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CONTEXTUAL LEADERSHIP:
THE SOCIAL CONSTRUCTION OF LEADERSHIP IN A COMPREHENSIVE
HEALTHCARE SYSTEM

MARK J. MOIR

A DISSERTATION

Submitted to the Ph.D. in Leadership & Change Program
at Antioch University
in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

June, 2009

This is to certify that the dissertation entitled:

CONTEXTUAL LEADERSHIP: THE SOCIAL CONSTRUCTION OF LEADERSHIP IN A
COMPREHENSIVE HEALTHCARE SYSTEM

prepared by

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is approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in
Leadership and Change.

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Dedicated to my parents, James and Margaret Moir.

Their ever-present compassion, beauty, support, and unconditional love have
made this work possible.

Acknowledgments

Down how many roads among the stars must man propel himself in search of the final secret? The journey is difficult, immense, at times impossible, yet that will not deter some of us from attempting it....We have joined the caravan, you might say, at a certain point; we will travel as far as we can, but we cannot in one lifetime see all that we would like to see or to learn all that we hunger to know.

Loren Eiseley, *The Immense Journey*

This quote provides a frame of reference for my Antioch experience – joining the Antiochian caravan was a search for meaning and purpose that felt difficult, immense, and at times, impossible. The journey however has been my “soul’s search for salvation”¹. I must admit that during this process there were greater things at work, and I often felt as if I were standing on the periphery witnessing the rather crude stumbling through and kicking about of things – the illumination and expulsion of my personal rudimentary ideas and experiential demons. This rather existential witnessing of a cathartic transformation of my own somewhat diminished sense of being has been a humbling experience – it was the impostor effect experienced within a house of mirrors... the doubling back of an illusionary dream upon itself.

Wonderfully and gratefully, my search for salvation goes on, demonstrated by a hopeful and humble effort toward the refinement of my to-date, crude attempts at understanding my world and my underdeveloped sense of participation and self. My Antioch experience fueled a greater connection to my brilliant brokenness which, hopefully, has granted me a new stance and angle of vision on my trajectory of salvation, one with which the grace afforded me by standing close enough to those who actually possess the aforementioned, I might see anew that which has evaded me to date.

I should thank many for their guidance, support, and patience. Most importantly, Elizabeth, thank you for nurturing my thinking and for patiently waiting for me to emerge. Thank you, Michael, for being an ever-present, positive force that consistently provided

¹ Barrett, W. (1958). *Irrational Man: A Study in Existential Philosophy*. Anchor Books

perspective and insight through careful questioning and exploration – you were a wonderful learning partner. And thank you Heather for your willingness to listen, and for your vigilant and tolerant attunement to my diffuse way of being.

I would also like to thank Dr. Donald Polkinghorne, Dr. Mitch Kusy, and Dr. Nick Nissley for their constructive and challenging feedback and guidance. Your thoughts and inspiration were demonstrably impactful.

And finally, and most importantly, I am deeply grateful and appreciative of my wife Kate for her support, patience, love, and care during this wonderfully exciting developmental journey – all my love.

Abstract

Healthcare is a complex and dynamic environment containing a plurality of social forces and perspectives that shape the organizational culture and the nature of the leadership. As leadership is a social phenomenon, it is important to understand the complex social processes that mediate our perceptions and that in turn influence processes of leader attribution. The central purpose of this study has been to illuminate the nature of culturally specific processes that emerge within a specific organizational setting and that fuel leader attribution and the social construction of leadership. Accordingly, this qualitative study has developed a Grounded Theory utilizing Situational Analysis to study leadership in a comprehensive healthcare organization. The electronic version of this dissertation is at OhioLink ETD Center, www.ohiolink.edu/etd.

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Forward

Metaphysics has usually followed a very primitive kind of quest. You know how men have always hankered after unlawful magic, and you know what a great part, in magic, *words* have always played. If you have his name, or the formula of incantation that binds him, you can control the spirit, genie, afrite, or whatever the power may be. Solomon knew the names of all the spirits, and having their names, he held them subject to his will. So the universe has always appeared to the natural mind as a kind of enigma, of which the key must be sought in the shape of some illuminating or power-bringing word or name. That word names the universe's *principle*, and to possess it is, after a fashion, to possess the universe itself. 'God,' 'Matter,' 'Reason,' 'the Absolute,' 'Energy,' are so many solving names. You can rest when you have them. You are at the end of your metaphysical quest.

But if you follow the pragmatic method, you cannot look on any such word as closing the quest. You must bring out of each word its practical cash-value, set it at work within the stream of your experience. It appears less as a solution, then, than as a program for more work, and more particularly as an indication of the ways in which existing realities may be *changed*.

Theories thus become instruments, not answers to enigmas, in which we can rest. We don't lie back upon them, we move forward, and, on occasion, make nature over again by their aid.

William James, American Philosopher and Psychologist

Excerpt from lectures delivered at the Lowell Institute in Boston in November and December, 1906. From the book, *William James: Pragmatism and The Meaning of Truth*, Harvard University Press.

Chapter I: Introduction

Healthcare is one of the most important social, economic, and political issues of our time. Issues involved include increasing costs, more and more individuals becoming uninsured, and a general progression toward a less healthy U.S. population. Important data provided by the General Accounting Office (2007) include estimates of 40 to 45 million Americans uninsured, an annual healthcare investment of \$2 trillion dollars into our present system of care, cultural factors influencing health-related decision-making, and overall declining health-related outcomes. The relative burden that healthcare-related costs have on the United States is quite astounding. For example, the American Cancer Society has recently announced that it is devoting its entire \$15 million advertising budget for 2007 to bring attention to issues related to an uninsured populous and its impact on preventive care. The General Accounting Office, in discussing the challenges facing healthcare within *Healthcare 20 Years From Now: Taking Steps Today to Meet Tomorrow's Challenges* (2007), notes that the healthcare issues represent a burning platform due to increasing obligations and ineffectiveness that will have serious implications for the overall livelihood of our nation.

The healthcare system can be characterized as being in a state of crisis. The system of healthcare is under pressure from all sides. While the industry and system as a whole is experiencing pressure for desired transformation, it is also constrained by interests and forces that seek and promulgate the status quo. Issues embedded within this complex and sensitive narrative range from financially oriented factors such as repayment and reimbursement, to care-related concerns and the specialties and technology invested to treat these issues. Throughout this discourse there are interdependent pressure points involving concepts such as competition, equality, choice, history, overall social well-being, diversity, hierarchy, disintegration, and

suffering. At the same time, themes emerge related to innovation, creativity, care, passion, compassion, paradox, privacy, life and death.

The national healthcare system appears to be in a state of dynamic equilibrium, with a potentially non-sustainable trajectory. Recognizing this complexity, Atchison and Bujak (2001) posit that

The healthcare industry is undergoing transformational change. Can the existing structures successfully adapt, or will the inertia of entrenched power relationships render the current system progressively more disconnected from the changing needs and expectations of society? (p. 183)

A system characterized as such implies that purposeful and intentional change is needed and central to the concept of this type of change is leadership. Numerous national efforts within associations and within schools have begun to address the need for a global dialogue on the need for change, with the hope of creating a more sustainable healthcare system. However, changing an entire system of care that holds large variations in relation to quality and delivery, not to mention issues related to demographics, is a massive undertaking. To wit, there is some consensus that the best opportunity to affect change within healthcare is at the local level. Goddard and Mannion (2006) note that decentralization “can enhance the accountability and responsiveness of services to locally defined priorities and that administrative autonomy can create room for learning, innovation and entrepreneurship” (p. 67). And as supported by the Robert Wood Johnson Foundation (2007), the nation’s largest philanthropy devoted exclusively to improving healthcare, in an *Aligning Forces for Quality* publication, “All healthcare is local or, at least, regional” (p. 2).

In response to the aforementioned complexity, the healthcare industry, like many other industries, has seen an increased level of attention and discourse applied to the nature of leadership and leadership development. Leadership, however, is not a generic conversation, and

the healthcare industry is primarily unique. Authors Ginter and Swayne (2006) proposed that a variety of unique forces impact the healthcare industry. The authors suggested that several factors are involved: 1) issues relating to internal power dynamics of governance and planning between administration and physicians; 2) external factors found within regulatory control, payment systems, and market restrictions, and 3) “society and its values place special demands on healthcare organizations” (p. 35). Accordingly, context and situation are important factors in determining the success of both individuals and initiatives. The local translation and integration of a broader dialogue regarding leadership and change within healthcare will require organizations to develop capacities within their own systems for both leader development and new leader integration.

Purpose of the Study

Given the inherent complexity of healthcare and the prevalent role that it plays in all of our lives, it is fertile ground for the study of leadership, and is thus the focus of this study. The purpose of this study is to generate a Grounded Theory of socially constructed leadership – understood as contextually relevant to the place of study, and located within the cognitive attributions of followers to leaders. The study will attempt to explicate and illustrate the social forces and processes that mediate the attribution of leadership within a particular organizational setting—a healthcare organization. Assumptions made regarding this study and analysis are that a) leadership is occurring in the particular organizational setting; b) leadership is found within relationship of individuals; c) manifest in this relationship are certain social or cultural conditions that influence and mediate perceptions; d) these social or cultural conditions make leadership a potentially localized social phenomenon, and e) leaders can lead change. This study seeks to bring the social forces within a healthcare setting to the fore, thus making the situation

the focal point of study. The representation of these social forces and the impact of these forces on perception and attribution does not seek to establish context as being superior to the individuals' force upon said context; rather it simply seeks to understand the nature of social forces such that the individuals' actions may be understood in relation to his or her embeddedness in the situation at hand.

The focus of this research study will be an examination of the leadership as experienced and understood by executives within a regional healthcare entity, paying specific and close attention to issues related to context and its impact on these experiences. The pragmatic and scholarly benefit of this study will be to generate a better understanding of cultural and social forces that mediate individual perceptions of leadership within a healthcare setting and enhance integration protocols for on-boarding new executives and planning efforts for local succession. The remainder of this chapter will provide a brief overview of the primary conceptual arenas that support the focus of this investigation. These are: a) the scholarship of leadership, b) leadership and change, c) leadership and organizational culture as interdependent concepts, d) Grounded Theory and Situational Analysis as methodological focus, and e) the positioning of the researcher.

The Scholarship of Leadership

Leadership has become a mainstream fascination for our society, and this fascination has led to many different interpretations of the concept and social phenomena of leadership. Burns (1978) believes that "Leadership is one of the most observed and least understood phenomena on earth" (p. 2). Fleishman, Mumford, Zaccaro, Levin, Korotkin, and Hein (1991) corroborated this claim in noting that "In the "past 50 years, there have been as many as 65 different classification systems developed to define the dimensions of leadership" (p 245). Of these definitions or

classification systems, Burns (1978) and Rost (1991) emphasize the significance of a relationship of influence as a central element of understanding leadership. Burns (1978) defines leadership “as leaders inducing followers to act for certain goals that represent the values and the motivations – the wants and needs, the aspirations and expectations – *of both leaders and followers*... It lies in seeing that the most powerful influences consist of deeply human relationships in which two or more persons *engage* with one another” (p. 19). Rost (1991) defines leadership as “an influence relationship among leaders and followers who intend real changes that reflect their mutual purposes” (p.102). Relationships are often built around common goals and objectives, as well as mutually held values. Bennis and Nanus (2003) introduce the concept emphasizing the importance of “meaning making” as it relates to the building of relationships that are critical to leader effectiveness: “In short, an *essential* factor in leadership is the capacity to influence and *organize meaning* for the members of the organization” (p. 37). Thus, leaders and followers evolve and develop ways in which they make meaning of their own, others, and the organizational processes around them.

Bennis and Nanus are not alone in claiming the importance of leaders making or organizing meaning. These constructions of meaning or “mental maps” have been discussed in leadership literature (De Geus, 1997; Vaill, 1989). Mental models help make sense out of life, and thus, are necessarily in organizational life. In “*Managing as a Performing Art*,” Vaill (1989) discusses the complexity of meaning making in relation to leadership,

All management is people management, and all leadership is people leadership. The reason for this is that there is nothing that a manager or a leader can do that does not depend for its effectiveness on the meaning that other people attach to it. How and why people attach meanings to things, how and why these meanings change, and how and why people’s meanings and people’s actions are interconnected are the subjects that managers and leaders should be concerned with. (p. 126)

De Geus (1997), in examining the implications of the relationship between leaders and mental models, explained that “people can only ‘see’ what they have experienced before – at least in some respect. To receive a signal from the outside world, it must match some matrix already in the mind, placed there by previous events” (p. 31). De Geus goes on to state that:

If learning begins with perception, then Ingvar’s theory has important implications for management that is trying to guide its company through a turbulent environment. Ingvar is, in fact, saying that the act of perception is not simply a matter of collecting information – of looking at an object and noting all sorts of observations and data about it. Perception, to a human being, is an active engagement with the world. (p. 36)

Leaders then play an important role in shaping reality and in influencing the perceptions of others. Reality is no longer a set condition within nature, but rather a perceptual outcome influenced by our relationships with each other.

Accordingly, what becomes reality between leaders and followers might be described as a provisional, evolving relationship between ideas and consequences (James, 1975). This mutually influential, follower-leader meaning-making relationship and process reflect an ever-changing, evolutionary environment in which reality is being constructed. For that reason, a brief examination of the interconnected nature of leadership and change is necessary.

Leadership and Change

Managing and leading change effectively is becoming an increasingly important leadership capacity. Atchinson and Bujak (2001) propose that “The single most important intangible input in the change process is leadership” (p. 112). An organization’s ability to embrace the challenges of constant change is often seen as a key to organizational and leader success (Ibarra, 2004; Madsen, 2003; Norton & Fox, 1997). The capacity to lead change has been advanced as an ongoing thematic to a variety of leadership theories. From an organizational

perspective, in proposing the need for an organizational capacity for embracing change, Karl Weick stated that

Indeed, in an ever-changing, rough-and-tumble business environment, the assumption that the corporation is something stable and secure becomes dangerous. When the unpredictable does happen, and the world as we know it unravels, we are all the more likely to become so paralyzed that we cannot survive the experience. (Couto, 2003, p. 85)

The literature on change and leadership reflects a variety of perspectives and dimensions (Atchison & Bujak, 2001; Huy & Mintzberg, 2003; Kohles, Baker, & Donaho, 1995; Kontoghiorghes & Hansen, 2004; Rost, 1991). Change can be viewed through an epistemological lens, and examined at or within organizational, interpersonal, or intrapersonal levels – all of which can be interconnected or interdependent depending on context and instruction. Kontoghiorghes and Hansen (2004), in connecting these levels together, note that the management or leadership of change reflects an iterative process that seeks to align processes with strategy and goals. As such, issues relating to process, pace, people, and environmental context become primary areas of focus. The authors propose four perspectives or world views to categorize change: “organizational behavior, critical humanism, organizational culture, and systems theory” (p. 22). The authors also note that

Behaviorists see change as a rational, measurable, and directed process with causal relationships that are predictable and easily manipulated. Critical humanism as a change perspective is centered on experience and encourages individuals and their organizations to question dominant ideologies. A cultural approach to change suggests an interpretive sense of reality where change occurs through social interaction based on cultural norms that are unique to a given group or organization. The systems approach places an emphasis on the gestalt of interdependent processes that respects the complexity of organizational relationships and structures. (p. 23)

Huy and Mintzberg (2003) propose three ways of thinking about the nature and direction of organizational change: dramatic, systematic, and organic. The authors state that

The dynamic rhythm of organizational change has always been a constant: Dramatic change descends from the top (from senior management), systematic change is generated

laterally and organic change emerges from the grass roots. These three forcers interact dynamically, each providing the primary, but not sole, thrust for a key transformation process: Dramatic change incites revolution, which provides impetus; systematic change orchestrates reform, which instills order; and organic change nurtures rejuvenation, which spurs initiative. (p. 80)

These characterizations of organizational change illuminate the multifaceted, multidirectional nature of organizational perspectives and forces. In this way, change could be viewed from an interdependent perspective involving thought, process, and structure. As such, much of leadership and change relates to an iterative exercise between action and active reflection. Accordingly, leadership and change are inherently connected and related. Leaders engage in actively changing a variety of factors within a situation by intervening in appropriate spaces. These spaces or factors placed on a continuum might range from intrapersonal issues of purpose and personal mission to external factors relating to environment and industry. As this relates to context and situation, Schein (1992) states that “If one wishes to distinguish leadership from management or administration, one can argue that leaders create and change cultures, while managers and administrators live within them” (p. 5).

Much of the leadership research and subsequent concepts derived therein, seemingly represent leadership as originating from individually intrinsic capacities, and then manifesting within relationships among people, irrespective of context – i.e. dispositionally based. Research related to issues of social cognition and attribution recognizes the implications of accumulated knowledge and experience as a mediator of the external world, thus influencing the nature of our perceptions and interactions – i.e. situationally understood. This study seeks to understand those social forces inclusive of organizational culture that may mediate perceptions that may result in the attribution of leadership to others. Thus it may be said, the culture of the organization as a pervasive social force in an organization has particular relevance to the success of leaders. In

this next section, I will discuss some of the more pragmatic implications of organizational culture and leadership succession.

