was highly technical, and in feedback from my external advisor, I realized that this element needed further exploration and clarification. Therefore, in the subsequent seven interviews, I asked participants to share their perception of the profession in terms of technology, and I asked, "Do you view health information management as a technical profession?" The responses were unanticipated and refreshing, by and large participants felt that while technology was integrated into their work, and while they needed to be able to speak in a technical way to others in their organization, they considered critical thinking, analytics, and integrity the primary skillsets for health information professionals.

Relevancy

Professional relevancy emerged as a tangible concept tied to value. The idea of being relevant or valued for what health information professionals do is an emotional topic, fraught with historical connotation and an external limited view of the advance of the profession. All of the participants described stories about the value they bring to their organizations and the value the profession has for them individually. Ana told a story about a discussion with her sister who made assumptions about the essential nature of the profession, and I particularly enjoyed Ana's response which aligned the work to those other unseen essential healthcare workers so critical during the pandemic. She reinforced the idea that her job encompassed the ancillary and service areas that help keep the organization humming so that care teams can do their best work.

Being included in decision making was equated to "having a seat at the table" for some of the participants and evoked stories about how to navigate the systems that may not acknowledge their subject matter expertise. The issue for some was how to ask for a seat at the decision-making table, which can be complicated for Latinx women who are exceedingly cognizant of the need to command credibility (Ibarra, 1999) in their organization because they are holding simultaneous identities and navigating which to present requires a dependence on their internal dialogue. In Claudia's recounting of her experiences at Los Barrios Unidos, she relied on her Latinx identity, language, and culture to align with the immigrant and undocumented patients she served. She said, "Even if you're underprivileged, Latinx families understand that you always have something to offer, you never offer and empty hand," and this is the essential contribution. The ability that the women in this study had to reach unlimited capacities of resilience and generosity.

Power

The topic of power was explicitly raised as a follow-up question during the interviews. The participants' observations of power came from the perception they had of themselves, their accomplishments, and role expectations. A few participants needed some prompting about the context of the term, and after discussion, every participant was able to articulate the effects of power dynamics and the faultlines that created in their professional practice and they shared stories about those experiences. Participants described the dynamics of power as power-between, power-with, and power-over them in situations that further underscored their gender, ethnicity, and class. Some participants described a temperate view and reflected on how to incorporate power into their repertoire even if they do not view themselves as being in-power. They described the power in influence and the ability to gain consensus, make decisions and drive change, and acknowledged that this process can create tension between people, in particular if people perceived the participant as beneath them due to their gender, ethnicity, or class.

Being discounted or sidelined is another method used to exert power over someone, and Mirna described her experience this way, "Power is so set in their ways, and they think they know the best way to do things and when you bring something up, they may not listen and discount it … it's just a power struggle all the time." I felt the exhaustion in her voice, and I understood the value of recognizing an individual's contribution as well as who they are in presenting a suggestion or idea. It takes a great deal of courage to speak up and advocate for oneself, and at work the stakes are higher for Latinx women and ethnic minorities. They carry with them the perceptions others have of them and the work they do, and they are vulnerable all the time, so the act of suggesting an alternate method or vision is especially difficult because they may literally be putting their job on the line.

Education

Observations of power were detailed in participants stories through their perceptions of themselves, their accomplishments, and role expectations. Describing her professional trajectory, and a Supervisor role that became available, Liz realized that attaining her credential would legitimize her professional practice. She explained, “I was taking care of my people at work … doing my job, and had graduated (HIM) school. I had all that behind me, but the power of the of the credential was what I didn’t have.”

A third of the participants were the first members of their family to attend and graduate college. Attending college for some Latinx women in this study was a matter of economics and class, in so far as the ability to attend a university was out of reach. A contributory explanation may be their chosen profession, meaning that many health information programs have been available at the associate degree level, and accessible through local community colleges and private technical schools. In general, the women in this study felt they had access to education, and each weighed the options available within the context of their responsibilities to family as a first priority. As they grew their families, the participants also reinforced education with their children. Ana described how modeling education for her children was impactful for her own journey, “Why am I pushing my kids and I didn’t even do it myself? I think me going to school kind of opened up their eyes as well.” The messages the participants received about education growing up were generally positive. They were encouraged to go to school, although for some messages about college seemed varied, as Liz described her mother advocating for her finishing high school and she would be satisfied.

Participants shared their experiences navigating education and the foundational drive instilled them that college was required if they wanted to progress. Claudia explained that for

her, “It wasn’t *if* you went to college, it was *when* you went to college.” The women in this study understood the power of education and the credentials and certifications they hold and passed this on to their children and those they mentor.

The health information programs were discussed among some of the interviews, and generally the stories were positive and encouraging. While the advantages of completing college and earning a credential were important to all the participants, Mirna believes that some program instructors may oversell the earning potential for new graduates. She stated:

> Here in Texas once we get into the field we see that they’ve painted a nicer picture than when we're in school … they say you're going to make all this money in HIM but once you get into the field, you realize that's not what's happening.

This may be due in part to program recruitment and the availability of good paying jobs that are geographically close to new professionals. It is also true that while good paying jobs in health information management exist, they typically require experience and therefore, new graduate earning potentially is lower than they expect when compared to those who have been in the profession longer.

Advocacy

Perhaps engrained culturally, advocating for others was a common theme throughout the interviews. Ana described how representing women in the workforce is also advocating for women through action, “We’re representing women in general, and that makes me very happy because these jobs were typically for men, but now to see women stepping in, and not just women, but Latinas . . . that makes me very happy.”

Advocating for others can be second nature for some people, and as Claudia described her perspective, perhaps women advocating for themselves is more difficult:

> I think overall, women in general are more comfortable advocating on behalf of other people than advocating on behalf of themselves. I don't know why that is … if you need to ask for something for yourself, you make all these excuses, you create your own business case for why you should do something.

There were moments of regret as participants reflected on the idea of advocating for others, and especially themselves, in situations when they feel they missed an opportunity to speak up. Mel described her desire and subsequent failure to champion and advocate for others, and admits her disappointment in not standing up for herself and others in the moment:

> That's the only part that I regret, I should have done something when I was experiencing it … I should have said something so that people were aware that this is how you make minorities feel, not for myself, but for others, so that they don't have to experience what I went through."

Each woman told stories of the impact that mentoring and advocacy had on their lives. I linked mentoring to advocacy as a progressive action that occurred over time. In Mirna's stories, she talked about creating mentoring relationships with other women in her organization and that after a time she was mentoring someone else. I called her attention to this, and while she had not connected the two experiences, she agreed that mentoring begets mentoring. The positive influence that mentoring had for these women was so impactful on their career trajectory that none could safely say they progressed on their own. I made meaning from this by acknowledging for myself the impact that mentoring has had on my professional and academic career, and I think of this as our identities being socially created, and leadership requiring action, so mentoring is the marriage of the two. Mel lamented that she had missed so many opportunities to mentor and advocate for others, and realized that perhaps she is giving back by being courageous

and speaking up when the opportunity to address bias presents itself. She said:

> Just staying quiet because of embarrassment, shame, or anger at being treated a particular way is not the solution. Even though raising my voice is not my way, if I'm in a similar position again I will stand up for myself and others.

Other participants were life-long mentors and grounded their advocacy for the disenfranchised in service, such as Claudia and her mentoring work with a young college freshman and teaching civic to new immigrants. These small acts were so inspiring to me, and I realized that the collective good was in fact working to change hearts and minds in their communities and in their work.

Bias and Microaggressions

Throughout the interviews, stories of incidental and accumulated bias and microaggressions were shared. The stories the participants shared echoed the meaning they made from the experiences. For some like Liz, the response to bias was to apply herself more, as she reflected, "I would think to myself I just have to work harder." Being a woman carries particular biases in certain healthcare sectors such as Finance, and as Mel explained:

> I used the name Mel because it's easier, and I didn't realize that Mel can be a man's name like Melvin. So the hiring manager thought I was a man, and when they found out I was a woman, they decided they wanted someone else for that project.

Just like that Latinx women have mirrors thrust before them as if to say, take a look at yourself and maybe you will understand why.

As a minority, Latinx women are being placed into categories based on assumptions and experiences that people have read and heard about in the media. As described throughout the interviews, these assumptions are given specific identifiers, such as lazy, bossy, uneducated, and

the list goes on. Gloria described how she perceived these biases, “I see that I am always judged. I don’t care if you consider yourself a minority, first generation, immigrant or third generation, we’re basically all judged the same.”

Microaggressions born from ignorance and miseducation about ethnicity and culture permeated each story, and the participants agreed that articulating the experiences between segments of the female population was an important distinction if society wanted to understand the impact of microaggressions for Latinx women. Elvia shared a story that foregrounded the temporal nature of her experience as she reflected on the ways that Latinx women’s experiences may be different than Asian, Afro Cuban, and other ethnic groups:

> It was just interesting … and it made me think twice how I feel about the way people perceive me just because I’m Hispanic, and even within the same ethnic groups or races. You know, there’s some kind of prejudice or some kind of divide within the groups.

Bias and discrimination within the Latinx communities is readily accessible for Latinx people, such as historical tensions between nationalities, bias against skin color, and immigration status. These biases were not specifically pursued in this study, and deserve further study within the Latinx communities in the workplace.

In the workplace, these biases and microaggressions left the participants constantly having to square their interactions with how them see themselves. Elaine described a particular incident with a manager this way:

> I think it was just really because I was Hispanic, I truly do because I’ve been the same … I was the same person before and the same person after … but I don’t think she was comfortable with me and I think it might have been just because I'm from a different background.

The regularity with which Latinx women negotiate bias in the workplace may be quantifiable, and I imagine that is it an enormous figure because bias is tied to so many variables. If a participant did not get a promotion or was turned down for a position, their immediate thought was that it was due to their ethnicity because they have been socially designed to think this way. All of the social systems at work in these stories were created at time when there were few women, much less ethnic minorities in positional leadership roles. The power dynamics therefore dictate that those in power must stay in power or they risk losing everything, the fear equation therefore results in those in power quickly calculating all that they would lose. The people in positional leadership roles to whom the participants reported had the power to create a space that was free of bias and microaggressions, however they may have lacked the ability to understand how to accomplish it.

Credential Preference

A particular bias that emerged in some of the interviews was the perception within the health information profession that specific credentials had higher value than others, and I assigned the phenomenon the term credential preference. I subsequently searched for studies and scholarly articles referring to this concept, and did not find anything related to this phenomenon.

As participants told stories about bias, culture and class in the workplace, the phenomenon was introduced as being "passed over" or "not qualified" due to a specific credential— in each of these stories the participants already had a health information credential in a particular domain, such as RHIT, RHIA, or CCS, and in others, the participants had an advanced degree and credentials. Mel's story is emblematic of this phenomenon, and she explained, "I used my boss as a reference … I did not get the job because she told them during the reference call, 'she only has an RHIT'. I can get my RHIA at any time. I have a master's

degree!" This bias underscored the sociality component of commonplace analyses, and worked to impose a personal condition on the participants that created an existential concern because obtaining a credential or certification was not something that could be obtained quickly, and affected their earning potential. What is interesting about this is that if asked, the hiring manager or referring professional may simply defer to the requirements for the position, and the problem is the requirements for the positions often read "credential required."

I have experienced similar credential preference when the Vice President of Finance Operations, herself a health information professional, required an RHIA for an advanced position, and unfortunately, my graduate degree and RHIT were not qualifying requirements for the position. I was disappointed at the time because the white woman that was hired went to the same school as the VP, and while she had a higher credential, an RHIA, she did not have a graduate degree as stated on her resume. I shrugged it off and moved on, however, after surveying the organization with fresh eyes, I realized that I was not in the right group to be considered.

Another component to credential preference is situating queen bee syndrome as a factor, an "attitude of reluctance by executive women to promote other women" (Johnson & Mathur-Helm, 2011). In the context of the participants' stories and the implications of a particular credential or degree, the queen bee creates an environment that does not support other women, especially subordinates. Johnson and Mathur-Helm (2011) conducted a study in the banking sector in South Africa and included 25 women in senior management roles. The outcomes of the study revealed that for most of the women interviewed, barriers existed for women's advancement, including "racial and sexual discrimination … stereotyping, exclusive networks, male traditions, and the glass ceiling" (Johnson & Mathur-Help, 2011, p. 51) to name

a few. The study authors further stated that "although, certain women executives would deny the existence of discrimination in a public forum, they would admit to its existence when in a smaller, informal gathering" (Johnson & Mathur-Helm, 2011, p. 52). This corresponds with the experiences of Latinx women in this research as they navigated the pervasiveness of gender bias among women in the workplace, and women managers who deny that such biases exist. Queen bee syndrome should be further explored within the health information management and other predominately female professions. These kinds of discriminatory practices, when they occur over and again, influenced the women in this study by reminding them that maybe they were not good enough, they did not work hard enough, or they did not have a diploma from the right college. It was however their resilience and fortitude that was so impressive.

Code Switching

Typically associated with language, especially for bi-cultural and dual language speakers, code-switching refers to people who can shift and integrate words and phrases quickly from one language to the next (Poplack, 1980), such as Latinx women who speak Spanglish. In this study, code-switching came to include the ability for the participants to move seamlessly between cultures and language in order to adapt to an environment or to put others at ease. Using the term code-switching brings forward the experiences that the participants shared through their stories, that the code-switch is acute and incidental to the context they find themselves in and their ability to adapt instantaneously to that context, through their internal dialogic processes, by putting aside their Latinx identity so that they can be heard and included.