Leadership and Organizational Culture

As leadership and change are intimately related, so are leadership and organizational culture. According to Ciampa and Watkins (1999):

In reviewing records from 1992 for thousands of publicly traded companies, we identified 94 that had appointed a new person to the position of chief operating officer that year. Of those 94 would-be CEO's 35 were brought in from outside the organization. Five years later, 22 of those executives had left the company before being promoted and four were still in their original position – fully 75% had not made it to the top as expected. (p. 162)

The authors further reported that “We found that about half of the internal successors in our study were promoted to CEO within five years compared with about a quarter of the successors who had been hired from the outside” (Ciampa & Watkins, 1999, p. 162). Byham and Bernthal (2001) state that “In light of the growing shortage of leaders, internal candidates are better choices for many reasons. Internal candidates are usually accustomed to the organizational culture, and they have well-developed networks” (p. 5). Supporting this proposition Kelly-Radford (2001) cites that senior executives fail, in general, 34 percent of the time when hired from the outside and 24 percent when hired from the inside. Further, Bernthal and Wellins (2001) note that organizations that rely on external candidates to fill middle-management positions (more than 25 percent from external sources) have almost double the turnover of organizations that rely on internal promotions.

The aforementioned succession rates reflect the impact of culture and context on a leader's performance and ultimate success. Organizational culture and its ensuing impact on individual and organizational effectiveness are multifaceted and well documented. (Dackert, Jackson, Brenner, & Johansson, 2003; Gergen, 1991; Weick, 2001) Definitions and

measurement of what organizational culture actually is about. For the basis of further discussion, I will cite Shein's (1992) formal definition of culture as:

A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (p. 12)

This definition is consistent with Dackert et al.'s (2003) social constructivist view of organizational culture:

The organizational culture reflects how a group constructs meanings of their organization. From a social constructionist perspective on culture, the concept is based on shared patterns of interpretations... These cultural patterns are seen as the result of social processes that continually create, maintain and transform reality. (p. 708)

These approaches to organizational culture refer to the shared, taken-for-granted assumptions held by members of an organization. The major categories of these assumptions shared or held in common may include, a) observed and supported behavioral interactions; b) group norms relating to implicit standards and values; c) espoused values that are publicly articulated; d) formal philosophy regarding policies and principles; e) "rules of the game", or the implicit way things are done; f) climate, or the level of resonance felt by employees in relation to the culture, habits of thinking, mental models, and/or linguistics that guide the perceptions, thoughts, and language used; g) shared meanings, or the emergent process used in generating understanding in relation to interactions; and h) integrating symbols, or the ideas, feelings, and images groups develop to characterize themselves within the culture.

Although recognized as categories of culture, the aforementioned items are not *the* culture of an organization; rather, the culture represents the accumulated shared learning in the organization in relation to these categories. This shared learning then creates the foundation of *shared assumptions* through which an organization makes meaning. Numerous scholars make

reference to the shared creation of culturally mediated meaning in an organization. Gergen (1991) states that the term “organizational culture” calls attention to the “web of interdependencies that make up an organization. Organizations exist as systems of meanings that establish what is real and good” (p. 158). And as noted by Weick (2001) “Making meaning is an issue of culture, which is one reason culture, is important in high reliability systems” (p. 340). Dackert et al. (2003), among others, noted in the following quote that “Within an organization, meaning and interpretations arise from interaction among the members and their interaction with the environment...From this point of view, the individual member is seen to participate in a reality which is largely socially constructed” (p. 708). And as such, reality is a representation of a system that values the idea that “every situation is novel given the unique intersection of people, time, task, and place” (Barge, 2007, p. 31).

These patterns of assumptions, group learning, and problem solving relate to past experiences impacting the perception, thinking, and feeling concerning potential futures for change processes and success. Thus, if leaders do not become conscious of the cultures in which they are embedded, those cultures may indeed manage them rather than the leaders orchestrating deliberate change efforts. As Schein (1992) states, “Cultural understanding is desirable for all of us, but it is *essential* to leaders if they are to lead” (p. 15). But what constitutes culture? What are the social forces that impact cultural attributes and shifts of perceptions? How might we explicate these forces within a particular organizational setting so as to leverage the integration and retention of organizational members? Ultimately, what are the social forces that mediate our perceptions and give rise to the attribution of leadership within a specific culture? To explore these questions that emerge from the socially constructed leadership theory, I have chosen a methodological approach that takes a constructivist view of knowledge development. In the next

section, I will briefly discuss the underlying tenets of Grounded Theory and its post-modern prodigy, Situational Analysis, to establish the methodological fit between the method and the purpose of this research study.

Grounded Theory and Situational Analysis

Since the purpose of this study is to understand the social construction of leadership within a particular organizational setting, a Grounded Theory methodology known as Situational Analysis have been selected. As summarized by several authors, the intent of a Grounded Theory study is to generate or discover a theory or abstract analytical schema of a phenomenon that relates to a particular situation grounded in the experience and perceptions of the participants. (Brown, Stevens, Troiano & Schneider, 2002; Creswell, 1998; Strauss & Corbin, 1997) The Grounded Theory in this study is designed to reflect the experiences of individuals within a regional healthcare system with respect to how they have come to understand and experience the concept of leadership.

Grounded Theory focuses on “generating the basic social process occurring in the data concerning the phenomena of concern - the basic form of human action” (Clarke, 2005, p. xxxii). It involves simultaneous data collection and theory development – which is the dance between what is known, and what we are coming to know. Situational Analysis, the postmodern strain of Grounded Theory, desires to contextualize the experience of the participant – to explicitly attempt to identify the social landscape and its impact on interaction. In Situational Analysis, Clarke (2005) proposes to “supplement basic Grounded Theory with a situation-centered approach that in addition to studying action also explicitly includes analysis of the full situation, including discourses – narrative, visual, and historical” (p. xxxii). Further recommending this methodological approach is that Situational Analysis seeks to explicate meanings from a

localized context, thus providing a methodological fit with the underlying theories of socially constructed leadership and organizational culture.

Although the researcher enters the field with an openness to understand all that is happening in a given situation, all researchers come with their own *personal theory* (to be covered under *positioning* later in the this chapter) and *received theory* of the phenomenon as it has been constructed within one's familiarity of the situation. To make transparent such mental models that may well influence the interpretation of events in the field, Clarke (2005) advocates a researcher's acknowledgment of sensitizing concepts that have been discussed in the literature and are a part of the received theory of the culture of inquiry and of the researcher. A significant part of engaging in a Situational Analysis study is the examination of those sensitizing concepts that I, as a researcher, bring to the study. In Chapter Two of this proposal I will discuss the sensitizing concepts of cognition and attribution theories as a part of the Literature Review. In the next section, I will discuss my own *positioning as the primary researcher* in relation to the perspective I bring to the purposed study.

Positioning the Researcher

I propose a research project designed to illuminate the nature of the culturally specific processes of collective attribution that emerge within a specific organizational setting that fuel the social construction of leadership. This research project would aim to understand the importance of the relevant local context that plays a specific and potentially primary role in constructing the social construction of leadership within a specific organizational setting. Utilizing the qualitative methodology of Grounded Theory, this research seeks to detail the emergent nature of the phenomena of leadership understood through a social psychological lens.

Accordingly, I hope that by utilizing the theoretical principles cited, I will maintain a philosophical stance that is consistently grounded in a constructivist and interactionist perspective. The philosophical and epistemological underpinnings of this proposed work include pragmatism, symbolic interactionism, and constructivism. The forerunners of this thought include Blumer (1969), Cooley (1998), Dewey (1981), James (1975), and Mead (1937) to name a few. The nature of their “iterative” thinking of the ongoing nature of meaning making and development seems appropriate when analyzing the social interactions and the fluid and dynamic nature of life. As noted by Greckhamer and Koro-Ljungberg (2005) “from the point of view of a constructivist epistemology, there is no objective truth waiting for us to discover it (Crotty, 1998). Rather ‘all knowledge is created from action taken to obtain it’” (p. 742). Therefore, I propose to situate myself intentionally *within* the process of understanding, rather than without such understanding.

This study will be conducted within a regional healthcare system currently providing healthcare services within a four-state region. As I am part of the healthcare system, I have entered the situation and have some understanding of the situation. My role focuses on organizational development activities and I have been a part of this system since May 2004. My position is located within the corporate university and is responsible for efforts related to change initiatives and leadership development and allows for access to the entire organization. Noting the importance of *human relations* in capturing a sense of what is, I recognize the impact of my already existing position within this social world.

I do recognize the impact of my current position in facilitating the ongoing research process. I also recognize the impact of my own embeddedness and the potential this position has for data gathering and theory construction. But as noted by Schatzman and Strauss (1973):

Like it or not, man is condemned to viewing from one (or more) perspectives or angles, as reality is infinitely complex and no observer can see it all. In ‘truth’, all observation then takes on a biased hue. For the field researcher, the matter of bias is accepted; his concern is directed at the fruitfulness of observation from any given angle. (p. 55)

As such, I disclose my own angle of vision and note that, as described above, I have not seen it all. I recognize that my role within the organization will play a role in the creation of knowledge derived from the actions taken but I believe that the methodology selected for this study will balance this dynamic.

Closing Comment

E. Doyle McCarthy (1996) notes that “Knowledges are those organized and perpetuated ways of thinking and acting that enable us to direct ourselves to objects in our world (persons, things, and events) and to see them *as* something” (p. 23). Adhering to the psycho-social underpinnings of Mead, and the subsequent ideologies of the Chicago sociologists, McCarthy (1996) promotes that “all knowledges, whatever else they do, operate as systems of meaning; that they provide categories and conceptions that enable their users to understand their worlds as something” (p. 109). These knowledges, as localized social constructions of what *is*, of what we have come to know, and how what *is* known influences what we perceive *as is*... is the focus of this study of leadership.

Chapter II: Literature Review

The purpose of this chapter is to begin a review of the empirical literature found within healthcare and leadership, as well as at the intersections of leadership, social constructionism, attribution, and social cognition. In accordance with the methodological framework of Situational Analysis, the aforementioned represent sensitizing concepts that may assist in directing or shaping my research agenda. It is assumed that as the research unfolds additional areas of interest or discourse may require examination and will be included in this chapter and in Chapter 5 in the final dissertation report.

As noted earlier, much of the leadership literature has historically focused in the areas of traits, behaviors, and at times, situations to explain the nature of leadership and its impact on organizations and people. Historically, the literature has largely overlooked the impact of context on leader disposition. In fact, it appears that situations are seemingly understood as constant variables. In contrast, this study is designed to understand the contextual nature of influence, recognizing that all environments have unique characteristics that mediate how we experience leadership. Context provides the framework through which we might understand how individuals influence one another within “leadership relationships” – relationships that are process oriented, and socially constructed. The foundation of a contextual and fluid view of leadership lies in social psychological theories that illuminate the nature of group-life and its impact on individual perception and subsequent behavior. In particular, theories related to social cognition and attribution, self-categorization and identity are relevant to this researcher’s conceptualization of leadership within context. Empirical studies that examine socially constructed leadership are less frequently found in the literature.

In this chapter I will examine the nature of leadership literature within healthcare settings, and then examine the limited empirical data found within social constructionism and leadership, social cognition and leadership, and attribution and leadership.

Healthcare, Leadership, and Change

Much of the literature and related empirical data regarding leadership and change focuses on normative aspects of leader centric traits, attributes, and behaviors, devoid of context sensitivity. Some empirical research found within the healthcare arena has sought to enrich the leadership dialogue by investigating factors that may influence leadership interactions. However, much of this research retains many of the assumptions found within the more general empirical research as it relates to context and environment – that the situation or context is background, and thus, is left unexplored as it relates to its impact on interpersonal interactions.

Ford (2005) utilized a mixed methods approach to understand the relationship between organizational change and the exercise and influence of leadership in a regional healthcare system. He examined the content analysis of textual data in relation to national data on patient outcome reports. The content analysis was employed in an attempt to generate themes as it related to executive interactions, while the external research data was used in an attempt to establish organizational position and direction. Ford (2005) established that the nature of executive discursive interactions reflected types of organizational orientations such as bureaucratic or post-bureaucratic entities. These orientations possess certain attributes that reflect organizational ways of being. The author compared and contrasted former CEO practices with interim and current CEO practices as a way of correlating transitions in organizational performance with external research findings. The author established three core principles that informed the shift from a bureaucratic to post-bureaucratic environment: creating the space for

new communicative interaction, safeguarding a credible and open process, and reclaiming suppressed views. The study implies that the structure, application, and flow of power -- located within discursive practices -- influences organizational orientation and subsequent organizational performance. The study falls short in identifying the underlying social-situational factors that influence these discursive practices.

Greenfield (2007) utilized an ethnographic approach in attempting to understand the impact of leadership practices on the creation of collaborative team environments. The location of study was a community health facility in Sydney, Australia. The focal point of the study was to examine the interactions of a nursing team and observe the leadership of nurse unit managers. Over a period of 12 months, the author engaged in observations and conducted interviews, then analyzed the data using Goleman's (2000) leadership typology as an analytic lens. This leadership typology describes six styles of leadership – coercive, authoritative, affiliative, democratic, pacesetter, and coaching. This construct can be generally described as a situational approach toward understanding leader behavior: that the leader responds to situations with certain styles that are determined to be appropriate for the particular situation at hand. The findings indicated that individual weaknesses found within each style of leadership can be overcome through the integration of situationally relevant styles. Although the study acknowledges that situations can be unique, the situation in which the study is conducted is not addressed.

Hamlin (2002) conducted a managerial/leadership effectiveness study within a UK hospital setting to determine the criteria that underpin "behaviours of management that are consistent with success, and conversely with failure" (p. 245). The author utilized a Grounded Theory design to "minimize the intrusion of preconceived ideas of managerial/leadership

effectiveness” (p. 248), noting that “using grounded theory approaches and qualitative research methods for investigating management and leadership is increasingly being recognized, advocated and deployed by other researchers” (p. 249). The author utilized three stages in conducting the study. The first stage involved interviewing forty-five (45) managers of mixed gender from throughout the hospital setting to establish and obtain examples of effective and ineffective management performance. The second stage involved author construction of a Behavioral Item Questionnaire (Hamlin, 2002) based on the findings within stage one. These items were classified and grouped in stage three into behavioral categories. The author then compared these findings with his similar work conducted within a different organization, also within the public sector, to establish the potential that findings are either organizational-specific or universal. The author proposes that although limited by the scope of the research, there appears to be a “high degree of similarity, coincidence and potential generalisability revealed that may support the notion of a universally effective manager” (p. 260). The author does qualify this statement by noting that some behaviors noted are clearly “specifically influenced and even conditioned in their detail by the particularities of their specific organizational settings, and at the factorial level a number of the identified criteria of managerial effectiveness are organization specific” (p. 260). The author concludes that other behaviors appear to be both setting specific and universal. Although the situation is identified and considered as being influential, the content of this context remains unexamined. Context is understood to be a conditioning factor, yet the details of this context are left unarticulated.

Faull, Kalliath, and Smith (2004) examined a rehabilitation center within a healthcare organization in New Zealand in an attempt to understand the relationship between the present day culture and the founding value and beliefs established some 60 years prior. The Grounded

Theory study sought to understand the implications of changing environments and the evolution of organizational culture. The study utilized theme comparison to identify “commonalities and differences between present day and original cultures” (p. 40). Through data analysis, the authors identified underlying themes, correlating espoused values to these themes, and relevant artifacts supporting these themes. The underlying themes interpreted included “cause, external environment, advocacy, organizational identity, relationship of organizational members, and clinical philosophy” (p. 46). Once established, the authors compared these primary underlying themes between the original culture and the two primary current cultures, clinical and management. Through this comparative analysis, the authors established that although some present day behaviors and programs were strikingly similar, behavior had shifted, leading the authors to conclude that “the organization has lost sight of its core values, reason for being, and therefore identity” (p. 53). This present day condition leaves the organization “internally weak and fragmented, resulting in it reacting to external demands rather than being proactive” (p. 53). The authors conclude that leadership needs to engage in a process that creates an “internal environment that counters the feelings of instability, insecurity, and fragmentation” (p. 54). They propose that a transformational leadership style “would enable the creation and promotion of a vision of the organization that will enable the process of organizational learning and development to begin” (p. 53).

Although the studies cited earlier acknowledge cultural influence on leader behavior and interactions, the content and implications of culture is left unexplored. McKenna and Pugno (2006) connect the importance of leader development within the healthcare setting within context by stating

The fact is, traditional academic approaches that emphasize knowledge transfer may be appropriate for the acquisition of certain technical and functional skills such as

quantitative analysis but contextually embedded, personally relevant, behaviorally-based experiential learning is essential for the successful development of physician leadership competencies. (p. 61)

This research proposal seeks to illuminate the nature of context-specific factors and the impact these factors have on the social construction of leadership.

Theoretical Bases of Socially Constructed Leadership

The theoretical foundation to this study of leadership is social constructionist in nature. Vivian Burr (2003), in attempting to define social constructionism, notes that we might loosely distinguish as social constructionist any approach which has as its foundation one or more of the following four key assumptions: a) A critical stance toward taken-for-granted knowledge; b) Knowledge is historically and culturally specific; c) Knowledge is sustained by social processes; and d) Knowledge and social action go together (p. 3). A social constructionist “sees the self and identity as being created and sustained through our social, historical, cultural and temporal relations” (p. 86). A socially constructed perspective would embrace notions such as relationships, interdependency and reciprocity, indeed, those same processes that create the organizational culture and shape leadership. Thus, to understand certain such social acts such as leadership, one must understand the contextually relevant factors that influence all of us within that organizational space.

Our perceptions of reality are influenced by our perspectives and their accompanying models of reality. These models of reality are socially constructed – that is, they evolve via interaction between the self and society. Meaning-making in a very real sense is about negotiating the order of social reality, and as leadership is a social phenomenon, it is important to understand the forces within this negotiation. Our mental models influence what we see as well what we don’t see. The idea or concept involves such issues as perception, appearance, reality,

disposition, philosophy, consciousness, and socialization. It is a complex process of great importance with implications regarding leader capacity and effectiveness. The inherent difficulty in grasping mental models is their “embeddedness” – that is, they are both cause and consequence. Mental models underpin much of, if not all of, what we do and who we are. These models, as filters, become our way of seeing the world. Many times, mental models become the effective barriers between bridging first-person experience with third-person perception/reality.

Context and its impact on meaning making are central to this study of leadership as a locally constructed and dynamically occurring phenomenon. Although there is considerable research demonstrating that context and culture have an impact on the translation and interpretation of social interaction from a generalized macro level (Bless, Fielder, & Stack, 2004; Gergen & Gergen, 2003; Parker, 1998), little has been studied at an explicit micro level.

Thus there remain unanswered questions of significant import. What are the social factors that influence attributions and conceptions of the organizational situation? How are these attributions constructed in the social processes of the organization? The following section examines social constructionism, social cognition, and attribution in relation to leadership.

Social Constructionism and Leadership

Social constructionist studies found outside leadership literature generally share a common theme regarding the “in-play” nature of reality – that reality, whether an issue of attribution to individuals, or the conditions found within the situation, is constructed by those embedded in the situation. Theoretical assumptions foundational to these studies are: a) perspective – that what is considered primary is the notion of the subjective nature of experience; b) knowledge derived from perspective leads to action; c) processes lead to the creation of what is perceived as knowledge; and d) structures arise from processes – structure existing in the form

of categories, positions, or descriptions. An examination of research found at the intersection of social constructionism and leadership reveals the centrality of these assumption in the design and findings of the studies.

Keith Grint (2005) applied a hybrid form of situational leadership to three separate case studies. Grint argues that the conventional understanding of situational leadership theory does not fully embrace, or sufficiently and explicitly promote, the concept of social constructionism. Grint suggests that “decision-makers are much more active in the constitution of the context than conventional contingency theories allow” (p. 1467). According to Grint (2005), and subsequently applied to each case study, leaders construct the context or situation to fit a particular form of action, generally understood as the leaders particular default mode of action or behavior. In a sense, Grint believes that leaders possess a latent response anticipating (or creating) a perceived stimulus, generally involving a problem (of varying degrees of complexity) and a subsequent attitude found along a collaboration continuum. Grint concludes that we should spend less time analyzing the:

decision-making of formal decision-makers on the basis of ‘objective’ or ‘scientific’ understanding of ‘the situation’ that faces them – as suggested by conventional contingency theories – and more time considering the persuasive mechanisms that decision-makers use to render situations more tractable and compliant to their own preferred form of authority. (p. 1492)

Thus, Grint (2005) demonstrates the impact of a leader’s mechanisms of persuasion in constructing the reality of a given situation. The author illuminates the potential for individuals to perceive the situation as an objective fact, rather than a social construction achieved through leader persuasion. The author fully articulates the nature of the social construction of the situation and context by examining the various mechanisms of persuasion found within historical record of the cases involved. Grint provides a strong conceptual base that emphasizes the actor’s

role in situation formation and construction, but unfortunately is limited in relation to historical records and descriptions found within the case studies examined.

Shamir and Lapidot (2003) used a mixed method, longitudinal study focusing on trust development within formal leadership relationship. The study focused on trust from a systemic level -- that is, the way trust is constructed from both organizational and interpersonal levels. The authors claimed that formal leaders stand at the intersection of the organizational/interpersonal construct, therefore they focus on understanding how trust arises between formal leaders (organizational representatives) and followers. In this sense, the study was attempting to understand how individuals constructed the trust attribute or characteristic by focusing on social processes. The quantitative aspect of the study focused on comparing cadet perceptions of trust in team commanders from beginning of base training to end of training, generally a period lasting several months. The qualitative aspect focused on critical incidents of trust, and how these aspects of trust have both interpersonal and organizational qualities. The study showed that the projection of trust to an individual contains interpersonal dynamics as well as “systemic dynamics”, or the way in which groups talk about, language, and subsequently understand, the character and nature of trust. The authors were able to lift up the nature of structural constructions that revolve around issues of position and demonstrated the impact of these constructions on interpersonal relations. As such, this study demonstrates the impact of certain social constructions found within situations that may impact or influence member perception of leadership.

A case study approach was taken by Chen and Meindl (1991), utilizing content analysis of images portrayed via the popular press during the tenure of Donald Burr at People Express. The authors argued that the images described in the popular press reconstructed the image of

Donald Burr to account for the performance of the company. A critical contention of Chen and Meindl is that the “collective conceptions of organization, and of leadership in particular, are expressions of a national culture at large in which both leaders and followers are embedded and, as such, are open to those institutional forces that create and disseminate ‘business’ news and information.” Accordingly, the focus of the study was the role that popular business plays as an “influential agent” in the process of constructing leadership images, and thus accounting for business performance. The authors “adopted a cultural perspective” of the media by “examining how the news industry as a whole influences and shapes news consumers’ cultural conceptions and beliefs.” The central question was “given the initial success of a firm, what image of the CEO will be constructed? And how will that image be reconstructed (if at all) with new, negative performance information that is also associated with the tenure of the same leader” (Chen & Meindl, 1991, p. 523). The authors challenged not only the relative objectivity of the news, but also the way in which we attribute leadership to individuals based on the nature of organizational performance in relation to this news. The authors utilized two forms of analysis in examining the rise and fall of People Express within the airline industry, dividing this examination into an organizational life-cycle consisting of initial genesis (1981-1983), expansion (1984-1985), then subsequent loss and merger (1986). The analysis included “traditional content-analytic methods identifying leader-characteristic themes” (p. 530) generated from the popular business press, as well as “metaphor analysis” (p. 531) that focused on identifying metaphorical descriptions within the press that created a certain image. This interpretative process engaged 72 respondents who helped “interpret image meanings” (p. 531) in news articles, which resulted in 14 images. An analysis was also conducted to explicate metaphorical images because of the importance of imagery in meaning making. These images were cast

across the three periods previously noted so as to compare and contrast the ongoing fluid-leader image held by Burr during these turbulent times. This biographical-interpretive approach toward Burr's impact was quite effective in integrating and illustrating both the historical events within the particular context, as well as the impact these events had on the attribution of leadership toward an individual. This study emphasized the impact of a specific factor within a situation rather than examining a broad spectrum of situational factors. In contrast, the proposed study seeks an open exploration of the organizational situation to permit the identification of influences that may have been ignored, and to understand the confluence of these interrelated factors that influence members' perceptions of leadership.

Spillane, Hallett, and Diamond (2003) conducted a longitudinal study of the Chicago Public School System, involving 13 elementary schools within the Chicago area, and consisting of interviews with 84 participants. The study took a follower-centric approach -- that is, it focused on the follower's attributions of leadership to those who influenced them. The researchers appropriately grounded the articulation of leadership within the attributions of individuals within the situation. From a follower-centric perspective, research questions were designed to elicit issues of leadership attribution, focusing on the individual's identification of those who influence them, and what constitutes this influence. This examination conceptualized bases of leadership found within an interrelated algorithm of capital described as economic, social, human, and cultural, all of which, fueled follower perceptions of leader credibility. The study concluded that followers attributed leadership to others based on the manner in which they utilized these forms of capital.

Summary

In some sense, the study of leadership, or more specifically what it means to lead within a specific organizational setting, has the potential to open up a much broader window into the organization's collective psyche. Both Chen and Meindl (1991) and Grint (2005) sought to understand the rationalization process— the way in which we individually and collectively come to understand or attribute what is happening around us through our own constructions of reality. The way in which Grint illuminates the persuasive mechanisms that leaders use to construct a reality that corresponds with their preferred form of authority seems to reflect a similar condition whereby we construct images of our leaders that correspond with the reality of our conditions.

The Spillane et al. (2003) work reflects a similar perspective and asks an important question – “Our data indicate that cultural capital is an especially important basis for the construction of leadership, but how do leaders acquire cultural capital?” (p. 12). As other forms of capital are more easily and readily identified and understood, the notion of a “stylistically relevant and accepted” (p. 3) form of behavior is much more complex. To fully understand what might be stylistically relevant, one would need to fully understand the situation within which the individuals are embedded. To accomplish this, a researcher would likewise need to understand the taken-for-grantedness located within meaning making, which emerges within the context of social processes and human interaction. This statement has implications for this study. Specifically, it implies that cultural capital plays a significant role in the relative effectiveness of leaders and leadership, and that this dynamic is a localized affair – something constructed within a particular organizational setting.

Social Cognition and Attribution

“Reality” is a multifaceted combination of factors containing the physical world, our models of this world, our historical iterative experiences of human interaction, our desires and motivations for a yet-to-be-experienced future, and our physiological inputs (Gilbert & Malone, 1995; Lieberman, 2005; Miller, 1990). In delving into the complexity of perception, Gilbert and Malone (1995) examined the intricacies of attributional inference and the potential for what is known as “correspondence bias” (p. 21). Gilbert and Malone note that the foundational mechanisms for these misconstruals can be found in issues of “lack of awareness, unrealistic expectations, inflated categorizations, and incomplete corrections” (p. 747).

Danny Miller (1990) describes the concept of the lenses of experience, by stating that: Our view of reality is shaped by a series of lens like cognitive structures – an established set of values, assumptions, and beliefs that has been formed by the experience of a lifetime,” and “these lenses dictate what managers will perceive, what they will ignore, and how they will interpret their perceptions.” (p. 177)

These lenses impact the nature and operation of our social categorization process. By utilizing various social cues – language, action, and culture – our cognitive capacities process filtered data for the purpose of meaning making. These social cues are many times contextually relevant products, creations, and catalysts. Our cognitive capacities and processes are bounded by issues related to motivation and capacity. The degree to which a person is actively involved in the processing of social stimuli can be influenced by either his or her ability and desire to be fully present when the data is available. Given the inherent nature of some organizational dynamics where speed, pace, and complexity put individuals in a constant state of “permanent white-water” (Vaill, 1996, p. 4), our cognitive capacities may be stretched. Fundamental attribution error may influence stimulus processing and categorization, that is, in perceiving and interpreting the behaviors of others.

At the core of attribution is the process whereby individuals attempt to discern the nature and reason, and subsequent explanation, for individual behavior. And as noted above, the forces in play in organizational life, both internal and external, may or may not be readily accessible or identifiable to a given individual. As such, individuals are “forced into the difficult business of inferring these intangibles from that which is, in fact, observable: other people’s words and deeds. When one infers the invisible from the visible, one risks making a mistake” (Gilbert & Malone, 1995, p. 21).

Social cognition and attribution theories have important implications for understanding leadership within a particular culture. The import and impact of culture is noted by Gilbert and Malone (1995) who state that:

Many situational forces are temporally or spatially removed from the behavioral episodes they constrain. Social norms and parental threats are potent forces that physically exist only in the brains of the people whose behaviors they are constraining, and nothing in the behavioral episode itself may bring these forces to the observer’s attention. (p. 25)

Social Cognition and Leadership

Inquiries into social cognition and leadership yielded a variety of studies focusing on the role of perception within interpersonal relationship dynamics. This research pool emphasized the pre-existing conditions within individuals that influence perspectives, perceptions, and reality. In general, this research departs from the more prevalent emphasis on the inherent individual traits of the leader and focuses more on the impact of context and environment on individual perception. The socio-cognitive framework seeks to reconcile input received within a particular situation, the prior knowledge and experience that the individual brings into the situation, and the social forces within the situation that might influence person perception and understanding.

Popper and Druryan (2001) focused on understanding the degree to which “leadership is in the eyes of the beholder” (p. 552) and how this perception was influenced by culture. To understand this potential, Popper and Druryan utilized Bass and Avolio’s (1993) Multi-Factor Leadership Quotient (MLQ) construct, designed to determine the degree to which leaders exhibit transformational leadership behaviors. Although the research was designed to determine the extent to which leadership perceptions were influenced by “cultural” determinants from the perspective of national origin (Israeli and Russian workers’ views of the same leader), there are implications from an organizational perspective as well. As noted by the authors, “a significant potential source of variance in leadership perceptions lies in the content of preexisting leadership prototypes, in which culture plays a significant role” (p. 552). The authors also cite the work of Schneider (1987) and note that “members of organizations are attracted to other members whom they see as similar to themselves. Thus, homogeneity of values and cultural backgrounds might count most significantly in determining perceptions of leadership in organizations” (p. 552). Accordingly, the authors found by examining the perspectives and perceptions of 178 Russian and Israeli workers within the content of their study, that “Differences found between perceptions of leaders are not, necessarily, mere differences among leaders’ personalities and styles but rather a reflection of differences among the followers themselves” (p. 555). The authors conclude:

One of the most salient sources that can explain differences in leadership perception is “culture.” Culture, as Hofstede (1997) states, is a “mental programming” elaborated out of a person’s experiences in the family, at school, in youth groups, at the workplace – in short, out of all the components usually included in the notion “social environment.” Culture in this sense determines people’s heroes, preferred activities, gestures, objects with particular emotional meanings, and so forth. The metaphor of culture as “mental programming” makes it possible to base analyses of leadership perception on the vast literature written on social cognition. (p. 556)

Popper and Druryan's work corroborates the importance of understanding the impact that culture and social environment play in the construction of implicit theories, that is, the heuristics of leadership. These internal structures impact what we perceive, pay attention to, remember, act on, and potentially value. They conclude that "it seems that the impact of culture on leadership perceptions might have practical and theoretical implications" (p. 557).

Dickson, Resick, and Hanges (2006) analyzed data collected through the Global Leadership and Organizational Behavior Effectiveness Research Program² (GLOBE) to "examine whether the content of organizationally-shared cognitive prototypes of effective leadership varies in predictable fashion according to the degree to which organizations are mechanistic or organic" (p. 487). The authors identified different types of leadership styles and examined whether there is within-organization consensus in the perceived effectiveness of these different styles. Further, they investigated "whether the organizationally-shared perception of effective leadership was related to the degree to which organizational cultures were characterized as having mechanistic or organic policies and practices or shared values" (p. 487). The authors acknowledged the impact of respondents' prototypes of leader prototypes (i.e. mental schemas) in relation to perceived leader effectiveness. These prototypes "included content that defines the leader category, and distinguishes between leaders and non-leaders, and between effective and ineffective leaders" (p. 489). Although some aspects of leadership prototypes may be held universally, the authors suggested that other aspects may reflect cultural norms. They were interested particularly in the degree to which leader prototypes were influenced by the cultural biases understood via either mechanistic or organic organizational orientations.

² Briefly, GLOBE is a long-term multi-phase project investigating the ways in which organizational and societal cultures relate to leadership and organizational practices. Data were utilized from 5995 participants from 103 organizations representing 33 countries.

From the GLOBE data, the authors developed two sets of scales: items designed to determine the orientation of organizations (either mechanistic or organic), and items designed to measure perceptions of effective leadership. From these data emerged eleven leadership dimensions that were subsequently aggregated into five leadership factors described as autocratic leadership, bureaucratic leadership, considerate leadership, structuring leadership, and transformational leadership. The research question was: To what degree do certain leadership dimensions or behaviors relate to organizationally-shared prototypes of effective leadership? Findings revealed that “cognitive prototypes of effective leadership are, in fact, generally shared among members of organizations, and that they differ between organizations” (p. 499). The authors proposed that individuals within organizations construct shared beliefs concerning leadership, and that culture is a major influencer regarding these shared beliefs. The authors concluded that “our findings suggest that organizational form provides a useful heuristic for examining the organizational factors associated with the generation of prototypes of effective leadership” (p. 500).

Summary

Social cognition frameworks focus on how people perceive themselves and others in certain social settings. It also examines how people make attributions regarding certain behaviors. Ultimately, a social cognitive, social psychological approach seeks to understand the dynamic, reciprocal nature of relationships influenced by the individual’s social cognitions, the individual’s behavior, and the social context within which they are collectively embedded. This study seeks to explicate the nature and construction of situational factors that influence and mediate social perceptions of leadership in healthcare.