Women in this study shared their lived experiences of automating their identities to the extent needed to make others feel comfortable enough so that the women could communicate and engage effectively. In analyzing this theme, I viewed code switching as temporal in nature

because the transition that occurred for the participants' when identities on offer needed to be reconstructed or refused, while intuitive, always occurred in a particular time, place, and in response to others. The participants described how reflexive it was for them and that they did not even realize it sometimes, although it may have been apparent to others, exploring situations in which they put different hats on because they were not seen or acknowledged. Other participants, like Claudia, spent a good portion of their career working in IT and Finance, mostly male dominated, and they needed to understand and engage in a different world with a different skill set. Gloria had a grounding and qualified response because through her lens women must hold their identities front and center, push through the issues and address inequities head-on without changing who they are essentially to make others comfortable. As the Latinx women in this study progressed and learned to navigate biases and social contexts in the workplace, they also learned to choose their battles and understand their inherent value as women and as health information professionals. These women are important components for advocacy and social justice in the profession because their mentoring has the potential to help new professionals navigate these issues in the workplace.

Reflections on the Interview Process and Thematic Analyses

My goal was to interview participants in person because I wanted to share the experience of reflecting on these topics and making meaning from the discussions by integrating facial expression and body language. Within days of my research being approved however, the global pandemic had firmly taken hold and stay-at-home orders had been issued across the United States. This created a sense of urgency for me and I was admittedly concerned that I would be able to identify and meet with interviewees as planned. My worries were laid to rest as one by one, participants accepted invitations to be interviewed and I was able to arrange meetings using

video conference. All but two of the participants chose not to use video for the interview, and I believe it created an additional layer of reflection almost as if we were behind a veil of anonymity that allowed for free thought and ideas to come forward.

I identified in some way with every story told to me during the interviews. The experiences of these professional Latinx women were imbued with love and great honor for their histories and their families. So many times throughout the interviews I was carried away remembering similar experiences in my mind, and I bracketed these memories and identification as I kept notes and sometimes had to pinch myself to stay in the moment, so rich was their storytelling. I kept front of mind three things for myself, be open, be authentic, and do not assume anything, and I hope that I was able to achieve that in practice.

Thematic analysis began after each interview so that I could keep the momentum and the feelings the interview evoked fresh in my mind. The first interview took the most time to code, and as I reached saturation, I understood how to keep the stories true to the individual participant and weave the stories together toward a grand narrative. Three unexpected themes emerged and became prominent as I moved into story analysis. I began to review the transcripts with new eyes toward a refined epistemology that appreciated the nuances across Latinx and bi-ethnic cultures, the influence that our families and caretaking have on our workplace identities, and the critical role that power and class have in how we interact with others.

A Model of Dialogic Identity Construction in Practice

This chapter presents the cocreated stories of the Latinx health information professionals in this study and the themes that emerged as a result of analyses, and a distinct model has taken shape. The participants in this study described the ways in which they created, cocreated, and refused identities on offer in their professional practice settings and is the basis for a deeper view

into the macro (super-group)-meso (group)-micro (individual) levels (Booysen, 2018) that were in constant in dialogue and ready to be moved to the front (salient) at any time. In laying this foundation, I provide in Chapter V a conceptual model of identities in dialogue, adapted from Booysen's (2018) micro-level of Intersectional-Identity-Cultural Conceptualization of Work Place Identity Formation (p. 22). Chapter V concludes with consideration given to future areas of research and recommendations for professional practice as discovered by effectuating this study.

CHAPTER V: DISCUSSION

This research explores the lived experiences and identity construction of Latinx women leading in health information management through a critical intersectional and identity construction lens. I present the primary finding of this research, a Model of Dialogic Identity Construction, and discuss how this model was developed and worked in practice as discovered through the stories of the participants in this study. I conclude with recommendations for future scholarly work, research, and professional practice development, and my identity story.

The Influence of Latinx Women's Identities on Their Health Information Management Leadership Practice

I asked the women in this study how their Latinx identities influenced their health information management leadership practice. Each participant was keenly aware of their individual and cultural identities. They explained how they developed personal methods to integrate their identities into their professional practice, and they became adept at negotiating—through acceptance or refusal—the identities offered or forced upon them. This study shows how the participants' identities were formed, created, and recreated over and again in social contexts.

The Latinx women in this study told stories that presented their identities as personally constructed (agency), socially constructed (regulated), and both singular (national) and in transition (Booysen, 2018; Sluss & Ashforth, 2007; Vignoles et al., 2000). It seemed at first almost impossible that the women in this study could hold, reveal, negotiate, and resist identities seamlessly, and through deeper analysis of the stories, I found that in fact the women were indeed rapidly constructing, reconstructing, and resisting identities through their internal dialogues in social contexts.

Social contexts are a foundational aspect of this study because identity construction occurs in concert with the social-historical-political events that surrounded the participants, the influence of others in early identity formation and later identity construction, re-construction, and negotiation (Vignoles et al., 2000). Identity construction, re-construction, negotiating and declining identities on offer in this study occurred in relationship to others, in the family and workplace social contexts. These are actions that occurred in time and place and required participation from the participants' others, family, colleagues, and managers in order for the women in this study to foreground their salience and claim their agency. A critical intersectionality lens allowed a view into the way the women resisted workplace identities offered or forced upon them while they also navigated institutionalized socio-historical-political biases operating from the margins.

This study was conducted at the height of the 2020 global pandemic and during a sociopolitical environment that shined a light on gender, ethnicity, and class inequities in the United States and the world. Ethnic minorities were targeted by hate groups, as were the poor and lower middle class. The institutions of power in the United States seemed to especially focus hate and discriminatory speech on the Latinx populations from Mexico and Central America. Throughout this study, participants referenced the ways in which the sociopolitical environment affected their family and work lives, and their ability to renegotiate their identities on offer. I bring these discriminatory subjects forward to recognize their temporal importance and to demonstrate how these issues added another layer of complexity to the participants' professional practice.

A Model of Dialogic Identity Construction in Practice

In Chapter II, I foregrounded an adapted conceptual view of identities in construction that had emerged from the literature and my research question, How do Latinx women's identities influence their health information management leadership practice? An adaptation of the Intersectional-Identity-Cultural Conceptualization of Work Place Identity Formation (Booysen, 2018, p. 22), in which five levels of leader identity construction influence are depicted, has emerged from this study.

This Model of Dialogic Identity Construction focuses on the participants' constant dialogue with themselves in social contexts, which came through in their interviews. This model shows how their identities were continually constructed, re-constructed, negotiated, and re-negotiated based on the internal dialogue they had relative to the social context they were in, their responses to the faultlines they experienced, and how their identities were reflected back to them. The model became tangible when literature about identity construction in social contexts (Booysen, 2018; Schwartz et al., 2011; Watson, 2008) was integrated with data from the interviews in this study using Booysen (2018) and Vignoles et al. (2011) to assert that, "irrespective of levels of inclusiveness, individual, relational, and collective processes define any given aspect of identity as the subjective understanding or experience of individuals, as an interpersonal construction, and as a sociocultural product" (Booysen, 2018, p. 6). The collective and relational identities, provisional self, salience, and leader self as identities that the participants co-constructed emerged.

In reviewing the participants' stories further, I made meaning from their internalized identity construction processes by reflecting on my experiences in similar contexts. I used Clandinin's (2006) commonplace of sociality to acknowledge the relationship between me and

the participant. I found that the dialogic identity activity was occurring in two primary contexts, family and the workplace, and that within the socio-political-historical workplace context, five identity constructs became clear: collective self, relational self, provisional self, salience of identities, and leader self. A visual description of the internal dialogue that the participants in this study were seen to engage in while constructing and reconstructing their multiplicity of identities is provided in Figure 5.1.

Figure 5.1

Model of Dialogic Identity Construction.

Note:
Gray Space: Socio-historical-political context influencing current lived experience.
Blue Cloud: Represents social contexts, such as home, work, and school, and include other social

contexts in which the participants actively engaged in forming, negotiating, and reforming their identities.

Self: Represents the participants. Their resilience, depicted as rays, reach out into the various social contexts, interact with the faultlines, others and the environment. The radiance of the self represents the resilience and fortitude that the participants described as they formed and reformed their identities as a result of navigating the faultlines, receiving feedback and establishing mental models from the others.

Representative Selves: Depicted as yellow spheres, they represent the participants' selves that they dialogue with and foreground in context.

Others: Represents the individuals, and groups of people that the participants interact with and reflect identities on offer. These others may also create or support the faultlines that run throughout the social contexts.

Faultlines: The critical tensions that impacted how the participant's identities were formed, reformed and backgrounded.

Booysen's (2018) model argues the micro level contexts are embedded in, influenced by, and inextricably intertwined with external meso-level (group level dynamics) and macro level (super-group level) socio-historical societal landscape dynamics. While my adapted model focuses on the individual-level, I acknowledge that identity construction is:

> A complex co-constructed process of identity (personal, relational, and collective) being shaped, re-shaped, and produced in the nexus of individual experiences (agency), group interaction, (social construction), and institutionalized processes (regulated) nested in differing social-historical-political contexts (political). (Booysen, 2018, p. 13)

In Chapter I, I asked how easily Latinx women move in and out of their social and role-based identities in order to create an environment within which they can lead effectively. The answer to this question was that it was as intuitive as breathing—the participant's identities at the macro (super-group)-meso (group)-micro (individual) levels were constantly in dialogue and ready to be moved to the front (salient) at any time. The point at which the participants

code-switched, or presented their salience in Latinx and other ethnically diverse groups, was not discussed as much as the process of code-switching in predominately non-ethnic groups and contexts (Booysen, 2018; Holvino, 2010; Ibarra, 1999).

By taking a deeper view of the micro-level context of this model, and appreciating the influence of the multiple levels of identity in which the relational and collective level identities interact, I described how the participants' simultaneous and co-constructed identities were in constant dialogue as they navigated faultlines and integrated new identities that assisted them in leader identity construction.

I now examine further the dialogic identity processes in three areas, Representative Selves, Faultlines, and Self as depicted in Figure 5.1.

Representative Selves

Collective Self

Identity construction is a social enterprise, that is, identities are not created in a bubble free from external or social influence. Collective identity in this study was described as a result of social interactions that the participants engaged in as aspects of the groups or collectives in which they participated and derived their psychological significance from. Vignoles et al. (2000) offered however, that the collective self must also be distinctive, "a need for differentiation of the self from others *and* a need for inclusion of the self into larger social collectives, which are understood to act in opposition to each other" (p. 339). The women in this study expressed the disconnects they experienced deriving psychological significance from their work, and also needing to be included in the larger healthcare context within which they worked. Gloria explained, "I think in larger organizations, unless you really push yourself in, someone has to bring you to the table and say we need you. I think we're making strides, but I do see that we've

had that struggle." A sort of duality emerged where the collective identity of being a health information management professional was at odds with the need to also be included in the larger healthcare organization, and by extension, being invited to conversations as a valued member of the larger collective.

Relational Self

Perhaps more complex and deserving of further study, the participants' relational selves spanned their individual, ethnic and cultural, professional, and social identities as they positioned themselves within the profession and their specific work contexts. The simultaneity of identities they held were in constant dialogue in social settings and were important as they viewed their way of being in the world. The participants described events through their stories that demonstrated their integration with important others, and explicated that the relational self included characteristics of how their self-concept gets was shaped in collaboration with others, a compromise between how they perceived themselves and how they believed others perceived them (Cunliffe & Eriksen, 2011; Fletcher, 1999; Sluss & Ashforth, 2007). Because the participant's relational self was based on their individualized bonds of attachment with others, such as family and friends as well as role relationships such as leader–follower, their self-representation relied on the "process of reflected appraisal and is associated with the motive of protecting or enhancing the significant other and maintaining the relationship itself" (Sedikides & Brewer, 2015, p. 2). This is important in understanding how the participants engaged in forming their relational selves, and Elaine's identity dialogue explicated this:

> I first started working with my Dad when I was very young. He told me that being a girl was always going to be a challenge. He taught me that if you're going to do something, do it right the first time, give it all you've got, but always know that you're going to be

> second-guessed because you're a girl and because of how you look.

Elaine incorporated her father's guidance and the relationship she had with him was foundational and helped form her self-concept of being a Latinx woman in the workplace. She understood that it meant she had to work harder, be better, and speak up.

Provisional Self

Identities on Offer. In my conceptual adaptation (Figure 5.1), provisional selves are those ascribed or attributed identities-on-offer from others that the participants accepted or rejected. Identities-on-offer are those identity characteristics or identity mental models that others assigned to the participants in social contexts, and it is from these offerings that the women either accepted a portion or rejected altogether the characteristics, and by extension, stereotypes presented. Ibarra (1999) exemplified this concept, and she stated that:

> Adaptation is guided by a repertoire of possible selves and corresponding action strategies that people modify to varying degrees with experience. These repertoires include images of feasible, desired, and feared identities in the new role, as well as the actual behavioral tools needed to signal those possibilities, e.g., attitudes, styles, self-presentation tactics, behavioral routines, language, demeanor, and so on. (p. 773)

For example, when faced with the tension of navigating a strained relationship with her boss because she would not accept the assumption that she was required to participate in after work activities, Elaine was summarily excommunicated from the work group, garnering not so much as a phone call from her boss after a terrible accident. Her provisional self, that identity that required her to be lumped into the larger group was not acceptable to her, so she denied that identity and established her own within that group. The cost to her relationship with her boss was not significant, because as Elaine explained, there was already a strain in the relationship,

however the experience affirmed that her responsibilities to her family were more important than going out after work for drinks with the boss.