Attribution and Leadership

Issues of attribution can be linked to concepts such as desires, attitudes, and motivation. Dasborough and Ashkanasy (2004) note that “attribution theory is predicated on the idea that people search for the causes of their own and others’ behaviors” (p. 204). Thus, followers’ perceptions or assumptions regarding the motives or intentions of the leader play an important role in the followers’ reactions to the behavior of the leader. Attributions represent a triggering mechanism for follower differentiation and recognition of leader behavior. Early theories relating to attribution and leadership emerged out of sociological psychological writings and focused on depicting the leadership relationship as a process of “labeling” the behavior of others as a result of the perception of both the person and the situation (Katz & Kahn, 1966; Calder, 1977). As such, these early theories took into consideration the implication of individuals, both leaders and followers, within specific situations.

In a study conducted by Campbell and Swift (2006), researchers explored the relationship between Leader-Member Exchange (LMX) theory and attributional biases known as self-serving and actor-observer. LMX theory suggests that the relative in-group or out-group status of subordinates impacts the quality of relationship with their supervisor. The authors support the general premise of attribution theory that people consistently seek cause and effect explanations for their experiences and that resulting perceptions influence future behaviors. The authors also note that in terms of attributional biases, the self-serving bias leads individuals to assume credit for their positive experiences while blaming situations for negative experiences. The actor-observer bias meanwhile assumes that situations explain one’s own performance, while internal factors account for the performance of others (p. 404).

Campbell and Swift (2006) utilized LMX-7, which measures subordinates' perceptions of their respective LMX status. They also coupled this scale with "scenarios" of the subordinate's potential performance within this situation, evaluated by both the subordinate and supervision. The findings suggested that "consistent with prior research, these results provide yet further evidence for the positive outcomes associated with in-group status, in that in-group members are being credited with their effective performance and not blamed for their ineffective performance" (p. 404). Another significant aspect of the findings suggested that "Not only are out-group members being blamed by their supervisors for their poor performance in the form of internal attributions, but their supervisors are also not giving them credit for their positive performance in the form of internal attributions" (p. 404).

Summary

This study suggests that as individuals attribute leadership to others, there may be a variety of forces, both internal and external, that may influence that attribution. Accordingly, the use of Situational Analysis may help explicate a variety of systemic social forces that subsequently influence perceptual activities and thus lead to the attribution of leadership to individuals.

Summary and Implications for this Research Study

As noted by Popper and Druryan (2001), and as conceptually proposed in Social Identity Theory, leadership prototypes, impregnated with cultural content, influence the perception and attribution of leadership. Dickson et al. (2006) note that "Leadership is a dynamic social process and an emergent property of the interactions among leaders and followers...that occurs within the context of a particular social setting" (p. 502). As such, understanding the nature and content of the relative social setting and its impact on leadership perceptions may have value in both the

integration and development of new leaders within specific organizational contexts. Much research has been conducted around both leader cognition and follower cognition, with scant recognition of the environmental influence.

Chapter III: Methodology

This chapter contains a description of the research study including: the overall research design, a brief discussion of Situational Analysis, a description of the situational context, description of the study participants, the data collection process, discussion of the process of data analysis, and the modeling of emergent theory. As the purpose of the study was to illuminate and explicate the social forces that mediate perceptions and subsequently give rise to the attribution of leadership, a constructivist, qualitative research paradigm has been utilized. Situational and Discourse Analysis has aided in the understanding of socially constructed leadership, grounded in the situation of examination. The study has examined and documented the relevant and varied discourses, historical and social conditions, as well as other emergent factors revealed during the research process.

Situational Analysis

Situational Analysis has made a relatively recent appearance on the methodological stage, first introduced by Adele Clark in 2005 and thus, warrants a brief explanation at this point in the discussion of the research approach to this study. Situational Analysis, the postmodern strain of the more familiar Grounded Theory approach (Glaser & Strauss, 1967), desires to contextualize the experience of the participant – to explicitly attempt to identify the social landscape and its impact on interaction (Clarke, 2005). In Situational Analysis, Clarke proposes to “supplement basic Grounded Theory with a situation-centered approach that in addition to studying action also explicitly includes analysis of the full situation, including discourses – narrative, visual, and historical” (p. xxxii). Situational Analysis seeks to explicate and understand phenomena (and thus to find meaning) as constrained/explained from whence it came – from within the “complexity” of its locale. It also portends an understanding or recognition of the embeddedness

of the knower and those seeking to know – and where the “situation is both an object confronted and an ongoing process subsequent to that confrontation” (Clarke, 2005, p. 21). This methodology, by incorporating the field of context and the actors and symbols within it, is particularly well-suited to the exploration of the social constructivist modes of leadership. Ergo, it was chosen as a method that is congruent with the purpose of this research and the theoretical constructs of social constructionism, social cognition, and attribution that are foundational to the research question.

The Location of the Study

The location of the research study is a regional, upper Midwest Health System. The system is an integrated system of healthcare based in Sioux Falls, South Dakota. The health system provides healthcare to a regional area consisting of South Dakota, Minnesota, Iowa, and Nebraska. The system was founded in 1894, and has been providing healthcare to the South Dakota region for more than a century.

The system is an integrated network of more than 360 physicians and over 150 healthcare facilities, including a Medical Center. The healthcare system has created a comprehensive integrated system of hospitals, clinics, managed care, long-term care and congregates living facilities, including home health services, and pharmacies. The purpose of the study was to engage in an observation of executive leadership of the system to determine the social processes involved in the construction and subsequent attribution of leadership. As a healthcare consultant currently working within this system I have had the opportunity to observe the growth and development of this organization. Recent organizational events of potential significance to the study include a name change due to a large philanthropic gift, and implementation of an integration model that covers most aspects of the delivery of care. The system has also begun an

intensive leadership development initiative that is integrated and systemic. This leadership effort is designed to bring a common language to the articulation of leadership. As an entity, the research opportunity provided a potential for a systemic understanding of a healthcare situation and the role of leadership. Permission was sought and granted to conduct this research within this organizational setting.

Situational Mapping

The research process led to the construction of a situational map designed to illuminate “how social structures operate as conditions under/through/over/in/around within which social processes occur” (Clarke, 2005, p. 40). The purpose of the initial/concurrent mapping was to determine the relevant discourses that may lead to points of data collection. Clarke describes maps as analytical exercises. The maps center on elucidating the key elements, materialities, discourses, structures, and conditions that characterize the situation of inquiry. Through mapping the data, the analyst constructs the situation of inquiry empirically. The situation per se becomes the ultimate unit of analysis. Situational Analysis can deeply situate research projects individually, collectively, organizationally, institutionally, temporally, geographically, materially, discursively, culturally, symbolically, visually, and historically.

Accordingly, maps show important relational aspects of conditions within the situation – “relationality is a key concern” (Clarke, 2005, p. 41). These social structures exist within social worlds – where “Social worlds (e.g., a recreation group, an occupation, a theoretical tradition) generate shared perspectives that then form the basis for collective action (Shibutani, 1955, 1962, 1986), while individual and collective identities are constituted through commitments to and participation in social worlds and arenas” (Clarke, 2005, p. 45). These commitments are understood as both part of identity construction and predisposition to act – or social product,

social force. The underlying purpose of mapping the situation was to determine the shared perspective of a group or groups, which then served (initiated) the overriding purpose of this study—the social construction of leadership within this particular healthcare system.

Clarke (2005) proposes that there are:

Three main types of situational maps and analyses: a) situational maps as strategies for articulating the elements in the situation and examining relations among them; b) social worlds/arenas maps as cartographies of collective commitments, relations, and sites of action; and c) positional maps as simplification strategies for plotting positions articulated and not articulated in discourses. (p. 86)

Clarke (2005) sees all three types of maps as supplements and complements to basic social processes analyses generated through traditional Grounded Theory. The series of three situational analyses also go beyond basic social processes to structurally situate whole projects in ways that capture fundamental elements of the situation of inquiry.

As the maps are designed to represent the situation through data; data collection has been achieved through field research. Observations of situational dynamics have provided direction for conversational interviews with various actors for the purposes of delving more deeply into the situation. Other sources of data include historical documents, press releases, observations of interactions, or other organizational/situational artifacts. It also includes various field notes from observations, photographs, audio-visual materials, and journal notes taken by the researcher.

Participants

As the purpose of the study was to determine the social forces that mediate perceptions and subsequently give rise to the attribution of leadership, the system executive leadership team was identified as being the initial portal into the situation. The executive leadership team includes the system CEO and president, senior vice president of operations, senior vice president of growth and development, chief human resource officer, the presidents of the five distinct

entities, and several other vice presidents of strategic interest. The number of participants was 15, ranging in ages from early forties to mid sixties, including 4 females and 11 males. The healthcare system consists of five distinct entities: 1) a medical center; 2) a clinic system; 3) a regional network (regional facilities); 4) a health plan; 5) and a philanthropic foundation. In addition to the five distinct entities, executives are found at the “system” level, including heads of finance, information technology, human resources, facilities, etc. Figure 3.1 presents the organizational structure of the executive group:

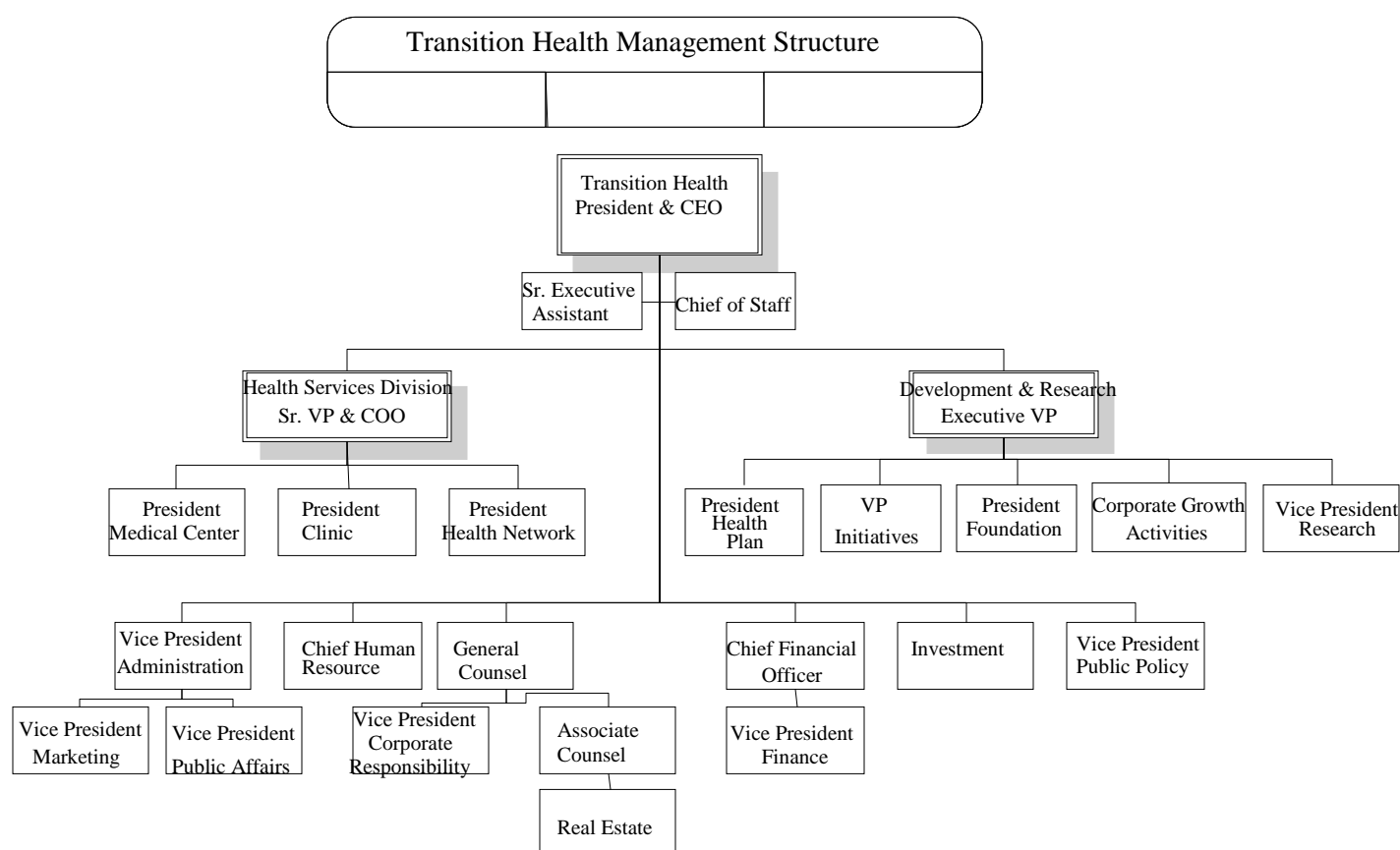


Figure 3.1: Organizational Chart

The system executive team was the initial point of entry as formal leadership roles set standards for behavior via modeling and features these behavioral cues can become endemic through the organization.

Data Sources/Collection

The sources of the qualitative data included: 1) in-depth, conversational, responsive interviews with key system executives in current and past leadership roles; 2) examination and study of certain organizational artifacts that emerged during the on-going research process; and 3) researcher observations generated during the research process.

Interviews. Conversational and responsive interviews were used to begin the research conversation. Rubin and Rubin (2005) note that:

Responsive interviewing is what we have termed our approach to depth interviewing research. The responsive interviewing model relies heavily on the interpretive constructionist philosophy, mixed with a bit of critical theory and then shaped by the practical needs of doing interviews. (p. 30)

The goal of the responsive interviewing model is to “generate depth of understanding” and to remain “flexible throughout the project” (Rubin & Rubin, 2005, p. 30). This approach is in congruent with the Grounded Theory approach of interviewing described by Schatzman and Strauss (1973) as a lengthy conversation.

In general, the initial interviews were one, to one-and-a-half hours in length, with some additional interviewing conducted as needed. These in-depth, unstructured interviews were recorded and subsequently transcribed for the purpose of coding. The transcribed interviews were numbered to retain confidentiality. All interviews were maintained within password protected files. All interviews were conducted face to face. The executives who chose to participate signed an Antioch University Institutional Review Board-approved Informed Consent document prior to the interview (See Appendix B, Antioch University Informed Consent). As noted in the Informed Consent, participants were advised of the nature of the study, were informed that all information would remain confidential, and that at any point in time, the participant may opt out of

the study. The participants were also notified that no financial remuneration was provided for participating in the study.

Interviews were primarily conducted within the private offices of the executives that participated in the study, unless otherwise requested. After the study introduction and signing of Informed Consent, the interviews were recorded. The interviews began with introductions and a request to provide basic background information regarding respective historical employment relationships with Transition Health, job responsibilities, tenure, and other employment-related data such as reporting relationships. By intention, the word “leadership” was not used as a question or prompt. Instead, I chose to talk about “relationships of influence,” and then allowed the interview to emerge based on the participant’s responses. I avoided the use of the word “leadership” so as not to invoke immediate connections of positional power, and instead attempted to elicit responses that involved influence.

Although the scope of the executive team was defined via the organizational structure, I allowed the content of the interviews to guide the determination of future interview scheduling. This process of theoretical sampling informed the selection of participants that might contribute to the understanding of the emerging theory. Interview data was initially coded into free nodes, then mapped, utilizing the modeling feature within NVivo. The process of modeling the data helped illuminate visual connections and intersections that began to emerge within the data collection process.

Field observations. Numerous field observations, both planned and unplanned, were conducted during the study. Observations were conducted in executive team meetings, system service excellence cabinet meetings, leadership development efforts, executive presentations to staff, as well as in other formal and informal settings. These observations provided additional

data relating to various themes that emerged within the data. These field notes were documented as field memos to bring context to interviews.

Discourse materials and artifacts. Various forms of publication were used in this Situational Analysis. These included: employee handbooks, on-boarding materials, standards of behavior documents, mission, vision and values publications, marketing materials, positioning documents, employee communiqués, historical documents, as well as local newspaper articles and press releases. All were used to illuminate the situational and provide a basis for contextual analysis.

Data Analysis

Situational maps generated within the study provided direction and ultimately complemented the discourse analysis generated from interview data and discourse materials. In general, the coding involved making analytical decisions about the data, including a subsequent synthesizing and conceptualization. The text and data were analyzed and eventually categorized for the purpose of understanding the relevant properties, conditions, and connections that emerged among and between the categories constructed from the data collected. The coding process involved open and axial coding. This process was a line-by-line approach toward data analysis. The open coding process involved the creation of many free nodes that were coded *in vivo*, or in the specific language of the participants. Utilizing a constant comparative analysis approach, theoretical codes began to emerge from the data. Memoing was utilized to note relevant properties and conditions. This memoing process allowed for deeper introspection and reflection on the emergent nature of the process and the data. The free nodes eventually coalesced into tree nodes, demonstrating constancy of property and dimension. Eventually the codes that emerged from the data were conceptually arranged in theoretical matrices that

described the interconnectedness of perspective, conditions, social processes, and consequences of particular categorical dimensions. This coding process was generative in nature – as free nodes became tree nodes, more time was necessary to reflect on the emerging connections within the data. Common participant phrases and statements, characterized by common language, began to fuel inclusion and distinction. The inclusiveness generated tree nodes, while distinction created paradox. The sense of consistency that came with the generative tree nodes was contrasted against the sense of complexity that came with the paradox. Within this process was the constant reminder that the situation, and the dimensions that emerged, was a complex social environment of many interests. These dimensions that emerged in relation to the situational factors that form the context, ultimately framed the theoretical model of socially constructed and contextual leadership that emerged from the study.

Coding procedures. NVivo software (version 7.0) was utilized for the purpose of data collation and reporting. As noted in my positioning statement, the researcher is currently employed by the health system. Subsequently, I sought counsel from a research team to address issues related to my embeddedness. The coding team is trained in Grounded Theory analysis. Members of the team represent individuals of different professional backgrounds and gender, however, all members are involved in the study of leadership. The team assisted in the initial coding of early participant interviews in conjunction with the primary researcher. At the conclusion of the initial set of interviews I collaborated with a research partner through the remainder of the project to assist in theoretical modeling and testing. All notes and artifacts were entered into the software as memos and were considered part of the data collected and coded. Once the coding was completed I worked autonomously with the consultation of the Dissertation Chair.

Conclusion

The purpose of this chapter was to present the methodological foundation for a qualitative study as being epistemologically relevant. Based on the themes found within Grounded Theory and Situational Analysis, an emergent qualitative study is an appropriate research paradigm for seeking to explicate the social forces that mediate perceptions and subsequently give rise to the attribution of leadership. The inherent reflexiveness of the research design allowed for the emergence of the potentially unforeseen, such that the ultimate theory construction accounted for the inherent “thick”, richness of the situation.

Ultimately, as we examine the philosophical underpinnings of the social constructionist perspective, a strong case can be made for advancing studies of leadership within this paradigm through qualitative methods. Creswell (1998) notes that qualitative researchers “approach their studies with a certain paradigm or worldview,” consisting of assumptions that are related both “to the nature of reality (the ontological issue), and the relationship of the researcher to that being researched (the epistemological issue)” (p. 74). Accordingly, qualitative methods provide researchers with flexible, adaptable, and inductive processes that are conducive to responding to emerging properties found within a specific situation or setting.

Chapter IV: Findings

The research for this dissertation proposed to focus on illuminating the nature of contextually relevant forces within a specific situation that fuel the social construction of leadership. The study sought to explicate and illustrate the social forces and processes that mediate the attribution of leadership within a particular organizational setting—a healthcare organization. Assumptions made during this study and analysis was that a) leadership is occurring in the particular organizational setting; b) leadership is found within relationship; c) manifest in this relationship are certain social and/or cultural conditions that influence and mediate perceptions; d) these social or cultural conditions make leadership a potentially localized social phenomenon; and e) leaders can lead change. This study sought to bring the social forces within a healthcare setting to the fore, thus making the situation the focal point of study. The representation of these social forces and their impact on perception and attribution has not sought to elevate context over individuals, rather only to illuminate the relational nature of these social forces in conjunction with an individual's actions.

The impetus focus of this research study was to examine leadership as experienced and understood by executives within a regional healthcare entity, paying specific and close attention to issues related to context and its impact on these experiences. Accordingly, interviews were conducted with the senior executives within the healthcare entity who represented a cross-section of both discipline and location. Before turning to a detailed discussion of the findings it is helpful to provide a graphic overview of the issues and elements to be discussed. Figure 4.1 offers a depiction of the Situational elements identified:

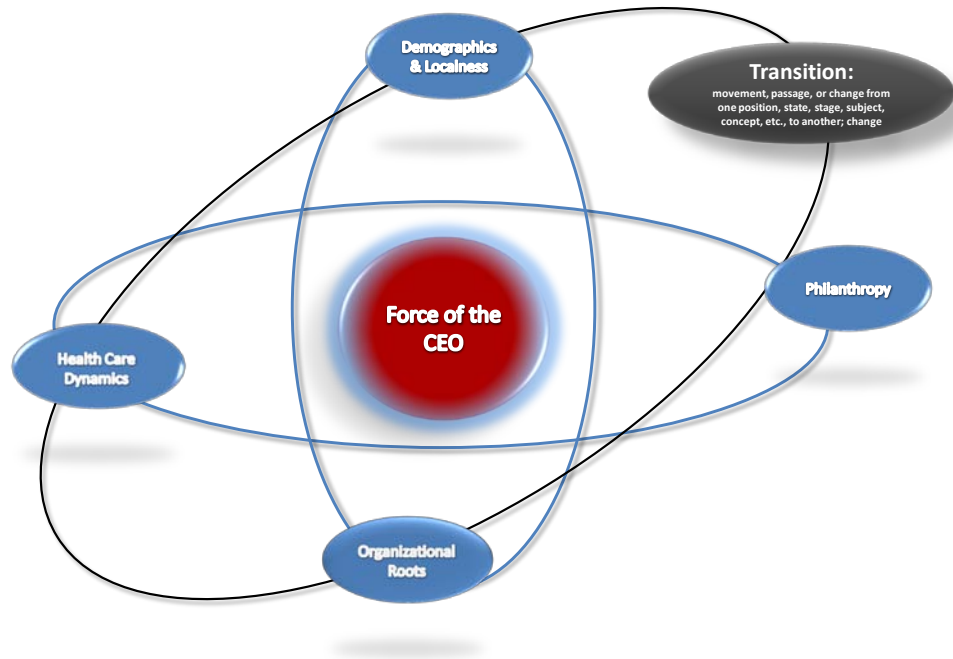


Figure 4.1: Visual Depiction of Situational Elements

Figure 4.1 highlights the key elements of the Situational Analysis including a relative depiction of both distance and proximity of the elements and their respective relation to the central situational element of Force of the CEO. A “centrifugal model” was chosen by the researcher in order to amplify the central role of *The CEO* as it relates to both the Situational and Dimensional Analyses.

The elements that will be discussed as part of the Situational Analysis are represented in the four ovals in shades of blue -- *healthcare dynamics*, *organizational roots*, *demographics & localness*, *philanthropy* and the core red-blue element of *force of a CEO*, plus the outer element shown in gray noted as *transition*. These six elements depict the systemic forces that influence the interactions and mediations that subsequently frame the social construction of leadership within the situation examined.

The Situational Analysis

The Situational Analysis findings represent what emerged from the situation as contextually relevant points of interest. Central to this research is the attempt to illuminate the forces within the situation that influence the social construction of leadership as understood by the participants within the situation. Prior to participant interviews a messy map of the situation was constructed based on informal conversations with various participants, as well as researcher observation and understanding formed during the past four years. Sources of input for the messy map include private understandings of the situation derived from a variety of public data sources, including newspaper articles, annual reports, advertising, etc. Figure 4.2 represents an initial construction of a messy map.

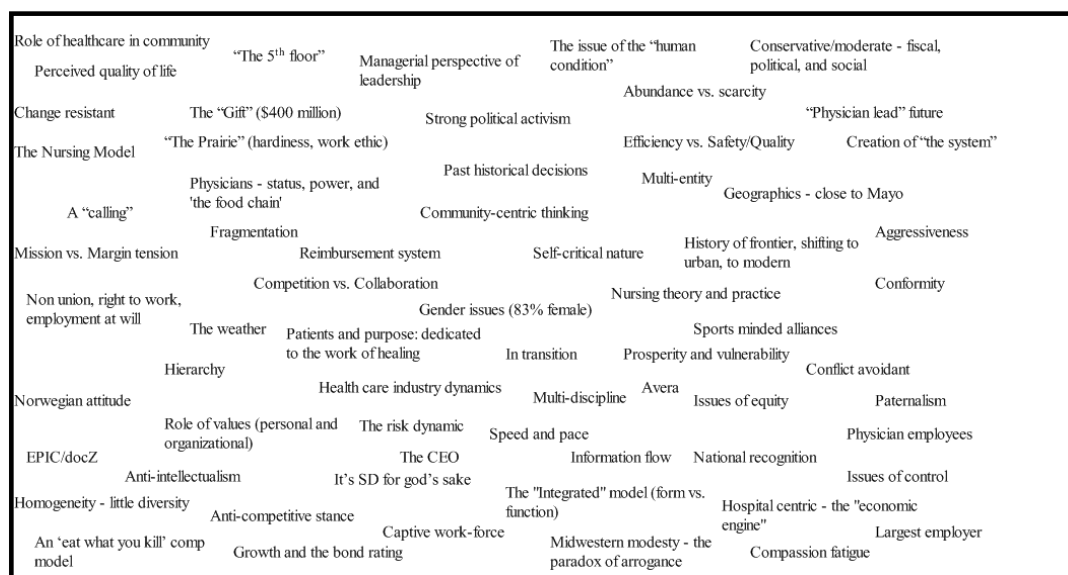


Figure 4.2: Messy Map

In reviewing the various points of interest illuminated within the messy map, a variety of themes emerged relating to the data. Themes of organizational orientation, geography, historical influences relating to various healthcare dynamics including the valuing of certain professional disciplines, power structures, and other interpersonal and ideological perspectives emerged.

Then, a social worlds map was developed to depict the interconnected and synergistic social domains that frame the overall situational narrative. Figure 4.3 represents this depiction.

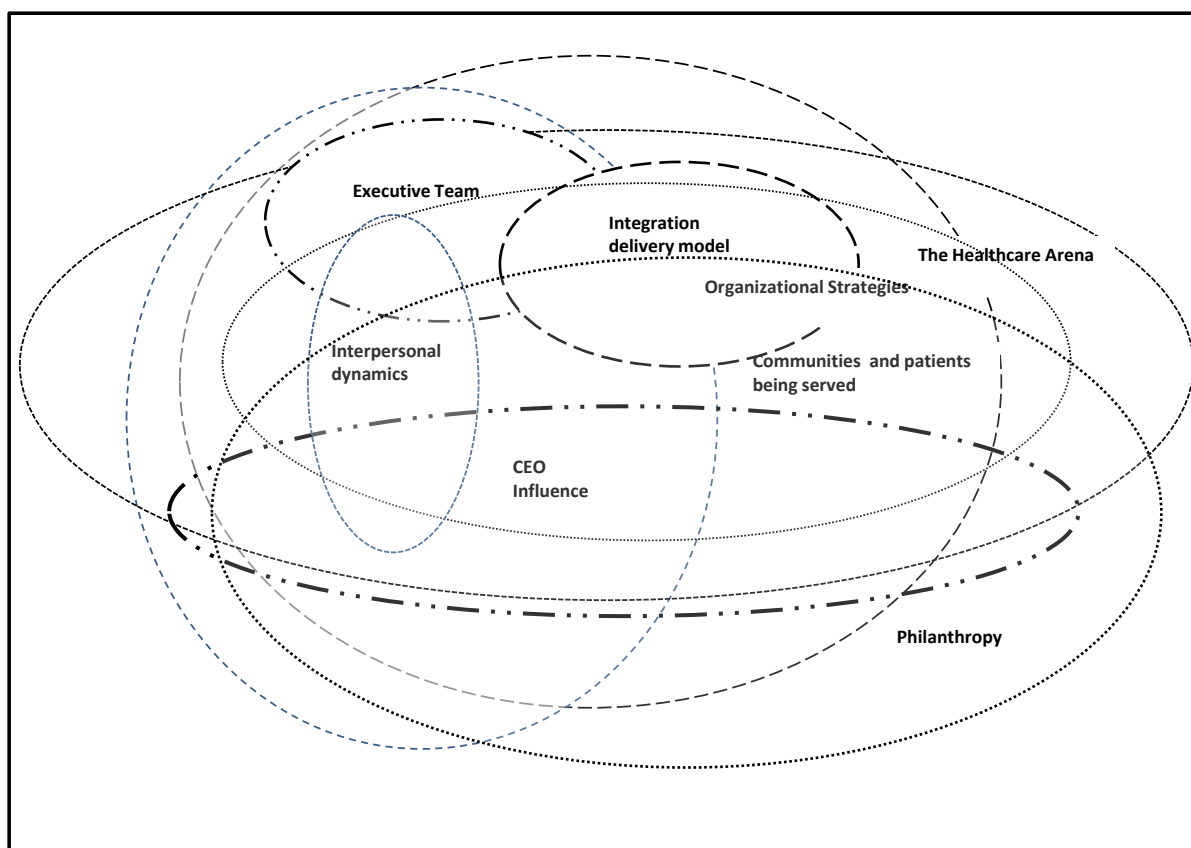


Figure 4.3: Social Worlds Map

The Six Key Elements Emerging from the Situational Analysis

The six key elements that emerge from the Situational Analysis include: healthcare dynamics, organizational roots, demographics and localness, philanthropy, force of a CEO, and transition. Participant interviews and related research of the situation revealed these interrelated situational elements. As noted in Figure 4.1, the researcher represents these situational forces as interrelated elements shaping the environment surrounding the internal dimensions of socially constructed leadership. The representation attempts to depict these forces as being simultaneously discreet yet mutually influential and structured. This illustration emerged after the construction of the messy map through an analysis of participant interviews.

Healthcare dynamics. As noted in the introduction to this research agenda, the healthcare industry is inherently complex and is experiencing a significant number of challenges. These challenges ranging from increasing costs, increasing disparities related to access, availability, and performance, and the increased awareness and experience of socio-economic and political distress, has led to the conclusion that “all sides must acknowledge that the status quo is no longer sustainable” (Fuchs, 2008, p. 1749). The conditions within this situational element migrate into the dimensions to be discussed later; however a brief examination is necessary to help clarify their inherent role.

As previously noted, escalating overall costs and the impact of these on broader socio-economic and political domains imply an unsustainable overall trajectory for our current system of care. Fuchs (2008) notes that

Over the past 30 years, U.S. healthcare expenditures have grown 2.8% per annum faster, on average, than the rest of the economy. If this differential continues for another 30 years, healthcare expenditures will absorb 30% of the gross domestic product – a proportion that exceeds that of current government spending for all purposes combined. (p. 1749)

Davis (2008) shares a similar observation while examining our current healthcare landscape as it relates to other industrialized countries

High healthcare expenditures and the growing number of people without health insurance set the United States apart from all other industrialized countries. The United States spends twice per capita what other major industrialized countries spend on healthcare but is the only one that fails to provide near-universal health insurance coverage. We also fail to achieve health outcomes as good, or value for health spending as high, as what is achieved in other countries. (p. 1751)

As noted, increasing costs are accompanied by an increase in the uninsured and under-insured. According to a *Commonwealth Fund 2007 Biennial Health Insurance Survey*,

An estimated 14 percent of all nonelderly adults were underinsured in 2007, and more than one of four were uninsured for all or part of the year. Adding these two groups together, 75 million adults—42 percent of the under-65 population—had either no insurance or inadequate insurance in 2007, up from 35 percent in 2003. (p. 298)

The implications for this large a population remaining uninsured to under-insured extends beyond the individuals themselves. In the *Report to Congress: Medicare Payment Policy 2007*, the authors note that

Increases in the number of people without private health insurance raise demand for public coverage and, to finance providers' uncompensated care, may raise healthcare premiums for those who have insurance. The costs of caring for the uninsured do not fall equally on all providers, since the uninsured often postpone care until their condition becomes more serious. (p. 17)

Participants within the study affirmed these conditions and their implications on the situation

P14= Well there's a big discussion about health system reform. The health system I'm going to rephrase that. We call it a health system but it's really kind of a - it's not a health system it's an emergency kind of acute care system. Our system does not promote health...It really takes care of disease and problems...If I broke my hip or had to have a heart surgery I'd want it done in the United States...But if I needed to manage a population so that I didn't get coronary artery disease the United States is not the place to be. We spend more money and have poorer outcomes in just about every health measure when you look at the rest of the world.

Cost reduction and increased resource effectiveness are often cited as necessary and primary areas of focus for improving the sustainability of our system of care. Fuchs (2008) acknowledges that although “waste, fraud, and abuse” are tempting targets, reducing costs is most difficult due to the fact that “every dollar of healthcare spending is a dollar of income to someone involved in providing health insurance or healthcare.” Fuchs (2008) notes that the complexity of the challenge is a deeper construct than just high administrative costs

The biggest part [high costs] consists of payments to tens of thousands of telephone and computer operators, claim payers, insurance salespersons, actuaries, benefits managers, consultants, and other low- and middle-income workers...The only way for the country to restrain costs without hurting quality is to make major changes in the way health insurance is financed and the way healthcare is organized and delivered. (p. 1750)

The cost situation and accompanying derivative outcomes appear to be bound up within an interwoven complexity linking organization, utilization, and financing. These factors are interwoven to the extent that organizations and individuals are incentivized to align structures and behaviors to optimize the conditions present in the situation. An examination and analysis of this dynamic will extend into the dimensional analysis, demonstrating the impact of the situation on the social construction of leadership within this situation.