Salience

The saliency of the participants' identities, that is, the prominence of their identities in particular contexts (Hannum et al., 2010), was also an important emerging theme. Where the salience of being a Latinx woman around a table of predominately white men was important, the prominence of their ethnicity and gender became less so when they were interacting with family. Saliency came up in the participants' stories and the tensions they experienced in dialogue with themselves. Liz explained:

> When you're in the C-suite you have to dress the part, and it's hard because I'm Latina, Mexican descent, right? I'm short. I've got brown curly hair, I wear glasses. It's hard when you enter specific areas and meetings where they see you and don't acknowledge you, especially when it's men.

Liz explains two scenarios, navigating her identities that seemed to conflict with others' perceptions of her, or who they imagined she should be. For example, dressing the part was more than wearing a particular outfit, Liz said it meant that she was not part of the social context because of her physical attributes for which she had no control. Another element of her story was being seen *and* not being recognized as part of the social context because of her gender and ethnicity. Liz's identities could be seen as in conflict, and she relied on her internal dialogic identity re-construction to make sense of the dynamic and decide whether to accept or refuse the social categorizations (Hogg & Terry, 2000).

Leader Self

The leader self that the participants examined can be closely aligned with the literature on leader identity construction (Booysen, 2018; Cunliffe & Eriksen, 2011), specifically the idea that their leader identities were being constantly formed, reformed, and informed as they integrated organizational expectations and leader models and mentoring into their leadership repertoire. As the action of leadership occurs in social and relational spaces, the participants' leader identities were informed by the interactions and expectations all around them, and Cleo expressed an appreciative perspective:

> I really feel like I've gained the respect of my position … my team makes me look good, and I say all the time that their opinions matter and I don't want to do the talking for them. We've created a space that any one of the team can stand up and speak.

Cleo explained further that it was through identifying particular leader characteristics that she admired, and those she disliked, that she developed and honed her leadership practice. The sensemaking that occurred for her in developing her leadership models and exploring what worked and did not work for her are key takeaways from this study.

The participants explored leader identity development by sharing their experiences of leader role modeling and mentoring. In the workplace, the women held their simultaneous identities in ways that permitted them to assimilate into the organizational context by adopting leadership behaviors they valued as their own, and they were able to integrate new leadership skills into their professional practice skill sets. Underscoring Schedlitzki and Edwards (2014), "It is through the experience of what we perceive as good or bad leadership in a specific context that we come to identify the ideal leader identity we wish to become" (p. 247). The participants recognized that forming their leader identity was a journey and one that was not yet complete.

Claudia explained a leader decision making example that she preferred not to model:

> When she makes decisions from her gut versus when she thinks that decision through. I don't want to be that boss. I don't want to be the boss that makes the decision from her gut, because then I just think it doesn't come across. It just blows up in your face and you spend more time cleaning it up. It would be better for you to just hold your tongue and have that conversation tomorrow when you're not as upset, as irritated, or as frustrated with the situation.

In contrast, Elaine's leader model was a Director, a former Navy nurse who impacted how she saw herself and how she learned to navigate her professional practice. She shared this story:

> She really showed me that knowing your subject matter really counted because she was a former Navy officer. Sometimes clinical people never think much about HIM, but she was so embracing . . . she was a very strong lady, and she taught me how to use my strength, use my smarts at the same time.

Women in this study described over and again their desire to ground their leadership in service, and explored how they approached their leadership from positions of empathy, listening, persuasion, and conceptualization, all emanating from their desire to support their staff and advocate for others. Even in those stories that described specific biases and microaggressions, the participants elevated their thinking by centering themselves, their culture, and their internal positive dialogue to make the path easier for those they served. Elaine's example, "I care only about doing a really good job and making sure my staff have what they need, so they can do a good job," shows how she internalizes her responsibility to her team and demonstrated to them the value she holds in their work. Liz explained, "I can't tell you that I am a great leader, but I

can say that my connection with my team is strong because they know I will be there to support them and get them going in the right way." Here again, an example of support through empathy. Their stories evoked resilience and the desire to change themselves first, and by extension those they served through advocacy and mentoring; "a leader must have more of an armor of confidence in facing the unknown—more than those who accept his or her leadership" (Greenleaf, 2003, p. 56). Even in situations in which participants questioned themselves and their ability to advocate for others, they were able to rise above and create an awareness that informed their practice and further developed their leadership.

Others who accepted the leadership vision of the women in this study, their other-followers, were as integral in the dialogic process as the participants themselves, particularly in groups that aligned ethnically or culturally. Liz's relationship with her new team, mostly Latinx, was a learning experience for her on many levels, and she recalled:

> They knew I understood them which is why they accepted me … the fine line was drawn immediately because they knew I was there to support them. I didn't have to worry about the job not getting done because they knew what my expectations were as an employee myself. I knew how to get the work done, and we shared a work ethic.

These follower groups, or in-groups, had developed specific norms and trusting relationships with the women leaders such that the follower groups and the women had entered into a leader–follower dialogic relationship that encouraged inter-action between leader and follower. There was a plurality in the relationship between Liz and her team, meaning that the interactions between them were less individualized and allowed for agency from and between leader and follower. Their collective understanding of how to work together, to share responsibilities and engage in a distributed approach is described through the inter-active nature of this process:

> Those seeking a more plural, less individualized expression of leadership have explored the possibilities of leadership that is collective, collaborative, participative, or distributed, where agency still resides in individuals, but perhaps only temporarily or delimited by other inter-actors. (Raelin, 2016, p. 163)

The collaborative and agentic nature of the leadership that Liz described may have been unknown to her in these terms, however she understood the feeling of power with her team. The participants in this study grounded service in their leadership practice and relied on the interaction with others and collective generation of ideas to conceptualize their vision for leading and developing their individual leader identities.

Relational Leadership

Demonstrations of relational leadership emerged through the situations the participants described. As a social and dynamic process, good leadership requires people to interact and develop collaborative, ethical, and trusting relationships in order to lead people successfully. The Latinx women in this study discussed at length the relationship building they perpetuated, and some examples were linked to their upbringing. These developed, co–created, and multiple identities support relational leadership because it "involves working with the fluid, multiple, co-constructed nature of leader-follower relations by encouraging a multiple dialogue, working with different views and actions rather than imposing consensus" (Schedlitzki & Edwards, 2014, p. 116). The participants' relationships with the social systems at work were also explored, and they described the challenges of navigating the external social constructs that seemed to permeate the work environment.

Understanding how relational leadership is formed and works in practice, I turned to Uhl-Bien (2006) to explore relational leadership in context and how the dialogic process is

propagated. It is important to discuss relational leadership theory (Uhl-Bien, 2006) and how the theoretical framework supports and extends the relationships between leaders and those they serve. The women in this study explored their relationship to the world in various social contexts in two distinct ways; their relational self, or their relationship with significant others such as family, and their collective self, or the ways they related to others such as their boss. These interactions were based on their individual identity with a group or a social category, and they "therefore embody both a relational and a collective self" (Uhl-Bien, 2006, p. 657). Women in this study therefore defined themselves relative to those with whom they work, their families, and how they think of themselves in each of these groups, what Uhl-Bien (2006) identified as a "social self-concept" (p. 657). This social self-concept was integral for these Latinx women at work because it required that others and their followers acknowledge their identities.

Cunliffe and Eriksen (2011) reworked relational leadership theory by "articulating both its conceptual and practical foundations," and "posit that we exist in a mutual relationship with others and our surroundings and that we both shape, and are shaped by, our social experiences in everyday interactions and conversations" (p. 1432). The women in this study required these mutual relationships in order to participate fully in their world.

In the context of the workplace, ideas about leader identity construction become powerful accounts for Latinx women as they navigated their individual identities within collective identities and group associations. While I did not specifically ask participants to review or discuss Gallegos and Ferdman's (2007) table from Chapter II, the stories told by the participants did not cast a wide net over the orientation model. For example, the Latinx women in this study could reside in the distinctive orientation row of, "Latino/identified" with a wide lens to view themselves and others, preferring to be identified as Latino/a or Latinx, they viewed Latinos very

positively, and Whites as barriers or allies, and they framed their race as Latino/a. Based on the interviews and time spent with the women in the study, they viewed themselves and their families favorably, and they had deep connections with their ethnicity and culture which influenced how they viewed themselves within the social contexts of family and the workplace. One example is the story Ana told about her participation in her Church activities and setting up an event for the congregation to share different Latin foods from around the world. She said:

> I have never even been to where some of the people were from and I thought I might [visit]… I'm just from here from L.A., and to me that was nothing exciting … but getting to know these people, I was like, you know what, I am Mexican. I just got to the point where I decide to own it and I just have to be who I am.

Faultlines

The faultlines, as depicted in the Model of Dialogic Identity Construction (Figure 5.1), generate from the external macro influences working on the participant's meso (group-level) and micro (individual-level) identity constructs. The faultlines, depicted as Bias, Gender, Stigma, Power, Class and Ethnicity, are derived from the intersectionality and multiplying effects of the different and compounding faultlines (Booysen, 2018; Uhl-Bien & Ospina, 2012). The effects of this are that the faultlines may not occur singularly in social contexts, such as experiencing the power faultline without the class faultline, rather they may combine to create stronger and more lasting effects.

Bias

The faultlines that bias created led me to think about my own experiences navigating the profession and working with women in positional leadership roles whose biases may have been grounded in more than ethnicity and class. I assigned the term credential preference to

problematize a specific bias that occurred when a particular foundational credential is favored over another despite the candidate having all other qualifications and experience. This became a curious problem to understand when I applied the factor of credential with ethnicity and gender. As this study is focused on Latinx women, and I do not have data from the AHIMA related to number of credentials by gender and associated titles, this problem becomes a tension to be explored. This tension became reality as Mel described her experience when her boss did not recommend her for a position because "I only had an RHIT," despite having a graduate degree as well. Mel interpreted this action by her boss as jealousy or that Mel did not deserve to be in a higher position, thereby assigning an identity based on her ethnicity. Perhaps Mel will never know why she was not recommended for the position, but she will always remember how she felt and what she inferred based on the experience.

The intersections of ethnicity, gender, and credential preference must be acknowledged as the interplay of these biases may impact the perceptions others have and may be specifically tied to perceptions about a credential and what it represents in the workplace. Ryan and Haslam (2005, 2008) looked at how the professional progression for women can by stymied as they reach a proverbial glass cliff, having the unenviable task of addressing poor performing companies and leading when the chances of failure are at their highest, unable to make that leap to their next role. If Latinx women in health information management desire to reach parity with their white men and women counterparts (Maume, 1999), they must have the educational and professional credentials and opportunities. The challenging issue is that sometimes they have them, but credentials and achievements are not counted. It is possible that there are systemic issues at play, and by addressing this tension, there is room to further problematize this as an issue that requires intervention and at the least, equity and diversity discussion at the hiring level. Attaining the

experience and utilizing their influence would position them for the roles they aspire to, Directorships notwithstanding, and there are a myriad of opportunities that all but a few Latinx women have achieved.

Gender

The gender faultline is addressed by exploring gender role stereotype perceptions in the health information management profession and the workplace. The social perceptions of gender roles, specifically that men and women are associated with particular roles based on their gender, such as women as caregivers (mothers, and nurses), and men as business oriented (lawyers, and bankers), and are integrated throughout workplaces. These perceptions help us construct our individual identities and the identities of others, and the perception extends to how we think about who should work in particular roles (Bruckmüller et al., 2014; V. E. Schein & Mueller, 1992; Wajcman, 1991). The concept of think manager-think male (V. E. Schein, 1973) seemed to be the status quo in most of the organizations the participants in this study described. They defined reporting structures with men in positional leadership roles with titles such as Chief Executive Officer, Chief Information Officer, and Chief Financial Officer. The literature (Booysen & Nkomo, 2006; Ryan et al., 2011; V. E. Schein, 1992) explained that generally, perceptions of manager characteristics and gender role stereotypes favor men, and still persist today. The participants in this study seemed to echo this in their stories as they described reporting structures that included men and women to whom they reported. An interesting finding was that the women in this study modeled leader characteristics so keenly that they adeptly integrated those characteristics that suited them individually and rejected those they understood to be marginalizing. Claudia's story about reporting to a white male CEO as a new Manager was interesting because the CEO frequently pointed out her Latinx identity and offered her what he

perceived her to be in her Manager role, confirming Atewologun and Harman (2020) discussions about “everyday encounters that signal their identities as minority status members” (p. 101). Claudia explained:

> I was a new Manager and my CEO was a white guy–white as white gets. His cultural background was very different, and he made me very aware of the things that were part of me because [of who I am], but at the same time, that are not part of everybody, and not part of his culture. He helped me become more aware and I had to recognize that those things about me that made me stronger.

Claudia’s story represents the compounding factors that ethnicity, gender, and credential preference had for her, and she made meaning from this in two ways, understanding their differences and becoming aware of how he viewed her in her role. This instilled in her mental models that both reaffirmed the wonderful qualities of her culture, and at the same time confirmed her ideas about how to lead differently.

Gender role stereotypes began to blur the further they cultivated their professional practice, and as they experienced the effects of their influence in their organizations, such that title was less important and subject matter expertise and collaboration became the centering behaviors they viewed as successful. This concept emerged in interviews with participants who had been leading for many years, and Gloria provided a perspective on this point:

> Sometimes, this is all perception. In my leadership role, working for the facility for so long, I had experience leading other teams, such as Quality, and I didn’t think so much about my title . . . I was already established there . . . I may have been perceived incorrectly by new individuals coming on board not realizing that I didn’t have to go to the Chief Operating Officer or the Chief Executive Officer, and I thought that I would

feel it but that came with the years of experience and years of trust and years of loyalty. Gloria's story exemplifies how other women in this study viewed themselves within their organization and underscored how they had incorporated their professional and leader identities into their socially constructed work identities.

The Profession, Perceptions, and Relevancy

I described in this study the tensions for the health information management profession, what it represents to the individuals who work in this space, and how the literature and previous focus groups view their role in the profession. Perception and relevancy are therefore integrated within the constraints of external perceptions of the women in this study and their work, how they navigated the social systems in healthcare relative to their education and experience, and how relevancy was tied to value of the credential and the work.

Revealed through the interviews in a variety of workplace contexts and presented here are topics as they related to perceptions of the profession by the participants and others, and how the participants navigated professional relevancy. I requested recent data from AHIMA, specifically pertaining to total number of members, number of members who identify as female, number of members who list a positional leadership role such as Manager or Director, the number of Latinx or Hispanic women members, and the number of Latinx or Hispanic women members who work in positional leadership roles such as Manager or Director. Unfortunately, I did not receive such data from AHIMA.

While I did not find that perceptions of the work were explicitly tied to gender in this study, questions related to perception outside the profession and the effect of that perception were discussed, and there was an underlying tension of the work as substantively unseen albeit essential. Utilizing the sociality component of commonplace analyses, as described in Chapter

IV, provided an alternate view of the participants' perception of their work being tied to their gender and that it had more to do with their own experience and confidence in their roles. One example was Gloria who saw herself as open and insightful, and had experienced being perceived as closed and authoritarian. She expressed that she may have internalized these feelings and allowed them to take over her mindset and said, "I've mellowed over the years and I will correct them and say something." This is important to understand because junior participants in this study approached perceptions of work and marginalization differently by internalizing the feelings and not calling others out on unacceptable behavior. In contrast, Mirna described that early in her professional practice her approach to discrimination and bias behaviors was more internalized, and she relied on her mentor who helped her navigate the tensions at work. As Mirna became more experienced and assured in her work, she felt more confident in approaching these types of conflicts.

Power

The topic of power was explicitly raised as a follow-up question during the interviews and can be viewed as a faultline in this model. Describing five main approaches, "power to, power over, power/storage, power discretion, and power/effects," Law (1990, p. 165) argued that power is a social construct and a social contract insofar as the action of power requires a partner, however this argument is made without including gender or ethnicity in the discussion. On the other hand, Holvino (2007) problematized power from an intersectional perspective, stating:

> The meaning of power for women has not proven any easier to resolve than are the mainstream debates on power. For example, while gender-role congruency would have us believe in a kind of female power that is indirect and personal as opposed to a male type of power that is direct, authoritative, and status-derived, studies have found

> that when the effects of gender and power are disentangled, the differences between men's and women's power disappear. It is the amount of power that an individual has, not gender, that makes for the different power behaviors and motivations attributed to women and men. (p. 362)

This perspective was evident in the participants' stories of power dynamics in a variety of situations, in the classroom with specific gender norms in which the participants had to acclimate, in the workplace as described over and again in all types of context, and not always between the participant and a positional leader. Often the power dynamic was exemplified by behaviors from co-workers or subordinates. Describing the difference between power over and power to, Elvia shared her experience:

> Power affects people positively or negatively. So if you're a positive person, I think you tend to inspire, and use power to really influence people and go towards a good cause. When I was a coding auditor, I felt like my team was supported, and I wanted to empower them and be positive about the feedback I gave to make them comfortable. I feel that in that little power that I had, because I do feel like I was in that position, I had that authority to affect their job.

Creating an environment that allowed her staff, primarily women, to feel empowered, to feel valued, to feel as though they were collaborating with the person that they reported to was important.

The interlocking matrices of domination, power, and marginalization (Collins, 1990) described in Chapter II were on full display in this study, and the resilience of the women arose in their ability to transform organizational behaviors through advocacy and creating awareness and appreciation for their individual ethnicities. In so doing, power became

co-constructed at home and in the workplace when the participants moved to the center of their narrative and were able to exercise their agency and claimed power for themselves and their constituents. Mirna described her experiences with a white male staff member on her team who consistently undermined the Director who was Indian American and felt very comfortable establishing friendships with the CMO to navigate around decisions and negotiate for supplies or accommodations for himself. She stated:

> He just went and did crazy things . . . he was really good friends with the chief medical officer and he was going behind both the director and me trying to change things, just because he feels like it's the better way to do it. That was challenging … and also, they got us standing desks, and the director was upset because she thought it was going to come out of her budget. He says no, it's fine admin is just giving them to us . . . That's not the way it works, but okay.

This power play by a subordinate staff member created a dynamic with the CMO that was unbreakable, and Mirna and her Director could not effectively address the issue for fear the CMO would retaliate.

Throughout the stories, the women explored the ways in which their work was unseen because their work was supportive in nature and occurred behind the scenes, and because they were located physically out of view of the larger organization. The effects of a being Latinx woman and working in an unseen profession has compounding affects and requires a relational approach, much as Fletcher et al. (2000) suggested, “a real shift in understanding from addressing the separate self to an understanding of people in context, people in relationship” (p. 245). In as much as the work of health information management itself is supportive in nature and a business need rather than revenue generating, the importance of understanding of seeing the

individuals performing this work and understanding their contributions and challenges in context is the key to developing relational practices such that the professionals in this space are connected with and throughout the larger organizational context.

As the procurers and managers of information, the women in this study were also creators of knowledge. The knowledge they created and held was specific to them and their role and also integrated in their work and became part of their identities. In describing how knowledge is shared and the empowerment that comes from that activity, Fletcher (1999) stated:

> The process of mutual empowerment reflects a concept of power and expertise that is fluid, where dependence on others is assumed to be a natural, but temporary state. Implicit in this is an expectation that others should adopt this attitude and be willing to give and receive help because there are benefits to be gained in each role. (p. 828)

Collaboration is an implicit behavior that is generally accepted by health information professionals. The nature of their work requires them to work with care teams, organization administration, ancillary teams, and each other to develop new understandings that contribute to the current body of knowledge and have the potential to change how work is done. The knowledge that is created from these experiences is shared because that is the nature of the profession, and the knowledge is then integrated into a shared leadership practice model as power-with others. The disorientation that arises from this is that because the work itself, while essential, is hidden in healthcare organizations, and by extension, the power that the production and dissemination of knowledges holds is diluted as it makes it way throughout the organization and is attributed to those in more prominent positions. Consequently, many of the participants in this study described an undercurrent of frustration in their ability to be seen in their organization, and having to claim and exert their agency in ways that they did not want to be associated with

or underscored as Latinx identity. It is through the internal dialogue of pushing back on identities offered that the participants' agency was revealed, as Gloria described, advocating for girls to claim their agency by rejecting the term bossy and claiming the term assertive instead.

Other participants recalled that their age was a factor in establishing their professional practice and having the experience to claim their agency (Uhl-Bien & Ospina, 2012) with subordinates was difficult. Elaine recounted the challenges she faced as a young Manager navigating age, ethnicity, and experience, and having to work harder to be validated:

> Being a young woman and being Hispanic was real challenging, because the facility at the time was primarily Caucasian, and all the worker bees were a lot older. So I felt like I had to work twice as hard to show that I knew what I was talking about, and that was probably related to age and that's kind of I guess what I've run up against pretty much all my career.

Self

Identity

In order to understand participant identities, I asked, how do Latinx women working in in a predominately female profession integrate their culture and identifies in their work? This question was explored in the analysis and literature were presented (Booysen, 2018; Tajfel, 1982; Vignoles et al., 2011) to understand two identity approaches: "the content of identity—components or nature of identity—and the corresponding processes of identity formation or change—identity construction" (Booysen, 2018, p. 4). The participants linked the content of their identities to their individual, cultural, and national identities through their stories in which they described their physical attributes, language, specific cultural norms, and being Mexican-American and Filipino-Mexican-American. The participants' identity construction was

integrated throughout their storytelling as they linked their individual, social, cultural, and national identities with their families, upbringing, sociopolitical, and workplace experiences. I used the discussion about identity content and construction as a principal theme by linking the research outcomes with this literature.

Identities as Relational and Collective. The participants viewed their identities relationally and within context, that is, they grounded their stories in how they viewed themselves in relation to the systems around them; their parents and children, the workplace, society, their culture, and to those they mentor (Cunliffe & Eriksen, 2011; Fletcher et al., 2000; Uhl-Bien & Ospina, 2012). The relationship behaviors for Latinx women in this study extended also to how they exhibited their identity collectively in non-familial group settings such as church, work, or professional associations. The participants developed particular social behaviors through modeling early on as family is the first and foremost support system for Latinx women. Vignoles et al. (2000) described collectivism as "individuals as aspects of groups or collectives" (p. 342) and who are able to keep their essential identity as they move through these social systems. The participants' stories explicate how this was possible for them because they must hold true to who they are individually in professional contexts while adapting to group norms as much as they are also respectful of their identities in their relational interactions, Mirna described her experience:

> I was an HIM coordinator, and I think it helped me just because we (Latinx) are strong minded, so I was able to follow directions from the Director to make sure everyone was doing exactly what needed to be done, in a leader role in the department. A lot of them (staff) didn't like it . . . because they were mostly white underneath me.

Mirna's identity was front of mind for her and changed in context with the interactions she had

with her staff, and pointed to the idea of possible selves as a result of identity change in the moment, "the notion of possible selves, defined as ideas about who we might become, would like to become, or fear becoming" (Ibarra, 1999, p. 766).

Identities as Persistent or Fluid. I discussed in Chapter II the case that Schedlitzki and Edwards (2014) presented recognizing that identities may be momentary in that we invoke and call upon identity features as needed in particular circumstances, and that our identities are also fluid in situations that require us to move from one identity to another based on our role or position in a social situation. In the case of the participants in this study, I argue that their identities are both persistent and fluid attributed in large part to their identities in dialogue, the internal conversations each woman had in particular moments (in context) when their identities were being re-formed, reconstructed, or when they pushed against identities on offer. There is a temporal simultaneity of their intersecting identities that occurred for the participants throughout their stories and underscores their persistent fluidity. Ana described her persistent fluidity as a tension, "we're underrepresented in the workforce, and it can be our skin color, or the stereotypical economic part of it … they say we're of a certain class, and the stereotypical Latinas stay at home and take care of their families." Here she holds her professional practice and ethnic identity along with the biases she experiences in the workplace. The participants' identities cannot be extricated from each other, rather they operate simultaneously and have different complicating factors based on their gender, ethnicity, and class. Their identities are fluid as each described situations in which their individual identities were on full display, and they had to break through the biases in order to be heard.

I described in Chapter III how these contexts "create a kind of identity schizophrenia where a woman of color has to deny a major part of her life experience" (Holvino, 2006, p. 1),

and reflect that the women in this study are persistently ethnic minorities and their personality, culture and ethnicity is incorporated all at once, and being required to choose between facets of their identities, that poses the "best fit" for the specific context they operate in. Elvia described her experience of this duality:

> I bring it [ethnicity] along at work as far as I'm still Mexican American, right? I'm still Hispanic. But I'm unconscious about it in another environment. So I'm not myself. First of all, I'm not going to be speaking Spanish. There's no one to speak Spanish to anyway. So that part of me is at home. But then at work, it's more . . . not me.

Identities as Discovered, Personally Constructed, and Socially Constructed. The participants relayed lived experiences that pointed to how their identities, as daughters, women, and mothers, were formed and each story included identities that were revealed to them, developed personally, and constructed due to the social systems they navigated (Vignoles et al., 2011). They described their individual identities in a number of ways, including the physical characteristics they were bestowed at birth, and were described by the participants as having a particular quality of hair, skin color, and stature. They named their national identities and described them as Mexican American or Filipino-Mexican-American.

The social construction of the participants' identities is a nod to the tensions and challenges that ethnic minority women, in this case Latinx women, must hold and navigate. Because they are never just ethnic minorities, just Latinx, or just women, they feel the pull to belong or not belong to a particular monolithic group representation that society assigns. This tension could be viewed as an alternate ontology that "creates a specific relationship to knowledge and knowledge production. It is informed by knowledge that expresses and validates oppression, while, at the same time, it also documents and encourages resistance to oppression"

(Holvino, 2010, p. 251). Latinx women in this study expressed an acute awareness of oppression, although not a single participant used the word. Instead, they explained how they formed their considerations of power as socially created and how they used that knowledge as bridges across boundaries. In her work with Los Barrios Unidos, Cleo discussed at length her collaboration with clinical services to address a community need to support immigrant and undocumented women, her identities play a key if not vital role in her organization's ability to provide services:

> We realized that because of the patient population we serve, doing things like traditional advertising doesn't work. It doesn't matter if I tell them on TV or if I tell them on Facebook, that the service is great and wonderful and not to be afraid. But if you know that your cousin was treated right, and nobody called immigration … it was a safe place. So, it took a lot of reframing . you're told to do your market analysis and research, but some of those things are not practical in this setting … we had a period of instability in the early 2000s when people were not fearful, that people felt comfortable coming to the clinic and approaching and accessing care, and now we're back to those early-early days in the 90s when people were really scared, and it's a shame–but we're trying to figure it out.