Amplifying this cost scenario is the widely held position that the outcomes being derived are not meeting quality standards. As the authors noted within the *Report to the Congress*:

Context for Medicare payment policy 2007

Research on the wide geographic variation in healthcare spending suggests that we waste resources. Some payment systems contribute to the problem of wasteful spending by rewarding inefficient or low-quality care as much as if not more than high-quality care delivered by efficient providers. Given questions about Medicare’s sustainability, the Commission has called for distinguishing between high-quality care and care of more questionable value. (p. 14)

Again, participants within the study identified the presence of both waste and low quality as a dynamic within the broader situation being studied

P14 = Uhm you know CMS which is the Center for Medicare and Medicaid Services they've made the comment right now they pay the same for bad quality as they do for good quality.

The intent of representing this dimension is to underscore the nature and orientation of the overall healthcare narrative and to illuminate the implications of the tone and tenor of this narrative as it relates to its impact on the interior dimensions within the situation. Again, this attempt at representation is not intended to be value laden; rather it attempts to implicate the greater forces in the local dimensions.

Demographics and localness. The potential impact of localness emerged from the messy map and became manifest within participant interviews. Several insights into the role and impact of local culture and the content and nature of Midwestern demographics emerged.

The metro area maintains a relatively low level of diversity. According to the 2005 & 2006 American Community Survey, the MSA data reveals a race distribution with 93.2% white, 1.9% black, 1.7% American Indian, 1.1% Asian, and 2.9% Hispanic/Latino origin. Participants within the study also cited the relative "homogeneity" within the population.

According to participant interviews, there also appears to be a cultural influence relating to the origins of populations

P4 = People who fail in the culture are not logically embraced...There is an expectation and a lot of that is German, that rigid sort of, make sure the rows are straight...Midwest there is an agricultural base for most of us that grew up here. Or a small town base and that tends to be friendly, open, ah, you'd know who you're dealing with. It tends to be less um open to invasion from outside.

P6 = So that ah, newcomers are looked at a little more circumspect and ah, anything that changes the nature of that small town atmosphere, that agricultural atmosphere, it tends to be a little suspect and it's hard, it's a hard society to break into.

As participants noted the implications of a geographical sense of caution and possible bias, they also spoke of humility and hard work

P10= ...the whole humility thing kind of too. You know there is kind of a Midwest, Norwegian woe is me the sky is falling...I mean we're very I think insular uhm historically you know. And I think that comes out of the...the background of the people of this region. You know be humble, never talk about the good that you do you know. Uhm you know worry about things about lot, you know but never tell...never...never toot your own horn kind of thing.

The participants also recognized ways in which this humility may have originated and then eventually becomes part of how the people are oriented

P4 = ...and mom would say, don't get too hot in the pants. It was always that theory of getting big headed its ground into us here. You go out and succeed, you just remember not to get too full of yourself and that helps...Um, but that Norwegian culture is a real challenge sometimes.

Researchers have noted that Norwegian culture is known for its belief in egalitarianism and humility. They have been described as believing that everyone should be treated equal and behave in a humble manner. The Jante Law is an influential aspect of this culture and “teaches people to be modest and not ‘think big’.”

According to statistics provided by the local Development Corporation and the South Dakota Department of Labor, the city “has enjoyed healthy, sustained growth in its population and economic base since 1981.” The relative unemployment percentage for 2007 was 2.6%, while Transition Health was the largest employer in the metro area.

This particular situational element has a broader, yet subtle implication for the nature of interpersonal dynamics. These implications take the form of the relative openness found within the culture or situation in terms of ideas, people, and knowledge. As noted in prior analysis, this is not intended as a valuing process but rather as recognition of situational dynamics.

Organizational roots. The origin and purpose of an organization can be an influential factor impacting and influencing human interaction. The overall purpose and mission of an organization can mediate the nature of what is deemed to be appropriate and in line with

organizational goals and objectives. Insofar as organizational literature and theory is deemed reliable, the purpose and intent of being for the organization in question is relevant and influential as noted in the data. The mission of Transition Health is “Dedicated to the Work of Healing,” while the vision statement is “Improving the Human Condition.” Several aspects of this core orientation were evident in the data derived through the interviews, speeches, and public documents.

P4 = The year was eighteen ninety-three inspired by marvelous tales of progress in medicine revealed at the world’s fair in Chicago, a group of Sioux Falls physician, clergy, and civic leaders committed themselves to the dream of delivering world class healthcare in their hometown. And from those dreams, the city’s first hospital Sioux Falls Lutheran was born. Out of these humble beginnings and enduring culture evolved that the people of our region need and deserve the very best healthcare possible. Fueled by more than a century of dedication to the work of healing, Transition Health has become the preeminent medical system between Mayo Clinic and the Rockies.

The participant comments reflect an interwoven dynamic regarding the origin and purpose of Transition Health and its relative importance on personal and organizational identity

P12 = As a community hospital, we take all comers, it doesn’t matter, we don’t check your insurance card when you get to the door, it doesn’t matter what part of town you live in, it doesn’t, you know, don’t care if you can pay or if you can’t pay and in an institutional organized kindness is rooted in the belief that we take care of sick people. You come here to get better.

P8 = And if you think of organized kindness or organized caring what we’re all here and we’re all organized around is taking care of that patient.

The prior participant comments and excerpts from public speeches provide a temporal backdrop for understanding the situation. Participants reflect throughout these comments the implications of historical underpinnings as well as future callings located within the philanthropy dimension.

Philanthropy. The impact and transformative potential of this element is quite stark and dramatic. Philanthropy represents the largest philanthropic gift given to a healthcare institution

in the United States. The \$400 million dollar gift, designed to drive the organization to become a leading medical research organization, portends a potential shift on a variety of levels. Some of the implications found within the data reflect this potential for change

P13= I believe that the whole identity and understanding of who Transition Health is has been dramatically influenced by the gift.

P8 = A change as a result of a gift of this magnitude is a transformational change in a very unfamiliar change to the seasoned leadership and the seasoned organization that we are. Therefore I believe we were under prepared for the change, were not as aware of the organizational impact of the change, we weren't able to anticipate the extent of that influence.

P9 = ...it has been uh a freeing moment or an opening movement for the organization to say we can explore all opportunities that we believe are appropriate for the organization that fit with our mission. And so people throughout the organization are I think looking at themselves and looking at the organization differently in terms of what we can accomplish.

Additionally, the implications of philanthropy are documented within a variety of public domains, including newspaper articles

The sweeping change will involve renaming the entire health system, recruiting scientists from around the world, building clinics in at least five locations across North America and ratcheting up Transition Health's already aggressive expansion of its flagship campus...It is "a once-in-a-hundred-lifetimes opportunity," the CEO said. (*Argus Leader*, Feb. 3, 2007)

As noted, philanthropy portends the potential for dramatic shifts in organizational orientation as well as personal perspective, as demonstrated in the following participant comment

P10 = You know I think I personally underestimated uhm the uh personal feeling of responsibility and accountability. Uhm I think I understood partially the transformational nature but I didn't I didn't personally understand the pressure that I would feel to you know be successful and to accomplish the things that were laid out.

The implications of the situational element are profound and dramatic not only in relation to what the future holds but also in terms of how the past is understood. This element reflects the redefinition or shifting of an organizational orientation.

Force of a CEO. The final element that will be discussed is the central element of Force of a CEO. The Force of a CEO shapes and cuts across both the situational and dimensional elements, and emerged as follows within interviews, local business journals, editorials, and participant interviews

Ask about traits that might help The CEO lead Transition Health into a new era, and answers depend on who's talking. Some say it's his ability to establish important relationships and include the right people to get the job done. Others say it's his unyielding nature and habit of not taking no for an answer. When The CEO arrived in 1996, Transition Health Hospital was a community-based hospital that was transforming into an integrated health system structure that would serve a four-state region. Since then, The CEO has been positioning the renamed Transition Health to reach for the next level. (*Sioux Falls Business Journal*, Feb 21, 2007)

P1 = Um, saying that you know, you can challenge the CEO but he's very intelligent so if you do, you just got to be ready to support your position. And sometime supporting that position is difficult because he is, he's extremely intelligent, common sense and believes strongly about the things he's believes strongly and so.

P12 = Totally engaging. He's the smartest man I've ever met in my life. Um, he's a great communicator both oral and written. Um, he's a tremendous visionary. Uh, he's hard, he's very complex, extremely complex. Yet on the other hand he's not eccentric, he's he ah, he's totally ah pick up driving, pizza eating, beer drinking, good ol' boy who also you know, I would throw up against Jack Welch, Bill Gates, any of the top notch CEO's in this country.

P13= Yeah. Uhm boy with the CEO you know a lot of it is you know he can tell you his background and history so you know what shaped him and what influenced him. Uhm but that doesn't really get at you know to peel away the layers and see his genetics and his DNA which is uhm just so rare uhm. You know a combination of a pretty high I.Q. and unique capacity to hear and grasp and not waste any more time on it but moving onto the next step. Uhm because he does have a higher vision and is willing to do what it takes to make that happen.

P6 = Um, well he's ah very bright of course but the brightest thing about IQ and EQ are inseparable, he's the fastest uh, he's as fast as my dog on picking up who's good and who's bad. Not right now, but you've had dogs. But you know a dog will look at you

like this and he's got everything. They are wolves basically you know, they are wolves. They look at you like this, one flash and they know where the food is, they know if you are going to give it to them or not, they know if you are mad at them, I mean it's just so fantastic and ah, I'm not calling him a dog but he's, he's quick. He can pick up people quick.

Participants within the organization recognized the "stretching" influence that the CEO brings and the interrelatedness of this capacity to demographics

P6 = He's one of those guys, if you don't dream it, it's not going to happen, if you don't put it way out there, it's not going to happen and that's really good for us and if you get into cultural things like I think you are going to because of who we are and where we are from and what our background is around here.

Others who are part of the organization recognized the potential impact that the force of the CEO could have on the organization, as well as the implications of the organizations heritage and orientation

Dan Kirby met The CEO 10 years ago when Transition Health was looking for a replacement for the former president, who was retiring. Kirby served as chairman of the Transition Health Board of Trustees.

The board had known it wanted to move into an integrated health-care system when it was interviewing for the top leader's position. "We looked for someone with the talents to make that happen," Kirby said.

Kirby said he couldn't imagine the health system growing as quickly and as well without The CEO's leadership. The system has grown almost five times its size then.

One quality that has made The CEO successful is not allowing obstacles to stand in the way of his plans, Kirby said. "The CEO has a talent for not letting conventional wisdom getting in his way," he said. "If he has a dream, he will find a way to make it happen. (*Sioux Falls Business Journal*, Feb 21, 2007)

Others outside the organization also recognized the potential implications for both the institution of Transition as well as the broader community

Make no mistake: While the plans will unfold thanks to Mr. Philanthropy's money, the real fuel is The CEO's dream.

And that is reason enough for some of us to cast aspersions, even now, on the dream's vast dimensions. Since taking the top job at Transition Health, The CEO has come to

personify the unfortunate animosity between the city's two major health systems - nearly impenetrable feelings that often follow social, religious, and political fault lines dividing our city.

Some would say he has done his part to deepen those feelings. Perhaps. The CEO can be brash, brazen, and bullheaded - adjectives we don't swallow easily. He'd just be another face in the crowd in a New York or Miami or Los Angeles. In Pleasantville, it is often The CEO's voice and ambition that we hear echoing across the rooftops. And South Dakotans, as a rule, don't much like that. Good Norwegians don't draw attention to themselves.

Even more sweeping than The CEO's vision for what Transition Health can become is the change it portends for our city and region. (*Argus Leader*, Feb 24, 2007 – Editorial)

As noted previously, all of these elements are interrelated, as demonstrated by this

excerpt from an article in the local newspaper

It was an odd moment for The CEO - 6-foot-6, booming with confidence, his mind full of big plans - yet now musing over whether he'd earned the right to speak to those he was hired to lead. "It's so Norwegian to give somebody a chance like that," he said later.

Grief was a unifying force then. Those around The CEO that day in August 1998 soon would learn what kind of leader they were following. In him, they would find an idea man and a people-mover who by 2007 would emerge as the leading figure of the Sioux Falls economy.

The health system he oversees has become the largest private employer in the state. And his announcement last month of a \$400 million donation from banker Mr. Philanthropy might turn out to be the biggest moment for South Dakota business since Citibank moved here in the 1980s. (Sioux Falls go to guy, *Argus Leader*, Mar 25, 2007)

Across all the interviews, and in relationship to the various situational elements, the presence and salience of the force of a CEO situational element was present

P15 = As goes The CEO, so goes Transition.

P13 = There's just no way to minimize or to under – you cannot overstate The CEO's involvement, influence, and accomplishment in terms of this organization that is surrounding him. Uhm, you know that supporting team is phenomenal, the history is extraordinary, and all of these other things, but that leadership piece is just so critical.

Visionary, ambitious and intimidating, The CEO guides Transition Health - and even the city - into a new era (Headline – *Argus Leader*, Mar 25, 2007)

The CEO is zigging while the rest of the industry is zagging, in particular with respect to the employment of physicians," said Myers, who refers often to The CEO in his health economics and finance classes in Vermillion. "I think he's going to be in some of the textbooks before it's over with...He's Sioux Falls' go-to guy. He absolutely gets things done," said Joel Rosenthal, former Republican Party chairman who'd like to see The CEO run for the U.S. Senate in 2008. (*Argus Leader*, Mar 25, 2007)

These force of a CEO descriptions are meant to be non-value laden, and only seek to represent the characterizations of interviews conducted. As such, these depictions are grounded in the data provided. Participants' attributions of intellectual capacity and the paradoxical down-to-earth nature are framed within larger than life imagery

P12 = Yeah, there's a certain sense of that. Um, but he's very intimidating, he's very intimidating. But and he commands respect and he engages confrontation amongst the leadership team.

P2 = He's very strong willed and of course with his size and the rest of it, he can be very physically intimidating...he's six-six or something like that. So he's physically intimidating. He's not a six-six bean pole either, he's got some meat on him so.

The experiences and ways of knowing this engendering dimension are embodied and multi-sensory. The attribution by followers of a juxtaposed portrayal of a "pickup driving, pizza-eating, beer-drinking, 'good ol boy'" CEO with the designation of "the smartest guy I've ever met in my life," is affirmed and advanced by the CEO's self-described "laid-back intensity." The CEO persona is described as being "self-effacing" and "self-deprecating." The intentionality of the CEO is understood through participant experiences and responses as well as CEO statements. The CEO relies on a concurrent stance and proposition of "distance between the boss and the rest" while espousing the importance of a family paradigm within the organization:

P4 = A lot of people in my position are afraid of that word. Because I think it implies commitment. It implies sort of a passionate, caring for anybody that's in your family.

P3 = He values ah, I want to say friendship but loyalty, loyalty, um, loyalty is a big thing.

Relationally, the CEO has sought to establish boundaries around relationships as noted above while articulating expectations within these relational roles

P4 = I've told them [management team] there is only one rule about . . . Um, there's really only one management rule about me and them and that is I'll get going fast, we got a big agenda; we got a lot going on. The only sort of service from them to me beyond doing their jobs is when my foot looks like it's getting close to a crack in the sidewalk, they got to grab it and make sure that my nose never hits the pavement. Because as goes my nose, everybody's nose, that's not an order or directive, that's the nature of things.

Transition. Transition: movement, passage, or change from one position, state, stage, subject, concept, etc., to another; *change*.³

The theme of transition emerged from the data generated from the interview process as well as from other supportive research materials reflecting the participants and researchers sense of the current state of, and potential occurrence of, transition within the situation being observed. Although change and transition are inherently a part of all existence, the overall speed and pace of change and transition understood within the situation appears to be outstanding. Also the potential latency of transition represented within broader domains related to the situation retains significant potential for future transitions. Some of the issues that are highlighted in the interviews and that have emerged from public documents including research studies, newspapers, and public policy documents, include: a) the overall state of healthcare and its fundamental trajectory understood by juxtaposing issues relating investment, outcome, and overall satisfaction; b) the content and focus of health-related interventions and the focus of current and future investment; c) the focus and attention directed toward new activities demonstrated by a shift in organization orientation, leading to new directions relating to all aspects of operation; d) issues relating to the conceptualization of personal and organizational

³ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included "transformation" and "change." This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

identity derived from the shifting relations between domains; and, e) the scope and breadth of the organizational conversation as it relates to line of sight issues.

Noting the above is not intended to imply a valuing of the relative nature of the transitions, but rather is an attempt to draw attention to the relative fluidity of the situation and its impact on the analysis.

Summary of Situational Analysis Findings

The proceeding section set out to illuminate the situational elements that influence the dimensional nature of a socially constructed leadership within the healthcare entity studied. As such, these elements inform the relative social forces that bring structure and force to a socially understood and contextually relevant leadership. This representation acknowledges the ongoing transitioning within the situation and seeks to link the broader situational forces to the dimensional nature of elements emerging within the interpersonal dynamic known as leadership.