Refusing Identities on Offer

The model I present is the outcome of the participants' co-created stories that brought to the forefront the internal dialogues that were part of their cognitive sensemaking. It included their individual processes of resisting, disrupting, and refusing to accept or enact the limited identities forced upon them, mainly due to internalized oppression by others, and more often also by themselves. Elaine's experience was emblematic of the dynamic of refusing an identity on

offer:

> I worked with a director who pointed out the differences between me and her. I remember once she told me that Hispanics were very lazy. I told her, I'm not really sure how you can say that considering I was responsible for reviewing all the Medicare cases for coding and basically the DFB rev-cycle stuff. I told her I didn't understand why you would even say that to me considering I'm your assistant, and I'm here to help you!

The resistance that Elaine described was multifaceted, she resisted the connotation that Latinx people are lazy, she internalized the comment and responded with all the ways in which she added value to her team and the department, and finally to her boss directly. This exchange is rife with bias and stereotypes, and like the other women in this study, Elaine incorporated this exchange into her experiences and shifted her thinking and behavior, she shared later that these kinds of events only worked to increase her fortitude.

Refusing identities included the participants' professional identities, and during the especially disorienting period of the pandemic, Ana shared a conversation she had with her sister about the essential work of health information professionals:

> My sister called me and assumed I wasn't going to go to work because I'm not essential … because I'm not a nurse or a doctor. I felt insulted, and I said I may not be a nurse or a doctor, but I'm essential and the work I do is important.

The refusal of an identity, in this case the very essential nature of the work and Ana's relevance in her role could be seen in the model as she navigated her provisional self as viewed by her sister and the bias faultline to establish her collective self in her family context.

Resisting & Disrupting Identities on Offer

As a patient access Supervisor, Cleo explained an interesting dynamic that many of the Latinx people working in the billing office seemed to internalize differently early in her career:

> The majority of our business office was Latinas, and our Executive Director used to say, "I only hire Hispanic women, because I know the job will get done," but she was the wrong person to say that because she's a white woman. But everybody would come early in the morning and leave late at night. You know what I mean? It wasn't like they were in there nine to five, they were there weekends too … you get it?

There were multiple considerations to unpack in this scenario. Cleo discussed what this meant for her, insofar as the comment seemed to be offered as a compliment and that the staff took it as a compliment by continuing to come in to work early and leave late (off the clock). It was interesting to understand how these kinds of microaggressions were internalized, and then reproduced as acceptable, even desired traits in that reporting structure. Cleo valued being able to help others see how this dynamic did not work in their favor. Her resilience was in her ability to engage with staff she managed and ensure that these kinds of stereotypes and microaggressions were addressed.

Ana described an experience that was especially impactful because it happened in her home, she explained:

> My husband's friend, he was Caucasian, came to our house one day, he asked my husband this where you live? My husband says yes, Why, what's wrong? He said, 'I was just under the assumption that all Mexicans live in dirty homes, and with a lot of people living under one roof?

Disrupting the identity on offer occurred in the moment, and Ana and her husband advised the

visitor of the stereotype that is socially accepted in which Mexican Americans are categorized as not having an education and living in squalor with generations under one roof. The American social systems have done a wonderful job of convincing people that immigrants are illegal, do not contribute to society, and are uneducated. Disrupting identities on offer requires agency, an inner strength to set the record straight and encourage others to ask questions and not make assumptions. Ana's experience is not unique, however her response and the way she made meaning from the experience contributed to her ability to access her agency in the future and she shared that it only made her stronger.

Claudia relayed an experience in which she resisted the identities offered to her in a predominately male academic setting:

> I went to DeVry for my undergrad and credential … it was a predominantly a male school, because it was a technology school. There were probably five or seven women in the HIM program and everybody else on campus was a guy. It was about being a minority within a minority.

Claudia's challenge was learning to navigate the social groups that were designed to keep her and the other female students out, which meant they did not have access to some of the learning opportunities that the male students enjoyed. In addition, she endured criticisms and marginalization by the instructors. The resisting and disruption for Claudia occurred when she changed her overall approach in that environment, by putting herself physically up front in place, and in the middle of the action in classroom discussions. It was in the demonstration of resisting, disrupting, and using her agency that she was able to feel confident about her accomplishments and navigate that particular social context.

Challenge Meets Resilience

Throughout all of the stories, the women described the challenges they faced related to culture, ethnicity, class, and power. Bias and microaggressions were threaded throughout each story, and as each participant reflected on their experiences, they also claimed victory for themselves and their families. Resilience, drive, and courage was the golden thread throughout the participants' stories, and I was encouraged by their support of this study and their willingness to explore their identities in such an authentic and meaningful way. More work is needed to focus attention on the experiences of Latinx women in the workplace, and how their ways of knowing and meaning making intersect with other ethnic minorities, genders, cultures, and class.

Beyond the everyday resilient practices of managing bias and refusing stereotypes, the women in this study shared their experiences of being passed over for positions in the workplace. This is important to unpack because the value of the work or the promotion is not just in the salary, rather the value comes in the re-constructed identity that is an outcome of the win and in how the women responded when the promotion did not occur. Elvia said this about her experiences:

> I was overlooked for a position for the first time, in a long time maybe, and it was it was a little heartbreaking. I look at it as this is just the missed opportunity. I know that if I saw that opportunity it's because I feel capable and willing to do it, but if it wasn't for me, it wasn't for me.

The participants' renegotiation of their individual identities seemed to occur over time, as a reflection of past events during the interviews. This made sense to me, because while resisting, refusing, and disrupting identities on offer occurred in the moment, the renegotiation of their identities did not always happen in the moment that faultlines intervened in social contexts. It

was through meaning making of past events that these renegotiated facets of their identities took shape because the renegotiation happened within them as result of reflecting on how they felt about and accepted or refused the identities. For example, Gloria's reflection about her father's perception of her shows the way she made meaning from her father's perception and created a facet of her identity that did not occur in the moment, however she draws on this in other situations to refuse identities on offer.

> My dad used to tell me I had a chip on my shoulder, because I was always gonna have the last word. So people get startled when I say something because they think I'm gonna be a quiet reserved Latina.

The real models of this study are the Latinx women who allowed me to have a view into the ways in which they construct, re-construct, and navigate faultlines every day. Being looked over or overlooked, their steadfast approach to self-development and advocacy on their own terms shows they many ways their challenges are met with resilience.

Summary

Even as this model focused on the micro-level, there remained a constant interplay of the micro, meso, and macro factors that influenced the social construction of the participants' identities (how they claimed and re-negotiated their identities), and especially how others experienced their identities and how they ascribed or attributed them based on dominant models (Atewologun et al., 2016; Booysen, 2018; Vignoles et al., 2011).

Contributions of Research

This study contributes to identity and intersectional work literatures and fills a gap in empirical study literature about identity construction in the workplace, and provides insight into how the participants negotiated and engaged in constructing, co-construction, re-constructing,

and declining identities on offer. This study makes a contribution to other scholarly work by presenting the identities of the participants as both persistent and fluid, attributed in large part to their dialogic identity construction, the internal conversations each woman had in particular contexts when their identities were being constructed, reconstructed, or when they pushed against identities on offer.

This study contributes to work about Latinx women in the workplace. The Latinx women in this study shared their experiences navigating workplace social contexts and the meaning they made from these experiences and how those experiences informed their professional practice. Latinx women, generally underrepresented in leadership positions, are an emerging group with strong ties to their communities and a desire to advocate for themselves and other groups working at the intersections of gender, ethnicity, and class. It is important that research and discourse continue around women and ethnic minorities in the workplace and the contributions they make to organizations and how those contributions affect society as a whole.

This research helps fill a gap in practical literature about the health information management profession, ethnic minority health information management professionals, and the men and women who work in this space. The health information management profession is understudied, and the dearth of scholarly literature about leadership development in the profession, and perceptions of the individual who do this work deserves attention.

The contributions of this study help to inform the healthcare community about the contributions that women and ethnic minorities have in the workplace in the supportive, essential, and unseen work, and the value and relevancy of the education and credential for all health information management professionals. This study offers a view into this specific profession for healthcare organizations and the participants in this research exemplified the

variety of roles, responsibilities, achievements, and leadership that have profound effects on policy making and interventions in the healthcare workplace.

Research Study Limitations

The significant findings of this study contribute to scholarly literature on the topic of Latinx women in the workplace. While important, there were also limitations to this study that may guide future research.

Qualitative Research Limitation

In general, qualitative research requires skillful interviewing, and the narrative inquiry method relies on a primary research question to drive the discussions and stories. An important part of this qualitative research was utilizing storytelling because it was essential to the ethnic culture that was researched, and because narrative inquiry supports the storytelling approach (Bochner & Riggs, 2014; Bold, 2013; Clandinin et al., 2007; Uhl-Bien, 2006). Co-creating stories using this method is a time-consuming process as the relationship with the participant was established during the first few minutes of the interview and began to develop as the interview ended, requiring that the researcher established further communication in order to share analyses outcomes and to cocreate the participants' stories.

Study Limitations

This study was not meant to be a generalization of all women who work in health information management, rather it was an opportunity to create a space for Latinx women who lead in health information management to share their stories about how they view their identities and lead in the workplace.

Sample Size. Researchers in the qualitative study space understand that small purposive samples are enough to create the context within which participants can engage with the

researcher. A primary limitation of purposive snowball sampling for this study was that the sample of participants was not guaranteed, I relied on friends and colleagues to effectively communicate the intent of this study, and several respondents were not able to participate due to work and family constraints due to the pandemic. While this study landed within a somewhat small size (nine), the low number offered an opportunity to build relationships with the participants in unexpected ways, and deep connections were made.

Data and Collection. Confidentiality and privacy of the participants was essential. While each participant agreed to use their first name, keeping their stories confidential during the process was a priority. In light of the fact that the profession is a small world and the majority of the Latinx women who participated were from a local area to Los Angeles or Dallas, this was especially important. I credit these women because their decision to participate reflects the advocacy they embody to shine a light on the profession, the workplace, and social justice opportunities to create awareness that leads to change. I used intersectional reflexivity as a tool in the research process to pursue a profound understanding of the dynamics of intersectional work and respect the multiple identities that my participants personified.

Self-reporting. I gathered all of the data myself as the primary researcher for this study. The data are limited because it cannot be independently verified. The interviews are taken at face-value and the subsequent stories included member-checking for accuracy.

Cultural Bias. As a bi-ethnic Latinx woman leading in health information management in Los Angeles, California, I understood that my professional identity could be problematic. In order to properly address the shared cultural and social experiences in the research process, I practiced critical subjectivity by journaling, bracketing, and intentional reflection to address over identification with study participants.

Recommendations for Future Research

In order to continue the discourse about Latinx women in the workplace, organizations need to develop spaces for Latinx women to share their stories and collaborate on policies and interventions in the workplace. This is essential for the free exchange of ideas and should include men, other ethnic minority groups, and white women because the advancements being realized for women as positional leaders continues to favor non-ethnic minorities and parity will not be reached until they are fully represented in decision making.

Leadership Paradigms

It would be valuable to further examine specific emergent relational leadership practices in Latinx women in other work disciplines in healthcare. Latinx women in general are slowly moving into positional leadership roles such as CEO, CFO, and CIO, and understanding how they navigate predominately patriarchal social systems at that level would add to the growing body of scholarly work in the leadership domain.

Cultural Bias

Discrimination within the Latinx communities is readily accessible for Latinx people, such as historical tensions between nationalities and bias against skin color and immigration status. These biases were not specifically pursued in this study and deserve further study within the Latinx communities for women in the workplace. Finding women like those in this study, who are at the intersections of power and influence, is important because they integrate their knowledge and experience to support others through their advocacy and social justice work.

Recommendations for Professional Practice Development

Education

Mentoring is a core requirement for Latinx women, ethnic minorities, and women in

general to succeed and lead. It is therefore essential that mentoring is established as a requirement early in their academic careers, and at the least should be a requirement when they enter their health information professional academic programs. Many health information and graduate programs offer capstone classes that include these discussions; however, they are but a footnote. I argue that leadership and mentoring should be included in all classes and integrated as a specific domain that is required for successful completion of a health information management academic program.

The Profession

An integral component for advocacy and social justice in the health information management profession, Latinx women are uniquely positioned to advocate for mentoring because it has the potential to help new professionals navigate these issues in the workplace. The national association (AHIMA) may find value in establishing interest groups or communities for ethnic minority health information professionals to share their experiences and offer opportunities for the larger association communities to understand and appreciate the diversity they represent. This has the potential for greater inclusivity across groups, and by extension, will create learning opportunities for Latinx professionals to assist their organizations in creating spaces to ask questions about diversity and inclusion, and educate others about the work they do.

Through presentations at professional conferences, and journal articles, the outcomes of this research can come to life in professional practice. This can be achieved primarily by developing a didactic session with women leaders in health information management, leadership, and other disciplines that shows the dialogic identity construction in action. There is great value in demonstrating how dialogic identity construction and declining identities on offer occur in social practical contexts.

The interest in this research is that it brings theory into professional practice and creates awareness and discussion about the identities that women, Latinx and other ethnic minority people construct and decline when navigating social contexts. This is particularly important as more spaces are being created for discussion about equity, diversity and inclusion and the tensions and challenges that black/indigenous/people of color (BIPOC) must navigate in the workplace.

My Identity Story

I begin where I must with a view of my parents' histories and their identity construction. My parents were immigrants to the United States, and their stories underscore the nuanced identities they constructed, held and showed, and were forced upon them by sociopolitical systems that needed them in the United States and regretted seeing them in the workforce. My father was a Chef and Restauranteur, and my mother was a health information professional and educator. I grew up with a love for conversation, ethnic food, music, reading, and language. I caught my father's wanderlust, and I am determined to see the world. I was indoctrinated at a young age into the health information profession by my mother, and I believe she was proud of my work in this space. I am the first child of immigrant parents, and I hold their pride, dreams, and hopes close to me to this day.

In 1952, my mother, Gertrude Krziminicki, emigrated to the United States aboard a decommissioned Naval ship, the *Captain Balleau*, along with her parents and her sister. This ship landed in New Orleans and they were met by representatives of the Catholic Church who facilitated their short stay and eventually their final journey to Los Angeles.

My mother, aunt, and grandparents were removed from their home and business at gunpoint when German solders conscripted my grandfather to be a butcher for their troops and

left my grandmother alone to care for two young girls. My grandmother left her home with her children, the clothes on her back, and some jewelry, salt, and rice sewn into the hems of their clothes. Their goal was to travel by foot and train in the hopes of arriving at the doorstep of family awaiting them in Austria. This required navigating a war, fear, and national identity while integrating with other families for protection. My mother's journals come alive with her memories of traveling at night over the farmlands of Poland and Germany, holding her breath and hiding in a farmhouse as soldiers patrolled nearby. Their journey would be cut short when they were captured by American troops and taken to a displaced persons (DP) camp where they spent the remainder of World War II. DP camp life was not easy. It was scary, dirty, hierarchical, and had an inherited class system within the refugee community. Their ability to barter with other families was minimal at best, and my mother often recalled the things that brought her comfort and some small amounts of joy during this time. All of these memories centered around her mother, and my namesake, Adolfine.

My father, Hannibal Jose Caban Rodriguez, first arrived in the United States during the Great Migration, most likely between 1947–1950, possibly on the *SS Coamo*, although I have no records to validate his arrival. This is due in large part to incomplete record keeping of the poor and those living in rural areas of the island at the time. Jose arrived in the United States as a young farmworker in Florida, probably about 17 or 18 years old. One of the only stories he told me about this time was that he did not know where he belonged because the signs in the field houses read "white only" or "colored only" and neither group accepted him, so he ate and slept alone in the fields.

My father's second migration to the United States landed him in New York City and it was the stuff of his dreams, and his nightmares. I use the term migration and immigration about

my father's experiences because although Puerto Rico had been a commonwealth of the United States since 1917, the Puerto Rican people were treated as immigrants in the United States. I recall only a few times that my father spoke about this period of his life, and when he did, it was with a great deal of sadness and regret. The stories of first arrivals to The Battery in New York City by thousands of Puerto Rican immigrants are peppered with stories that remind me of my father's experiences. Arriving in New York for the first time, my father connected with the Catholic Church and quickly befriended a local priest, Father Jordán, who was my father's guardian, advisor, and friend during that time and for many years to follow. He worked to start a life for himself in the United States, and to send money home to his mother and family in San Sebastián, Puerto Rico. He lived and worked in Spanish Harlem, New York, for a short time, until he was jumped one night coming home from work. He was beaten so badly that he spent several days in the hospital. Upon his release, he made the decision to leave New York City and made his way to Chicago where his friends had moved and found work. Over the subsequent years, my father opened his first business and supported the emigration of his brothers to the United States, and was active in service to the Church with Father Jordán.

My parents, Jose and Gertrude, met in Los Angeles in 1961 while my mother was working at USC for a physician doing cancer research with radioactive isotopes. My father had moved to Los Angeles a few years prior and opened a diner a few blocks from USC. The story goes that my mother would walk to my father's diner for lunch, and my father became enamored of her and would write elaborate and beautiful poems in Spanish.

I believe that my parents identified with each other and their immigrant stories. Each had to wrestle with the identities that their new home thrust upon them, mainly "immigrant," which at the time was as foul a word as one might utter. Jose and Gertrude learned English as a second

language—Gertrude learned in remedial classes in school, and Jose taught himself English by watching television and reading the newspaper. My parents were not raised in privilege, my father grew up literally dirt poor, and my mother's upbringing, perhaps more middle-class, was clouded in the aftermath of having survived a war. These experiences shaped who my parents would become as adults, who they were as parents, and it is perhaps why I feel such kinship with other second-generation immigrants.

When I was 12 years old, I decided that I would change my name, and began insisting that my family and friends call me Mary, not a huge departure from Maria, still it was mainstream. My parents were not impressed. When I was 13 years old, I started ironing my naturally curly hair by laying it on an ironing board between two cloth napkins. My parents were again unimpressed. In their loving way they struggled to understand my motives, exclaiming, "We're not calling you Mary . . . you're named after your grandmothers!" and "Why are you straightening your hair . . . everyone wishes they had your hair!" The only thing I could see when I looked in the mirror was all the differences between me and my friends, and all my parents could see was their hope for the future.

I was wrestling with my given identities, those beautiful and essential parts of myself for which I had no choice in developing, and at the same time struggling to fit into the predominantly white context in which I found myself. My parents had struggled and faced incredible challenges which allowed me and my siblings to grow up in a home, without fear from external forces, and access to education and opportunities. I was yearning to assimilate into the white culture I saw all around me, at school, at Church, and in my social activities, understanding all the while that my friend's families operated differently than mine. I recall thinking that with my look and name, I will never be part of these groups because I never felt 100% part of any

particular group. My parents instilled in me a reliance on family, a foundational, immovable, and stalwart trust that no matter what happens, your family will be there and will help you overcome any challenge. This became my foundation and it carried me and my siblings through my parents' transition from this life. My parents passed within seven months of each other, after 53 years of marriage, and love, challenge, and grace. I am grateful to have had the opportunity to hold their hands and love them as they passed.

Over time, with experience and through this exploratory research journey, I have come to understand more deeply what it means to be a Latinx woman in the workplace through the lens of Latinx women who share the same profession. While I understood that I had the ability to code-switch effortlessly, I now understand how this occurs in my professional practice and in social contexts. On reflection, there have been innumerable events in workplace that I had opportunities to deny, refuse, and disrupt identities offered to me, and I will discuss a few that stand out, although all of my experiences were relevant to my identity construction in my family and workplace contexts.

A theme in this research was caretaking, the participants' stories about their perceived and real responsibilities to care for their siblings and general household duties. I resonated with this theme because I too understood at a very early age that as the eldest daughter, that my family relied on me for support. I admit that I also assumed some of these responsibilities, such as taking care of my siblings, cleaning, and cooking. I was never explicitly told that my job as the first daughter was to make sure everyone's homework was done after school, or that I should also make time on weekends to help out in the family business. To be fair, my siblings' upbringing also included these contributions. The meaning I made from this and the identities I constructed contributed to my individual identity and later to my leadership identity. I am a doer,

I take pleasure in service to others, and I like to manage tasks and people, and I attribute this to my early identity formation and through reflection, renegotiation of how my caretaking identity integrates with my leadership identity.

Culture and ethnicity were key themes in this study, and because I am bi-ethnic I felt pulled in multiple directions over the course of this work. My cultural identity is imbued with European and Latin features, and my individual identity is at times confusing for others. I am most often offered a European identity, and perhaps that is why I enjoy (a little too much) watching people's faces when I say my full name. Early in my career I navigated this path with some difficulty, I recall once speaking with a physician at work and telling him that I was Puerto Rican, he looked at me sideways and said, "Too bad they're all addicted to heroin and just want to stay home and make babies." I was speechless, and I was young, and he was a doctor. The power faultline and fear of losing my job was too much, so I kept that exchange on slow boil in the back of my mind. I just could not understand why others had a hard time understanding that I was more than my name or my appearance, I was many things simultaneously.

As I progressed academically and professionally, I gained confidence and a voice, although I continued to struggle when faced with speaking truth to power. Instead, I navigated *around* faultlines and roles expectations and accepted more than denied inappropriate stereotypes and identities on offer. Once, as a new Director I met with a physician and an Administrator regarding a policy, and my recommendations were met the familiar, "When you get a medical degree then you can talk." This time I educated them about the credentials I held and the stakeholdership I valued in the organization. I am not sure if my response changed hearts and minds, but I know that interaction created an indelible facet in my leader identity that I bring forward whenever I need the courage today. I began to see my identities as superpowers,

elements of myself that I shared freely, and the power of my simultaneity was in my advocacy and service to others.

My ontological view of who I have become has changed. I am more aware of the multiplicity of identities that people of color and ethnic minorities hold and this has created in me an appreciation for the struggles and triumphs they experience. I have a newfound appreciation for research because it represents the limitless possibilities available through discovery and awareness. I am appreciating my identities more because I understand their complexity and fluidity, and today I am grateful for my name, Maria Adolfine Caban Alizondo, my bi-ethnicity, and my hair. I have learned that while I enjoy my work as a health information professional, I am driven to empower ethnic minorities, women, and individuals before unseen and at the edges of discourse, to develop more conversations about leadership in these communities, and create spaces that encourage these voices to be heard.

Conclusion

I offer this study as a contribution to further scholarly research about Latinx and other ethnic minority women in the workforce. In completing this research, I fulfill a personal advocacy goal grounded in my world view, to understand others appreciatively, and create a space for Latinx women in this profession to share their experiences in the workplace. Co-creating the stories of Latinx women who lead in health information management allowed me to understand the responsibility I had in representing the participants' experiences and further exploring the opportunities for future study.

The implications that fathers, families, and caretaking responsibilities had for the participants in their early development was important. Their identities were so engrained and integrated—individual, national, social, and leader —that operating in a singular way was

anathema to their existence. They are simultaneously constructing their leadership identities and exploring resiliently. While they find pathways to assimilate into American society and work cultures, they recognize that the simultaneity of their identities are ever present and must be seen and appreciated.

Latinx women in health information management feel the relevancy of their work acutely and recognize the tensions that come from working in a predominately female profession within the context of predominately male healthcare contexts. Some of the participants were the first in their family to obtain a college degree, and the impact of this achievement helped their children, family members, and other Latinx health information professionals to see the value in education and career progression. Community is an extension of the family for these women, and their cultural experiences are integrated into their social relationships and affect how they adapt and navigate those systems in the workplace.

The participants' lived experiences pointed me to a path forward, a horizon that does not require assimilating in context, rather it appreciates that individual and simultaneous identities are present because they offer to organizations a unique experience that must be appreciated and valued. In the end, the Latinx women in this study were the resilient and powerful driving force behind relevancy in what they do and advocacy for themselves and every other ethnic minority who has the potential to shine.

References

American Hospital Association. (2020). Fast facts on U.S. hospitals, 2020. Retrieved from https://www.aha.org/statistics/fast-facts-us-hospitals

AHIMA. (2003). AHIMA history. Retrieved from http://bok.ahima.org/doc?oid=58133#.Xl6DvKhKiUk

AHIMA. (2014). AHIMA 2014 workforce study. Retrieved from Chicago, IL: https://engage.ahima.org/search?executeSearch=true&SearchTerm=2014+Workforce+Study&l=1

AHIMA. (2020). What is Health Information Management? Retrieved from https://www.ahima.org/certification-careers/certifications-overview/career-tools/career-pages/health-information-101/#:~:text=Health%20information%20management%20(HIM)%20is,to%20providing%20quality%20patient%20care.&text=They%20ensure%20a%20patient's%20health,complete%2C%20accurate%2C%20and%20protected.

Atewologun, D., & Harman, C. (2020). Inclusive leadership practices: The Power of microbehaviors. In *Inclusive Leadership Practices* (pp. 99–110): Routledge.

Atewologun, D., & Mahalingam, R. (2018). Intersectionality as a methodological tool in qualitative equality, diversity and inclusion research. In L. A. E. Booysen, R. Bendl, & J. K. Pringle (Eds.), *Handbook of research methods in diversity management, equality and inclusion at work* (pp. 149–170). Edward Elgar Publishing.

Atewologun, D., & Sealy, R. (2014). Experiencing privilege at ethnic, gender and senior intersections. *Journal of Managerial Psychology, 29*(4), 17. https://doi.org/10.1108/JMP-02-2013-0038

Atewologun, D., Sealy, R., & Vinnicombe, S. (2016). Revealing intersectional dynamics in organizations: Introducing 'intersectional identity' work. *Gender Work & Organizations, 23*(3), 223–247. https://doi.org/10.1111/gwao.12082

Bannow, T. (2019, July 22). Hospital megamergers continue to drive near-historic M&A activity. *Modern Healthcare*. Retrieved from https://www.modernhealthcare.com/mergers-acquisitions/hospital-megamergers-continue-drive-near-historic-ma-activity

Barclays. (2020). Barclays official California code of regulations. *Section 70747. Medical Records Service.* Retrieved from https://govt.westlaw.com/calregs/Document/IB1DB4310941F11E29091E6B951DDF6CE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)

Bishop, D. C., Eury, J. L., Gioia, D. A., Trevino, L. K., & Kreiner, G. E. (2019). In the heart of a storm: Leveraging personal relevance through "Inside-Out Research". *Academy of Management Perspectives, ja.* https://doi.org/10.5465/amp.2018.0089

Bochner, A., & Riggs, N. A. (2014). Practicing narrative inquiry. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (p. 50). Oxford.

Bold, C. (2013). Using narrative in research. *SAGE Publications*.

Booysen, L. A. E. (2018). Workplace identity construction: An intersectional-identity-cultural lens. In *Oxford research encyclopedia of business and management* (pp. 1–32).