Accordingly, a brief overview of the relational nature of situational factors emerging from, and grounded in the data, reflects that first, in many ways, the current overall trajectory of healthcare within the United States is unsustainable. Escalating costs and disparities to access and quality service, as well as fragmentation of organization and utilization, leave the overall system vulnerable. Second, the nature and orientation of the broader healthcare system influences the nature of care provided and therefore has implications for organizations structuring their operations in relation to these broader system dynamics. Third, the relative demographics of the situation being studied influences the overall orientation to ideas, processes, and change – psychological tendencies appear to be geographically and historically bounded. Fourth, the disorienting nature and impact of a philanthropic effort has shifted the focus and line-

of-sight of the healthcare system which has implications on organizational and personal identity levels. And fifth, the force of the CEO cannot be underestimated.

As will be shown later, the Situational Elements within this study revolve around and intersect with the paths and trajectories of the Dimensional Elements to be further described in the next section. Dissecting these elements is not meant to imply an ability to understand without relation to other elements, but rather is done solely by necessity. The richness of the situation can best be understood through a relational lens as uncovered in the findings of the dimensional analysis.

The Dimensional Analysis

This portion of the chapter, will present the findings of the Dimensional Analysis, subsequently illuminating the phenomenon of socially constructed leadership within a regional healthcare entity, by specifically identifying the mediating social forces through the lens of key executives.

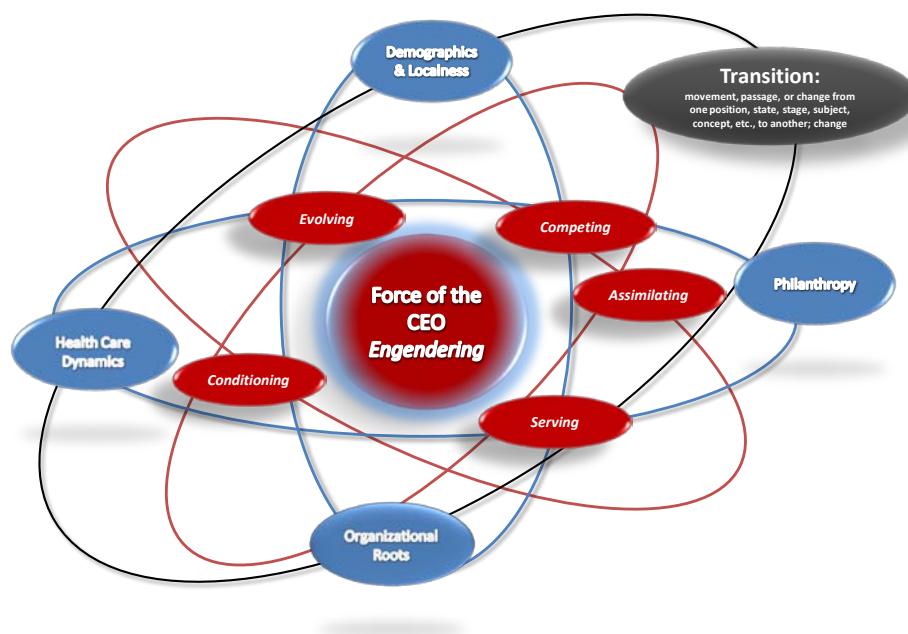


Figure 4.4: Depiction of Situational and Dimensional Findings

Figure 4.4 illustrates the key elements of both the Situational and Dimensional analysis including a relative depiction of both distance and proximity of the elements and their relation to the core dimension of *engendering*. The principle focus of the research, the social construction of leadership as understood through the experiences of the participants, is captured by the six dimensions depicted in red -- *engendering*, *competing*, *assimilating*, *serving*, *conditioning*, and *evolving* -- that emerged from the Dimensional Analysis, grounded in the data. These

dimensions will be discussed in greater detail later in the chapter, including the relative domains (Environmental, Organizational, and Intra-Interpersonal) that emerged from the Dimensional analysis. The domains are characterized by the specific nature of the dimensions that they contain and the conditions that impact these dimensions. In particular, the characteristics of the domain as a whole influence the presence and manifestation of the core dimension engendering. Although engendering is the core dimension, it emerged initially out of the intra-interpersonal domain, but was ultimately understood as being a part of the participants' experiences across all three domains and thus connected to all of the other five dimensions. A fuller explanation of the interrelated nature of domains, dimensions, and the core dimension in relation to leadership is the focus of the presentation of the findings from the Dimensional analysis. As such, the next section is structured into four sections. The first section is a brief introduction to the core dimension, Engendering, that emerges through the analysis. The second will examine the Intra- Interpersonal domain and the resident dimensions of competing, assimilating, and serving. The third section will address the Organizational domain and resident dimension evolving, while the fourth section will examine the Environmental domain and the resident dimension of conditioning. It will also contain a depiction of how these five dimensions relate to each other and to the core dimension of engendering.

The Core Dimension – Engendering

Following the Dimensional Analysis methodology, five significant dimensions were identified. Engendering emerged as the core dimension of the analysis with the other five, competing, assimilating, serving, evolving, and conditioning, interrelating to engendering within specific domains, i.e. Environmental, Organizational, and Intra-Interpersonal. Although engendering was chosen as the category label for the core dimension, the term *coloring* was also

considered as a way of representing the inherent sense of paradox that is present with the Situational and Dimensional analysis. The use of coloring was considered as a way of depicting the necessity for an edge between light and dark, to “call forth the colors” of a particular situation. In the end, however, engendering was chosen so as to link more closely to the nature of the “family paradigm” that is used so frequently within the situation being analyzed. The term “engender” implies a bringing forth, to make or cause to be or to become.

The Dimension of Engendering

Engendering: make receptive or willing towards an action or attitude or belief⁴

Grounded in the data derived from interviews and various public documents, the core dimension of engendering emerged. This dimension represents both the source of prototypical cultural competence depicted within the interviews, and the catalyzing, inter-domain force located in various depersonalizing, shifting, and reorienting processes and outcomes stated herein. Engendering transcends the “how we do things around here” narrative and moves through a more global discourse that cuts across the domains moving from Intra-interpersonal, through Organizational, and into Environmental. Although this implies a unidirectional trajectory, this transcendent capacity informs and is informed by this movement, and permeates these domains and catalyzes their interrelatedness. Engendering therefore is the interface between these domains and serves as a conduit or catalyst for transition. Transition can be understood as not only energy directed toward the situation by a combination of external factors, but also as a condition, process, and impact understood within the situation, channeled by the engendering capacity and force of the CEO. Accordingly, the engendering dimension is inherently a change-infused element and catalyzes the interrelated domains and dimensions,

⁴ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included “engender” and “generate.” This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

while transition can be understood as the primary condition that gives rise to the receptivity of engendering and the force of a CEO. The force of a CEO and engendering are reciprocal, interrelated, and complimentary processes working together to make receptive the executive team, working through, and held together by, the larger condition of transition.

Conditions Related to Engendering

As noted earlier, transition is the primary condition within the situation that illuminates the engendering dimension, but is also present in all three domains. Participant data depicting conditions within the engendering dimension represent base attributions and receptivity as these it relate to the CEO's capacities, as well as to relational foundations communicated and expressed by the CEO within this transitioning environment. Therefore, the broader condition of transition holds the complementary social processes and forces of engendering and the force of a CEO together.

Participant comments reflect the condition of transition manifested in the Environmental domain as it relates to the relative sustainability of the broader healthcare environment and its relationship to leadership

P14 = Nobody's taken the leadership...for me it comes right down to leadership. ..We've got to say what we have isn't working. Now let's go and build a new one. I think we have an 18 month window to work on something after the election otherwise, I think it's going to collapse...Or the system is going to collapse because it's unsustainable.

P4 = ...the wave of the integrated mentality, the common sense of integration, where everybody is rowing in the same direction for common outcomes because they are tied to an economic center, it makes so much sense that people are coming to it rather quickly...in the market and across the country there is only one system of care that is the solution, integrated healthcare and by name mentions us.

P8 = A lot of change. Not only change organizationally but change scientifically just looking at the difference between what type of care I would provide back when I was a practicing nurse or supporting the staff from a supervisory position to today. It's phenomenal in the difference. Then organizationally, looking at the size of the

organization and the complexity of the organization not just in the because of the integration of the system but in the hospital itself.

The condition of transition is also present within the Organizational domain, as reflected within the following participant comments

P9 = I think the gift and how we've treated it have really caused us to look at that and say okay what do we need to do? What is different? And what are the things that we need to pursue clinically and from a research perspective that will uh bring the services and the quality and the benefits to our patients and to our organization. So I really do think that's changed how we define the organization.

P13 = Uhm uh but now we've added this whole component which I think uhm transcends to local geography uhm to a national and international basis...So from the international and national perspective uhm and 400 million dollars you know relatively speaking is not life changing because there are plenty of healthcare organizations who have well over 400 million dollars in the bank uhm but it didn't come as a gift with a very specific and strategic agenda for its use to lift up and magnify this whole new understanding of who this healthcare organization is.

P12 = It's totally transformational. Um, we're going down a road we've never been gone before to a great extent. Yet at the same time I think there's a risk. I think there's a risk because we have been so focused on the delivery of healthcare for decades.

Within the domain of Intra-Interpersonal, the following participant comments describe the presence of the condition of transition and its implication for interpersonal relations

P8 = Our ability to argue, debate, fight, ah take positions is I think is characteristic of any organization but I think the CEO's expectations that everybody contribute, that nobody is an observer, nobody is an observer, your opinion is as important as my opinion, even if it's not in your world is an element to our culture that has I think been added in these last twelve or thirteen years. That is the perspective of the new, of the new leader. Our ability to debate, not get personal, not get ugly with each other, not get emotional has improved over time, needed to improve over time, we needed to be skilled at the debate.

P9 = Uh I think the speed and pace uh...uh were uh fast before and has accelerated dramatically. Uh I think we can and have uh adjusted to it. Uh but uh I shouldn't say entirely. But uh there is no doubt that there is intensity and a drive that's even faster than it was before. Uh and I think a few of us worry about that not in terms of ourselves of what we're doing but are we making sure that uh the structure and the resources of the organization support the individuals that are that are dealing with that uh...uh that acceleration and those issues.

P10 = You know I think I personally underestimated uhm the uh personal feeling of responsibility and accountability. Uhm I think I understood partially the transformational

nature but I didn't I didn't personally understand the pressure that I would feel to you know be successful and to accomplish the things that were laid out. And I think I probably have more ownership of making sure we don't drop the ball on anything than I thought that I would have.

As discussed, the condition of transition becomes the force behind the complimentary relationship between engendering and the force of a CEO.

Processes Related to Engendering

Several strategies are employed by the CEO to engage and elicit desired interactions by the executive team and organizational outcomes. He establishes a foundation around the notion of trust and his expectations that "violating his is not going to be a good thing"

The CEO knows that his personal style can be intimidating and that he can seem a little tough. He's clear with people that they shouldn't violate his trust. "That's not going to be a good thing," he said. (*Argus Leader*, Sioux Falls go to guy, Mar 25, 2007)

P3 = He values relationships. I think relationships are very important whether it's a team that we have or if it's vendor relationships that we have or organization relationships that we have. He invests in those, he trusts deeply, if you break that trust, then you are in trouble, you know. I think but he will die on the sword defending your loyalty to those relationships that are in place. Um, again I think just the principles of right and wrong and things like that.

A general proclivity for challenge and confrontation is employed by the CEO to elicit executive participation. This tendency is often described as "sparring"

P10 = ...how to survive because you know some of the some of the exchanges are brutal, some of the uhm the sparring that goes on. But you know everybody that's in there knows that you don't take it personally that's how we you know The CEO says we make sausage. You know somebody will throw an idea out on the table and it will get twisted and contorted and it won't look like anything that it was when it started but it's a good product at the end.

P2 = He loves the sparring.

P3 = The CEO I think is very much like me in that way too, he likes to spar you in conversation or debate.

P1 = Um, it's interesting. If you have other people at the table who also support your position, they will be silent. If you have other people at the table who disagree with your

position, they will be silent so it becomes a very focused interaction between you and The CEO in front of the group. Yeah, a lot of people start to begin sitting on the sidelines. The CEO's demand for interaction and participation and an affinity for provocation and

inclination toward public expression of displeasure when expectations are not met, colors the nature of CEO/follower interaction

P13= Yeah. There have been enough moments of momentary frustration where he will express his displeasure you know all it takes every once in a while is folks the silence in here is deafening. You know uhm and...and...and that might be the trigger uhm where some of us have been holding back or maybe not expressing alright I need to voice even if I don't have much to offer...Uhm and he will intentionally provoke sometimes in an abrasive way uhm to try and derive that response and people won't necessarily maintain a place at the table if they aren't providing that in a very honest and forthright kind of way.

Outcomes Related to Engendering

The conditions and processes related to engendering result in outcomes that reflect the executive team's experience of pressure, success, and loyalty

P6 = Oh, I have been positively influenced by The CEO directly a number of times. Um, by ah, his placement of confidence in me, I think that's been a big factor... Oh gosh, it has to be ah a large part charismatic and ah it's unique, it is absolutely challenging, it's ah he ah evokes ah, he evokes trust in people. He makes people trust the system.

P10= Uhm and I personally have an affinity to trying to meet his uhm you know his expectations because he brought me here you know and he believed in me at a very young age that I could do something. So I just want to continually prove to him that he made a good choice even though it's eleven years later. It's probably a personality flaw of mine.

There is also the presence of counterproductive expressions of confusion and withdrawal by the executive team in response to the noted conditions and processes found within the engendering dimension

P2 = It's hard to know when he's acting and when he's not...that causes a slow- down in 'what ifs' because you don't want to get smacked around and you got to remember.

P12 = I've kept my mouth shut for probably the first six months.

P1 = Sometimes you know what you're going to get, it's just going to be bad.

P5 = The CEO ain't going to like it anyway; I'm not going to say anything. And so you just get a shut down on topics and what you end up with sometimes I think maybe you've seen that in the interaction you generally have about four or five people that are doing the talking.

This dimension, engendering, experienced by participants and derived from the data, reflects the intricate relational dynamics experienced between the CEO and executives at Transition Health.

As engendering is the core dimension that influences and cuts across all domains, it is important to examine and illustrate the manifestation of this dimension within the strategies, processes and outcomes experienced and described by participants within the situation and reflected in the associated dimensions of competing, assimilating, serving, evolving, and conditioning. The following sections will examine these relationships located within the domains of Intra-Interpersonal, Organizational, and Environmental. As previously discussed, the domains can be understood as different points of manifestation for the core dimension of engendering. The domains are characterized by the specific nature of the dimensions they contain and the conditions that impact these dimensions. The domain represents a particular knowledge environment.

The Intra-Interpersonal Domain: Competing, Assimilating, and Serving

The Intra-Interpersonal domain reflects the impact of the engendering dimension on intrapersonal psychological processes described as competing, assimilating, and serving, which impact executive-level interpersonal relationships.

The Dimension of Competing

Competing: striving or struggling in rivalry or battle⁵

⁵ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included "competitive" and "argue." This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

The dimension of competing arose within the Intra-Interpersonal domain, reflecting the relative internal environmental impact on interpersonal relations catalyzed by the engendering dimension. The competing dimension extends the energy illuminated within the engendering dimension, coloring the interpersonal dynamics of the senior-executive landscape, leading to a desire to self-enhance. The competing dimension is the most salient interpersonal dimension as it relates to the core dimension of engendering.

Conditions Related to Competing

The conditions found within competing reflect the power and impact of the engendering dimension. Followers acknowledge the nature of the CEO demands and acquiesce, recognizing the importance of adherence. Within the data there is participant recognition of the need to find and demonstrate voice in order to remain a part of the process.

P10 = And then he'd say God damn it if you guys don't want to participate in the discussion don't come to the meeting because there is a group of people who never give input. And so I think that is his way of telling people I want you to engage.

P5 = And it's perceived that you are not engaged you get disinvited pretty quickly.

P2 = He likes people to put themselves in the opposite side who I'd almost call devil's advocate type stuff, you know the fight for a position...fight for your positions and not just collapse into a pile of mush if he says something that may be rude or challenging. And if you can do that, he tends to like you because you're providing value to him forcing him to think about things which I think that he appreciates.

P4 = Oh we have a clubhouse here, we have our own management table and some real ugly stuff gets said in there because that's competition, it's like the locker room or the huddle.

P3 = ...whether it's the physicians or management there is a culture of um, hard work, success, wanting to succeed, competitive that way, but you know. I just think that we attract more individuals like that. It's just the nature of things, sometimes I've heard comments from the community and people "I wouldn't want to work there, people work too hard." You know, there are others that chose not to be in a culture like that, that's fine.

Competition and its perceived value as a cultural competence are explicitly understood as an expectation of the CEO. Participant responses demonstrate this concept

P9 = And uh so if something happens one of us is not comfortable with then it's our responsibility to bring it up and make sure we do discuss it and make sure all the issues are on the table. Uh there's little room for uh just kind of watching the process. It just doesn't work with the face of what we have to get done.

Process Related to Competing

Within strategies or processes, participants note that individuals must find and demonstrate voice at the risk of losing position or relevance. Political savvy is required as it relates to knowing when or if to engage relative to "the horse in the race"

P6 = We have to reach out, we have to be innovative, we should ah and we do. Um, our top leadership is great. The CEO is great about throwing out an idea and having us all swim to it and ah, that kind of testing is just great.