Booysen, L. A. E., & Nkomo, S. (2006). Think manager–think (fe)male. *International Journal of the Interdisciplinary Social Sciences, 1*(2). https://doi.org/10.18848/1833-1882/CGP/v01i02/52429

Booysen, L. A. E., & Nkomo, S. (2010). Gender role stereotypes and requisite management characteristics: The case of South Africa. *Gender in Management: An International Journal, 25*(4), 285–300. https://doi.org/10.1108/17542411011048164

Bruckmüller, S., Ryan, M. K., Rink, F., & Haslam, S. A. (2014). Beyond the glass ceiling: The glass cliff and its lessons for organizational policy. *Social Issues and Policy Review, 8*(1), 202–232. https://doi.org/10.1111/sipr.12006

CAHIIM. (2020). Program directory. Retrieved from https://www.cahiim.org/programs/program-directory

Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). Intersectionality: Mapping the movements of a theory. *Du Bois, 10*(2), 303–312. https://doi.org/10.1017/S1742058X13000349

Carroll, B. J. (2017). Leadership as identity: A practice based exploration. In J. A. Raelin (Ed.), *Leadership-as-practice: Theory and application* (pp. 91–109). Routledge Taylor & Francis Group.

Catalyst. (2020a). Women in science, technology, engineering, and mathematics (STEM): Quick take. *Catalyst*. Retrieved from https://www.catalyst.org/research/women-in-science-technology-engineering-and-mathematics-stem/

Catalyst. (2020b). Women CEOs of the S&P 500. Retrieved from https://www.catalyst.org/research/women-ceos-of-the-sp-500/

Centers for Medicare and Medicare Services. (2020). Medicare fee for service recovery audit program. Retrieved from https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program

Centers for Medicare and Medicare Services. (2020). Affordable care act (ACA)–HealthCare.gov Glossary. Retrieved from http://HealthCare.govClandinin, D. J. (Ed.) (2006). *Handbook of narrative inquiry: Mapping a methodology*: Sage Publications.

Clandinin, D. J., Pushor, D., & Murray Orr, A. (2007). Navigating sites for narrative inquiry. *Journal of Teacher Education, 58*(January/February 2007), 21–35. https://doi.org/10.1177/0022487106296218

Coaston, J. (2019, 2019-05-20). The intersectionality wars. Vox. Retrieved from https://www.vox.com/the-highlight/2019/5/20/18542843/intersectionality-conservatism-law-race-gender-discrimination

Collins, P. H. (1990). *Black feminist thought* (2nd ed.). Routledge.

Collins, P. H. (1997). Comment on Hekman's "truth and method: Feminist standpoint theory revisited"": Where's the power? *Signs, 22*(2), 375–381. https://doi.org/10.1086/495162

Cook, A., & Glass, C. (2013). Glass cliffs and organizational saviors: Barriers to minority leadership in work organizations? *Social Problems, 60*(2), 168–187. https://doi.org/10.1525/sp.2013.60.2.168

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist Politics. *University of Chicago Legal Forum, 1*(8).

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241-1299. https://doi.org/10.2307/1229039

Cunliffe, A. L., & Eriksen, M. (2011). Relational leadership. *Human Relations, 64*(11), 1425–1449. https://doi.org/10.1177/0018726711418388

de Beauvois, S. (1949). *The Second Sex.* Vintage Books.

Delgado-Romero, E. A., Manlove, A. N., & Hernandez, C. A. (2007). Controversial issues in the recruitment and retention of latino/a faculty. *Journal of Hispanic Higher Education, 6*(1). https://doi.org/10.1177/1538192706294903

deOnis, C. M. (2017). What's in an "x"?: An exchange about the politics of "Latinx". *Chiricu Journal, 1(2)*, 78–91. https://doi.org/10.2979/chiricu.1.2.07

Dowling, A. F. (2010). Bold new world of ARRA: ARRA's provisions are redefining the healthcare system and HIM Practice. *Journal of AHIMA, 8*(81), 17.

Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research *International Journal of Qualitative Methods, 8*(1), 54–63. https://doi.org/10.1177/160940690900800105

Edmonson Bell, E. L. J., & Nkomo, S. M. (2001). *Our separate ways: Black and white women and the struggle for professional identity*. Harvard Business School Press.

Ernst, C., & Chrobot-Mason, D. (2011). Flat world, hard boundaries–How to lead across them. *MIT Sloan Management Review, 52*(3).

Evans, E., & Chamberlain, P. (2014). Critical waves: Exploring feminist identity, discourse and praxis in western feminism. *Social Movement Studies, 14* (4), 396–409. https://doi.org/10.1080/14742837.2014.964199

Fayer, S., Lacey, A., & Watson, A. (2017). STEM occupations: Past, present, and future. *Spotlight on Statistics.* Retrieved from https://www.bls.gov/spotlight/2017/science-technology-engineering-and-mathematics-stem-occupations-past-present-and-future/pdf/science-technology-engineering-and-mathematics-stem-occupations-past-present-and-future.pdf

Ferdman, B. M. (2017). Paradoxes of inclusion: Understanding and managing the tensions of diversity and multiculturalism. *The Journal of Applied Behavioral Sciences, 53*, 235–263. https://doi.org/10.1177/0021886317702608

Fletcher, J. K. (1999). *Disappearing acts: Gender, power, and relational practice at work*. MIT Press.

Fletcher, J. K., Jordan, J. B., & Miller, J. B. (2000). Women and the workplace: Applications of a psychodynamic theory. *American Journal of Psychoanalysis, 60*(3), 243–261. https://doi.org/10.1023/A:1001973704517

Gallegos, P. V., & Ferdman, B. M. (2007). Identity orientations of Latinos in the United States. *The Business Journal of Hispanic Research, 1*(1), 26–41.

Grady, C. (20 July 2018). The waves of feminism, and why people keep fighting over them, explained. *Vox.* Retrieved from https://www.vox.com/2018/3/20/16955588/feminism-waves-explained-first-second-third-fourth

Greenleaf, R. K. (2003). *The servant leader within: A transformative path*. Paulist Press.

Hannum, K., McFeeters, B. B., & Booysen, L. (2010). *Leading across differences: casebook* (Vol. 1): John Wiley & Sons.

Herman, D. (2009). *Basic elements of narrative.* John Wiley & Sons.

HIPAA Journal. (2020). What is the HITECH Act. Retrieved from https://www.hipaajCAHIIM.ournal.com/what-is-the-hitech-act/

Hite, L. M. (2007). Hispanic women managers and professionals: Reflections on life and work. *Gender, Work and Organization, 14*(1), 20–36. https://doi.org/10.1111/j.1468-0432.2007.00330.x

Hogg, M. A., & Terry, D. J. (2000). Social identity and self-categorization processes in organizational contexts. *Academy of Management Review, 25*(1), 121–140. https://doi.org/10.5465/amr.2000.2791606

Holvino, E. (2006). Tired of choosing: Working with the simultaneity of race, gender, and class in organizations. *CGO Insights, 24*(March), 1–4.

Holvino, E. (2007). Women and power: New perspective on old challenges. In B. Kellerman, D. L. Rhode, & S. D. O'Connor (Eds.), *Women and leadership: The state of play and strategies for change* (pp. 361–382). Jossey-Bass.

Holvino, E. (2010). Intersections: The simultaneity of race, gender and class in organization studies. *Gender, Work and Organization, 17*(3), 248–277. https://doi.org/10.1111/j.1468-0432.2008.00400.x

Holvino, E. (2012). The "simultaneity" of identities: Models and skills for the twenty–first century. In C. L. Wijeyesinghe & B. W. Jackson III (Eds.), *New perspectives on racial identity development: Integrating emerging frameworks* (2nd ed., pp. 161–191). New York University Press.

hooks, b. (1984). *Feminist theory: From margin to center*. Routledge.

Huffman, E. K. (1947). The medical records librarian: A new career in the medical field. *Bios, 18*(4), 209–215.

Hurtado, A. (1989). Relating to privilege: Seduction and rejection in the subordination of white women and women of color. *Signs: Journal of Women in Culture and Society, 14*(4), 833–855. https://doi.org/10.1086/494546

Hurtado, A. (1996). Strategic suspensions: Feminists of color theorize the production of knowledge. In N. R. Goldberger, J. M. Tarule, B. M. Clinchy, & M. F. Belenky (Eds.), *Knowledge, difference, and power* (pp. 372–392). Basic Books.

Ibarra, H. (1999). Provisional selves: Experimenting with image and identity in professional adaptation. *Administrative Science Quarterly, 44*(4), 764–791. https://doi.org/10.2307/2667055

Johnson, Z., & Mathur-Helm, B. (2011). Experiences with queen bees: A South African study exploring the reluctance of women executives to promote other women in the workplace. *South African Journal of Business Management, 42*(4), 47–56. http://dx.doi.org/10.4102/sajbm.v42i4.504

Jovchelovitch, S., & Bauer, M. W. (2000). Narrative interviewing. In *LSE Research Online* (p. 1-14). SAGE Publications.

Kvasny, L. (2006). Let the sisters speak: understanding information technology from the standpoint of the 'other'. *ACM SIGMIS Database: the DATABASE for Advances in Information Systems, 37*(4), 13–25. https://doi.org/10.1145/1185335.1185342

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods, 2*(3), 21–35. https://doi.org/10.1177/160940690300200303

Law, J. (1990). Power, discretion and strategy. *Sociological Review, 38*(1), 165–191. https://doi-org.antioch.idm.oclc.org/10.1111/j.1467-954X.1990.tb03352.x

Limpangog, C. P. (2016). Matrix of domination. In N. A. Naples (Ed.), *The Wiley Blackwell Encyclopedia of gender and sexuality studies* (Vol. 1). John Wiley & Sons, Ltd.

Maume, D. J. (1999). Glass ceilings and glass escalators: Occupational segregation and race and sex differences in managerial promotions. *Work and Occupations, 26*, 483–509. https://doi.org/10.1177/0730888499026004005

Millward, L. J., & Freeman, H. (2002). Role expectations as constraints to innovation: The case of female managers. *Creativity Research Journal, 14*(1), 93–109. https://doi.org/10.1207/S15326934CRJ1401_8

Mulcahy, M., & Linehan, C. (2014). Females and precarious board positions: Further evidence of the glass cliff. *British Journal of Management, 25*(3), 425–438. https://doi.org/10.1111/1467-8551.12046

Murphy, B. (2017). 50 things to know about the hospital industry. *Becker's Hospital Review*. Retrieved from https://www.beckershospitalreview.com/hospital-management-administration/50-things-to-know-about-the-hospital-industry-2017.html

Nicholson, L. (2010). Feminism in "waves": Useful metaphor or not? *New Politics, XII*(4), 7.

Nilsen, E. (2018, December 16). New evidence has emerged Elizabeth Warren claimed American Indian heritage in 1986. *Vox*. Retrieved from https://www.vox.com/2018/10/16/17983250/elizabeth-warren-bar-application-american-indian-dna

Pinnegar, S., & Daynes, J. G. (2012). Locating narrative inquiry historically: Thematics in the turn to narrative. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 34). SAGE Publications.

Poplack, S. (1980). Sometimes I'll start a sentence in Spanish y termino en Español: Toward a typology of code–switching. *Linguistics, 18,* 581–618. https://doi.org/10.1515/ling.1980.18.7-8.581

Quesenberry, J. L., & Trauth, E. M. (2012). The (dis)placement of women in the IT workforce: and investigation of individual career values and organizational interventions. *Information Systems Journal, 22,* 457–473. https://doi.org/10.1111/j.1365-2575.2012.00416.x

Quinones Mayo, Y., & Resnick, R. P. (1996). The impact of machismo on Hispanic women. *Affilia, 11*(3), 257–277. https://doi.org/10.1177/088610999601100301

Raelin, J. A. (2016). *Leadership-as-practice*. Routledge Taylor & Francis Group.

Ryan, M. K., & Haslam, S. A. (2005). The glass cliff: Evidence that women are over–represented in precarious leadership positions. *British Journal of Management, 16*(2), 81–90. https://doi.org/10.1111/j.1467-8551.2005.00433.x

Ryan, M. K., Haslam, S. A., Hersby, M. D., & Bongiorno, R. (2011). Think crisis–think female: The glass cliff and contextual variation in the think manager–think male stereotype. *Journal of Applied Psychology, 96*(3), 470. https://doi.org/10.1037/a0022133

Ryan, M. K., Haslam, S. A., Hersby, M. D., Kulich, C., & Atkins, C. (2008). Opting out or pushed off the edge? The glass cliff and the precariousness of women's leadership positions. *Social and Personality Psychology Compass,* 1(*1*), 266–279. https://doi.org/10.1111/j.1751-9004.2007.00007.x

Salinas, C., & Lozano, A. (2019). Mapping and recontextualizing the evolution of the term Latinx: An environmental scanning in higher education. *Journal of Latinos and Education*, 18(*4*), 1–14. https://doi.org/10.1080/15348431.2017.1390464

Sasnett, B., & Ross, T. (2007). Leadership frames and perceptions of effectiveness among health information management program directors. *Perspectives in Health Information Management, 4*.

Schedlitzki, D., & Edwards, G. (2014). *Studying leadership: Traditional and critical approaches*. (1st ed.) 203–260. Sage Publications, Inc.

Schein, E. (1971). The individual, the organization, and the career: A conceptual scheme. *The Journal of Applied Behavioral Science, 7*(4), 401–426. https://doi.org/10.1177/002188637100700401

Schein, V. E. (1973). The relationship between sex role stereotypes and request management characteristics. *Journal of Applied Psychology, 57*(2), 95–100. https://doi.org/10.1037/h0037128

Schein, V. E., & Mueller, R. (1992). Sex role stereotyping and requisite management characteristics: A cross cultural look. *Journal of Organizational Behavior, 13*, 439–447. https://doi.org/10.1002/job.4030130502

Sedikides, C., & Brewer, M. B. (2015). *Individual self, relational self, and collective self partners, opponents, or strangers?* Psychology Press.

U.S. Bureau of Labor Statistics. (2019). Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity. Retrieved from https://www.bls.gov/cps/cpsaat11.pdf

U.S. Department of Health and Human Services. (2014, December 22). American Recovery and Reinvestment Act (ARRA). Retrieved from https://aspe.hhs.gov/report/provider-retention-high-need-areas/american-recovery-and-reinvestment-act-arra-and-patient-protection-and-affordable-care-act-aca-funding-expansion

U.S. Department of Health and Human Services. (2017, June 16). HITECH act enforcement interim final rule. Retrieved from https://www.hhs.gov/hipaa/for-professionals/special-topics/HITECH-act-enforcement-interim-final-rule/index.html

U.S. News and World Report. (2016, January 26). Report announces the 2016 best jobs. Retrieved from https://www.usnews.com/info/blogs/press-room/2016/01/26/us-news-announces-the-2016-best-jobs

Servon, L. J., & Visser, M. A. (2011). Progress hindered: the retention and advancement of women in science, engineering and technology careers. *Human Resource Management Journal, 21*(3), 272–284. https://doi.org/10.1111/j.1748-8583.2010.00152.x

Sluss, D. M., & Ashforth, B. E. (2007). Relational identity and identification: Defining ourselves through work relationships. *Academy of Management Review, 32*(1), 9–32. https://doi.org/10.5465/amr.2007.23463672

Steffens, N. K., Haslam, A. S., Ryan, M. K., & Kessler, T. (2013). Leader performance and prototypicality: Their inter-relationship and impact on leaders' identity entrepreneurship. *European Journal of Social Psychology, 43*, 606–613. https://doi.org/10.1002/ejsp.1985

Sveningsson, S., & Alvesson, M. (2003). Managing managerial identities: Organizational fragmentation, discourse and identity struggle. *Human Relations, 56*(10), 1163–1193. https://doi.org/10.1177/00187267035610001

Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology, 33*(1), 1–39. https://doi.org/10.1146/annurev.ps.33.020182.000245

Trauth, E. M. (1989). The evolution of information resource management. *North-Holland Information & Management, 16*, 257–268. https://doi.org/10.1016/0378-7206(89)90003-7

Trauth, E. M. (2002). Odd girl out: an individual differences perspective on women in the IT profession. *Information Technology & People, 15*(2), 98–118. https://doi.org/10.1108/09593840210430552

Trauth, E. M., Howcroft, D., Butler, T., Fitzgerald, B., & DeGross, J. (Eds.). (2006). *Social inclusion: Societal and organizational implications for information systems*. Springer.

Trauth, E. M., Quesenberry, J. L., & Huang, H. (2008). A multicultural analysis of factors influencing career choice for women in the information technology workforce. *Journal of Global Information Management, 16*(4), 1–23. https://doi.org/10.4018/jgim.2008100101

Trauth, E. M., Quesenberry, J. L., & Morgan, A. J. (2004). Understanding the under representation of women in IT: toward a theory of individual differences. Paper presented at the *Proceedings of the 2004 SIGMIS conference on Computer personnel research: Careers, culture, and ethics in a networked environment*.

Uhl-Bien, M. (2006). Relational leadership theory: Exploring the social processes of leadership and organizing. *The Leadership Quarterly, 17*(6), 654–676. https://doi.org/10.1016/j.leaqua.2006.10.007

Uhl-Bien, M., & Ospina, S. M. (Eds.). (2012). *Advancing relational leadership research: A dialogue among perspectives*. Information Age Publishing.

van Knippenberg, D., van Knippenberg, B., De Cremer, D., & Hogg, M. A. (2004). Leadership, self, and identity: A review and research agenda. *The Leadership Quarterly, 15*(6), 825–856. https://doi.org/10.1016/j.leaqua.2004.09.002

Vignoles, V. L., Chryssochoou, X., & Breakwell, G. M. (2000). The distinctiveness principle: identity, meaning, and the bounds of cultural relativity. *Personality and Social Psychology Review, 4*(4), 337–354. https://doi.org/10.1207/S15327957PSPR0404_4

Vignoles, V. L., Schwartz, S. J., & Luyckx, K. (2011). Introduction: Toward and integrative view of identity. In S. J. Schwartz, V. L. Vignoles (Eds.), *Handbook of identity and research* (Vol. 1, pp. 979). Springer. https://doi.org/10.1007/978-1-4419-7988-9_1

Vinnicombe, S., & Singh, V. (2003). Locks and keys to the boardroom. *Women in Management Review, 18*(6), 325–333. https://doi.org/10.1108/09649420310491495

Wajcman, J. (1991). Patriarchy, technology and the conceptions of skill. *Work and Occupations. 18*(1), 29–45. https://doi.org/10.1177/0730888491018001002

Watson, T. J. (2008). Managing identity: Identity work, personal predicaments and structural circumstances. *Organization*, *15*(1), 121–143. https://doi.org/10.1177/1350508407084488

Merriam-Webster. (2019). Identity. Retrieved October 28, 2019, from https://www.merriam-webster.com/dictionary/identity

Wells, K. (2011). Narrative inquiry (Publication no. https://doi.org/10.1093/acprof:oso/9780195385793.001.0001). from University Press https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780195385793.001.0001/acprof-9780195385793

Appendix

Appendix A: Solicitation for Study Participation

Letter of Solicitation for names of women to participate in the study sent to 15 known recipients, posted on professional association website boards, and passed on further via snowballing.

Looking for Latinx Women Leading in HIM!

I am enrolled in a PhD in Leadership & Change in Healthcare Program at Antioch University. I am preparing to embark on the research aspect of my dissertation work, and I am looking for Latinx women health information management professionals. My working dissertation title is: Exploring the Identities of Latinx Women who Lead in Health Information Management.

I plan to conduct in-depth, in-person interviews over the next few months with 9 to 12 credentialed Latinx women who are leading or have recently lead teams in health information management at the Management level or above. I am looking for Latinx women of all backgrounds, and I am hoping to have a sample that represents the beautiful diversity of Latin cultures and ethnicities.

I am contacting you because I know you personally or I was given your name by someone who knows you, and I believe you might know of women who fit this description. I'll then contact these individuals, indicating that you have given me their names, email/phone numbers, and ask them if they would be willing to participate in my research. Of course, they will be able to say no, but I hope that through this process, I will be able to find a sample of women willing to participate.

Please note, in addition to any names of friends and colleagues that you might suggest, please feel free to volunteer yourself (as a credentialed, Latinx woman who has lead teams)! You may submit your name and as many other names as you like besides your own.

Thank you for any support you can offer me in finding these professional women. It would help me if you could respond by [DATE]. If you have any questions, please contact me either by email at [redacted], or by telephone and text at [redacted].

Sincerely,

Maria A. Caban Alizondo

Ph.D. Candidate, Antioch University
Ph.D. in Leadership and Change in Healthcare

Appendix B: Research Consent

Consent Form

This informed consent form is for Latinx women who we are inviting to participate in a research project titled "Exploring the Identities of Latinx Women who Lead in Health Information Management".

Name of Principle Investigator: Maria Caban Alizondo
Name of Organization: Antioch University, PhD in Leadership and Change Program
Name of Project: Exploring the Identities of Latinx Women who Lead in Health Information Management

You will be given a copy of the full Informed Consent Form

Introduction
I am Maria Caban Alizondo, a PhD candidate in the Graduate School of Leadership and Change at Antioch University. As part of this degree, I am completing a project to research how Latinx women navigate social and work structures that may lend insight into their leadership practice and advance the study of management for women, ethnic minorities and health information management professionals. I am going to give you information about the study and invite you to be part of this research. You may talk to anyone you feel comfortable talking with about the research and take time to reflect on whether you want to participate or not. You may ask questions at any time.

Purpose of the research
The purpose of this project is to advance an understanding of the contributions Latinx women make and the challenges they face navigating social and work structures in the predominantly male healthcare and information systems domains. The study may also make probable what Latinx women have to contribute to their organizations more possible, thus beneficial for women and ethnic minorities in the workplace. This information may help us to better understand the applicability of the experiences to other Latinx, and by extension other ethnic minority women working in in the United States.

Type of Research Intervention
This research will involve your participation in a one-hour interview, where a question will be asked about how your Latinx identities influence your leadership practice. I may request a 30-minute follow-up interview if I need additional information or I have clarifying questions based on your original interview. Each of these interviews will be audio recorded solely for research purposes, but all of the participants' contributions will be de-identified prior to publication or the sharing of the research results. These recordings, and any other information that may connect you to the study, will be kept in a locked, secure location.

Participant Selection
You are being invited to take part in this research because you are a Latinx women, between the ages of 25-60, currently or recently working in a positional leadership role. You should not consider participation in this research if you are not currently or have not recently worked in a positional leadership role, you are not credentialed as a health information management professional, and do not identify as Latinx.

Voluntary Participation
Your participation in this study is completely voluntary. You may choose not to participate. You will not be penalized for your decision not to participate or for anything of your contributions during the study. You may withdraw from this study at any time. If an interview has already taken place, the information you provided will not be used in the research study.

Risks
No study is completely risk free. However, I do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable If you experience any discomfort as a result of your participation, employee assistance counselors will be available to you as a resource.

Benefits
There will be no direct benefit to you, but your participation may help others in the future.

Reimbursements
You will not be provided any monetary incentive to take part in this research project.

Confidentiality
All information will be de-identified, so that it cannot be connected back to you. Your real name will be replaced with a pseudonym in the write-up of this project, and only the primary researcher will have access to the list connecting your name to the pseudonym. This list, along with tape recordings of the discussion sessions, will be kept in a secure, locked location.

Limits of Privacy Confidentiality
Generally speaking, I can assure you that I will keep everything you tell me or do for the study private. Yet there are times where I cannot keep things private (confidential).

The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused.
- The researcher finds out that that a person plans to hurt him or herself, such as commit suicide.
- The researcher finds out that a person plans to hurt someone else.

There are laws that require many professionals to take action if they think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to self-harm or harm another person. Please ask any questions you may have about

this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

Future Publication
The primary researcher, Maria Caban Alizondo reserves the right to include any results of this study in future scholarly presentations and/or publications. All information will be de-identified prior to publication.

Right to Refuse or Withdraw
You do not have to take part in this research if you do not wish to do so, and you may withdraw from the study at any time without your job being affected.

Who to Contact
If you have any questions, you may ask them now or later. If you have questions later, you may contact Maria Caban Alizondo.

If you have any ethical concerns about this study, contact Dr. Lisa Kreeger, Chair, Institutional Review Board, Antioch University Ph.D. in Leadership and Change.

This proposal has been reviewed and approved by the Antioch Institutional Review Board (IRB), which is a committee whose task it is to make sure that research participants are protected. If you wish to find out more about the IRB, contact Dr. Lisa Kreeger.

DO YOU WISH TO BE IN THIS STUDY?
I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant_____

Signature of Participant _____

Date_____
Day/Month/Year

DO YOU WISH TO BE AUDIOTAPED IN THIS STUDY?
I voluntarily agree to let the researcher audiotape me for this study. I agree to allow the use of my recordings as described in this form.

Print Name of Participant_____
Signature of Participant_____

Date _____
Day/Month/Year

To be filled out by the researcher or the person taking consent:

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Print Name of Researcher/person taking the consent_____

Signature of Researcher/person taking the consent_____

Date _____
Day/Month/Year

Appendix C: Thematic Analysis Table

NAME	DESCRIPTION
Bias - Discrimination - Stereotypes - Microaggressions	Gender, ethnic stereotypes, labels, assumptions
Code Switching	Identity re-construction in the moment
Credential Preference	Specific cred overlooked, didn't have the right cred
Class	Economic and ethnic stereotypes (illegal)
Demographics	name, title, org, school, etc.
Education	Value of education, and attainment such as BS, MA, PhD
Participants	demographics, name, age etc.
Ana	
Claudia	
Cleo	
Elaine	
Elvia	
Gloria	
Liz	
Mel	
Mirna	
Work History	previous roles and titles or areas of responsibility
Work Organization	Organization or facility name
Family	marriage, kids, etc.
Caretaker	Related to upbringing and role assignment in the family
Children	number, education, invitro, adoption
Death	father
Father	Grew up with their father, impact of relationship
Husband	
Mother	Singe mother, two-parent upbringing
Siblings	
Identity	Individual, cultural, leader – the larger identity discussions
Cultural	Cultural norms, language, music
Individual	View of themselves in context
Latinx	Terms used to define their ethnic/cultural identity (also Hispanic, Latino\a)
Leader	Mental models, mentoring, positive and negative
National	Mexican American, American
Social	how they reflect on their ethnic and cultural identity in social contexts, family, workplace
Workplace	Hospitals, Education programs, clinics
Leadership	Non-positional, attributes
Mentor	mentoring is external mentoring and the participant's mentoring of others
Power	Dynamics, stressors, power-over/with/across/to
Profession	HIM
HIM Workforce	Holistic view of the profession in the workplace context
Credentialed	Types of credentials across participants, value of credential
Men	Related to power dynamics in the department
Perception of Work	Participant's and other's perceptions

Relevancy	Value of credential
Technical	Profession as technical or something else
Resilience	Fortitude, internalized and adapted behaviours to succeed
Women - Advocacy	Service, mentoring others
Work	Context (workplace), also integrated with work at home

Appendix D: Permissions

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