P13 = His expectation is that he wants members of his team uhm to work very hard to challenge him if they feel he ought to be challenged and that takes courage and it takes a strength of personality and everything else uhm because he is such a strong personality.

P11 = It's going to take a little bit for me and the bad part of me is that you know that. Because I can't hide things that one of the things...you can't let your face show everything you are thinking...you have to be aggressive and take a chance.

P2 = The CEO ain't going to like it anyways; I'm not going to say anything. And so you just get a shut-down on topics and what you end up with sometimes I think maybe you've seen that in the interaction you generally have about four or five people that are doing the talking...Even for me, I can be quiet too, if I don't have an interest or a horse in the race... it's one of those why sink your net on something, when you don't even give a rat about it one way or the other in the beginning.

As noted within participant comments, organizational protocols are utilized and defended as a way to promote and communicate CEO expectations and to "ensure accountability"

P14 = I remember the CEO coming out to our group and somebody posed a question to him about the silos in fact we are not integrated system yet because of all the silos and he admitted the silos are necessary because I have to have accountability in each one of those silos to the Board of Trustees.

These processes within the competing dimension take on both emotional and cognitive qualities as noted within these participant comments

P8 = Our ability to argue, debate, fight, ah take positions is I think is characteristic of any organization but I think the CEO's expectations that everybody contribute, that nobody is an observer, nobody is an observer, your opinion is as important as my opinion, even if it's not in your world is an element to our culture that has I think been added in these last twelve or thirteen years. That is the perspective of the new, of the new leader.

P1 = ...he appreciates people who challenge him. I'm sorry, he appreciates those who I guess have the courage to challenge him might be a better way to say it.

P11 = You know so you have to keep it on line and you have to be aggressive and you have to uhm take a chance. You do.

Participants recognize the logical implications of "not participating" and the benefit of political interactions, i.e., "currying favor," however these responses tend to be balanced as these relate to issues like the need for "courage" and feeling like "you get chewed up pretty good but there's never anything personal about it."

Outcomes Related to Competing

Competitive strategies unchecked manifest idiosyncratic outcomes. Followers acknowledge a "no prisoners" culture where "turf management" is a core strategy. A "silo" mentality dictates interactions and may influence potential collaborative opportunities

P12 = Um, it is. It's very political because it is this organization is very ah, territorial. Uh, it is, it's very turf-management focused.

P2 = People have been overly protective of turf.

The political nature of interactions colors interpersonal dynamics, while a recognition that "those who fail in the culture are not embrace." Risk and fear are prevalent dynamics demonstrated by an acknowledgment of the proclivity to "eat the young" and avoid "sticking your neck out."

P12 = I see, I see a lot of ah and I don't know if that's fear.

P3 = He [the CEO] of anybody, of anybody on the team is probably the most challenging because he is so competitive and he is a good debater and ah, and he can at times, you feel like you are sticking your neck out there.

P2 = You've got to have the confidence in yourself or ready to fight for your positions and not just collapse into a pile of mush if he says something that may be rude or challenging.

The resultant condition is an "individually centered leadership perspective" and a potential dehumanizing impact on executive team members

P12 = I don't know if it's insecurity or if it's just the culture but I and it's not wide spread across the organization but we have a lot of pockets of ah, oh ah, egocentric activity amongst leadership...It's a very complex dynamic political organization. I joke with some folks, a few, that we, we do a really good job of eating our young here. It just eats – this environment. It eats people up.

P11 = Yeah. And you know I think we forget how we treat each other once in awhile.

P10 = I mean when new people come to the group we eat them alive. And if they are not and if somebody doesn't...we should have an orientation of how not to be ate alive by the senior management team. You know I mean I'm serious because you walk into that room I think and again I've been there so long that you would think that I would be immune to it but I think just because of the personality type I have I can see it happening.

The dimension of competing reflects participant experiences relating to the core dimension of engendering. The processes and outcomes relating to competing will play an influential role in establishing conditions for the next dimension of assimilating.

The Dimension of Assimilating

Assimilating: becoming similar to one's environment; being absorbed into or incorporated⁶

The dimension of assimilating is highly interrelated to the dimension of competing but less salient as it relates to engendering. Understood as a complimentary dimension to competing, assimilating seeks to reduce the relative anxiety experienced within the engendered interpersonal

⁶ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included "change", "conform", and "adapt." This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

domain. Whereas competing seeks to self-enhance the relative position of the follower, assimilating seeks to reduce additional uncertainty felt within the dimension/situation. Through assimilation, the follower depersonalizes so as to reflect conformity and adherence to the prototypical norm within the dimensional environment. To this point, the dimension of assimilating may be viewed as an intrapersonal dimension, conditioning and resulting from the other dimensions within the situation studied.

Conditions Related to Assimilating

The conditions found within the assimilating dimension reflect many of the outcomes and strategies located within the competing dimension, as well as certain aspects of the demographics & localness element within the Situational Analysis. Relating to the competing dimension, the recognition of failure intolerance, coupled with an unwillingness to embrace those perceived as being out-group members informs and supports a process of depersonalization. This process is designed to reduce the relative anxiety produced within the situation. As noted by participants

P4 = People who fail in the culture are not logically embraced. You have your chance, you keep your nose to the grindstone and work hard and you'll succeed. With any deviation from that, it is not looked upon very well.

In communion with this lack of “embracing,” participants note the importance of loyalty as it relates to remaining a part of the group, while recognizing the “honor” involved in the opportunity

P3 = I want to say friendship but loyalty, loyalty, um, loyalty is a big thing.

P13 = Uhm so part of it is just the obligation of the...the expectation and the honor of the invitation and expectation to be involved in that kind of process.

As noted earlier within the outcomes of competing, the threat of being “eaten alive” has the potential to fuel an assimilative motivation. Relating to this assimilative dimension, participants acknowledge the potential passive-aggressiveness that may emerge within the

culture. Also noted by participants is the extent to which a “family” paradigm or metaphor is used to understand certain characteristics within interpersonal relations. This metaphor also takes on a certain role definition beyond the general inclusiveness of a group and may have relational implications

P1 = Oh sure, the CEO is the dad of the family. Sometimes he’s got to be tough. I mean, that’s how he would describe it... the CEO uses the family, he will say, this is family and I think everybody knows in the room probably who’s the dad and it probably does bring up a whole different set of emotions and feelings that you have been exposed to over your lifetime in the relationship of your father whether it was good or bad and now having a new father or a different father is some of that old stuff going to come up that you didn’t really care about.

The symbolism emerging from the data of a familial setting, including potential role definitions along power-based lines found within families, has interesting implications for the situation and the emerging social construction of leadership.

Processes Related to Assimilating

Adaptive strategies or processes are demonstrated within the assimilation dimension, manifest in participant recognition of “what the CEO wants” and how to demonstrate adherence. This adherence is reflected in statements like, “and if you can do this he tends to like you.” There is also a recognition that his leadership style is “translated but not replicated,” reflecting that although his “DNA is so unique,” other leaders can only attempt to emulate his style.

Followers acknowledge that “adapting your mind to the environment” is a way of reducing the relative uncertainty present within the situation

P12 = I’ve kept my mouth shut for probably the first six months...Just tried not to make too many mistakes, ah, adapted my mind to the environment.

As this dimension relates to engendering, participants acknowledge that absent the central dimension, things are different

P1 = And I would have to say that this would be my I guess construct. But I think other people, you can obviously tell when the whole group is together minus the CEO, the interactions are different.

Outcomes Related to Assimilating

Assimilative outcomes take the form of “being in lock-step” with the CEO, while a certain “big four or five” do all the talking. As followers strive to stay in line with what “the CEO wants,” participants acknowledge that this activity “implies commitment,” yet becomes manifest in silence

P1 = Um, it’s interesting. If you have other people at the table who also support your position, they will be silent. If you have other people at the table who disagree with your position, they will be silent so it becomes a very focused interaction between you and the CEO in front of the group.

Additionally, silence may lead to an allowance for behavior that others perceive as “dysfunctional”

P10 = Oh yeah, oh yeah and not only from people coming in from the outside but even from you know dysfunctional people within the group that are already here. You know I mean we tend to allow our family members who are dysfunctional to give them a little more latitude than we might to the general person in society who is dysfunctional... I know that if I behave badly for awhile that I might get slapped upside the head but I’m not going to get terminated for that. Unfortunately, we allow things to go on too long where it’s professionally and personally detrimental for the person because we are not willing to say hey look you know this is something that you know you really need to work on and so I you know there is a down side to it too.

As noted in the conditions and processes, the family paradigm has potential for underpinning and influencing interpersonal relations within this situational context.

The Dimension of Serving

Serving: work for or be a servant to; devote (part of) one's life or efforts to, as of countries, institutions, or ideas⁷

⁷ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included “servant” and “to serve.” This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

The dimension of serving is the least salient of the Intra-Interpersonal dimensions relating to engendering, yet may be the most important as it relates to achieving a sense of meaning by the participants' of the followers'. The serving dimension appears to be the appearance of participants' relationship with their "calling" to healthcare, and also may be correlated to the Organizational domain and the dimension of evolving. There is extensive research relating to improved performance and overall job satisfaction realized in the presence of personal and organizational values alignment. So the conditions found within the Organizational domain relating to values and organizational orientation may amplify the follower's connectedness to the Intra-Interpersonal domain and help sustain the follower.

Conditions Related to Serving

Participants note that the healthcare field implicitly attracts individuals with a certain orientation toward the world and work

P13 = ...healthcare is unique in terms of people's entry into it because you know you don't find people looking through the want ads and just saying oh that's sounds like a good job uhm because people migrate towards healthcare I believe. If they already have a built in sense of wanting to help people more than just saying that you know to know that in this job I'm going to be a part of something significant working with or around people who are very ill in a hospital bed or who are coming into a clinic because they are in pain or are concerned about something that is going on with their physical well being. Uhm and so I think there is something special about people who go into this field in the first place which gives a common bond where, where most organizations uhm you wouldn't necessarily find that at all. They migrate towards that for that entity for that kind of a reason.

The participant states that there is something "special" about those who are attracted to healthcare, implying a personal orientation, affinity, and alignment to the purpose of the healthcare field. Participants also connect the orientation to organizational purpose and reflect that a synergy exists between personal and organizational values

P6 = You have to serve people's needs. The thing is bigger than you are by some considerable amount and the mission is so fast that you are the top person in the organization that serves it. I mean, in a group that serves it so you keep it running when problems come up, you have to, you have to serve the mission of the place. Yeah, because uh again, because of the background who is in leadership and what work they do. These are physicians, nurses, people that have been in healthcare for a long time. Uh, that combination, they usually come out with a sense that they are serving a need, I mean they are pretty mission driven people.

Processes Related to Serving

Participants note that the dimension of serving found within the data, is generally understood from the way in which people care for each other

P8 = I'm not sure we always portray this but in my experience I believe the leaders truly believe they serve...And if you think of organized kindness or organized caring what we're all here and we're all organized around is taking care of that patient.

P12 = Yeah, I did. As a community hospital, we take all comers, it doesn't matter, we don't check your insurance card when you get to the door, it doesn't matter what part of town you live in, it doesn't, you know, don't care if you can pay or if you can't pay and in an institutional organized kindness is rooted in the belief that we take care of sick people.

The act of caring for others appears to be at the core of serving and is also the core of the mission of the organization. Connecting this core sense of organizational being to other dimensions, participants note that

P9 = ...we are facing this time and this stress and that it's going to put pressure and challenges on all of us. But we all need to remember the end reason of why we're here and support each other through this process. It was really neat to see that...Uh but uh I still think there is that inherent connection between the individuals and the organization. And the organization I believe does rally around individuals when they when they need assistance whether its work related or family related.

Processes related to serving -- like "rallying around individuals" -- appear to be supported by both the core sense of being that individuals bring to the situation, as well as for the core reason for being in support of the organization.

Outcomes Related to Serving

Participants express a genuine concern and care for the overall well-being of colleagues and express this through an acknowledgement of support and care. This acknowledgement is also linked to the paradigm of family

P10 = Uh but I think everybody, everybody is very uh supportive from the standpoint of we're all we all worry about each other too. And you know the people that tend to work themselves into the ground the rest of the group is very careful to help you know, make sure that doesn't happen you know.

P3 = Um, knowing maybe when I'm kind of getting to an edge. So I think you know, we watch out for each other and cover for each other and that kind of thing.

P8 = Especially when we spend so much more time with each other. I shouldn't say that, more time with each other then we do with our families but as much time with each other as we do our families. Even, even when for example you and I don't spend a lot of time together, we just don't. But because you are part of this organization, my commitment to you is like my commitment to my family member that lives overseas.

The data reflects a high degree of concern and support for those who work with each other within a given situation. A stance of serving reflects in many ways the relative orientation and the mission of the organization within a situation, in alignment with the personal values orientation of those working within the situation.

The Organizational Domain: Evolving

The Organizational domain attempts to draw conclusions regarding the implications of the engendering dimension on organizational issues surrounding design, orientation, and strategic trajectory.

The Dimension of Evolving

Evolving: grow, progress, unfold, or evolve through a process of evolution, natural growth, differentiation, or a conducive environment⁸

The dimension of evolving represents the relative impact of the engendering core dimension on the organizational domain. This dimension reflects the implications of the broader situational element of philanthropy and its evolutionary impact. Core to this dimension is the shifting of organizational perspective facilitated by philanthropy and engendered by the CEO resulting in shifting perceptions and morphing organizational and personal identity.

Conditions Related to Evolving

The participant data reveal a sensitivity to change within the situation that is understood in a dramatic and potentially disorienting fashion. Responses reflect the magnitude of a shifting landscape that cuts across personal, organizational and environmental boundaries

P4 = Along comes Transition, Transition gets the traditional philanthropic gift, has a long history of sort of very deep roots in the region of the country that is very constant and homogenous. And then out of nowhere comes the largest philanthropic gift to an institution and then the nation's history. Nearly four times the gift that John Hopkins got in the mid to late eighteen hundreds.

This participant comment reflects the rather seismic, and relatively sudden, impact that philanthropy plays within the situation and within the evolving dimension. It also reflects the cultural landscape and characterizes the demographics in terms of constancy and uniformity. These demographics inform and influence individual and collective identities. The engendering presence is demonstrated by the following statement

The CEO says he has no concerns about changing the name of the 100 year-old institution to Transition Health, noting that [the institution] has become much more than a

⁸ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included "acquire," "germinate," and "develop." This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

hospital over the past decade. “It’s time,” he says, “We’ve cut our umbilical cord from the past.” (*The Chronicle of Philanthropy*, February 8, 2007, p. 8)

The symbolic nature of cutting the “umbilical cord” from the past implies a new beginning and a clear transition into a new state of being. An important catalyzing event is the changing of the name

P13 = P= I believe that, I believe that the whole identity and understanding of who Transition Health is has been dramatically influenced by the gift. Case in point being we don’t have the same name that we used to have, uhm and so from that perspective philanthropy and Mr. Philanthropy’s gift specifically uhm is you know Transition Health is synonymous with philanthropic support.

Figure 4.5 is a photo of the front of Transition Medical Center, including a large statue erected in honor of the organization’s benefactor



Figure 4.5: Statue of Benefactor

The new beginnings include not only a name change, but also a venture into the world of clinical research and clinic “franchising”

The system will use the gift – one of the largest donations to a medical institution – to open a small chain of pediatric clinics around the country. System officials also hope to make an immediate splash with what they call the Transition Project – a research effort based here that would attempt to solve “one of the pressing medical issues of our day.” (*The Chronicle of Philanthropy*, February 8, 2007, p. 8)

P9 = Well I think organization has shifted in a variety of ways in the last year. Uhm one is specifically the new initiatives that we’ve tried to push...And that’s having implications throughout the organization uh both in the clinical world and in the research world...Uh I think in terms of geographic scope we had changed just from thinking about uh, building a children’s clinic and other locations in the country.

This shifting in focus, orientation, and name has implications for all those who touch the system. The ways in which people make meaning are influenced by the constructs of both their social and cultural worlds, both of which are being influenced by the pressures induced by the evolving dimension.

Processes Related to Evolving

The processes relating to evolving found within the data include an acknowledgment of both a need for the development of structural mechanisms to support change and a sensitivity to understanding to balancing the “old and the new”

P5 = I mean, they have, at the executive level at the table we decide for instance a year ago we decided that we’re going to create two rooms and a house and one of them is going to be traditional healthcare delivery and the other one is going to be research and development.

P9 = ...and we determined a year ago when we talked about this but our organization structure needed to change to uh support the expanded scope of the organization.

P8 = And the mixture or the combination of the old and the new and that dynamic tension between the old and the new...And the learning between the old and the new.

There is recognition of a potential “tension” between what exists and what is being planned as this relates to cultural dynamics and expectations. The shift within the situation from

a primary care perspective to an integrated and translated research paradigm poses significant cultural integration questions

P10 = But we've got to figure out how to take advantages of both sides when we are doing that. So I you know there's some you don't want to bring a traditionally bureaucratic system into uh, a culturally non-bureaucratic almost theocratic you know system and I would hate to see what that would look like when it was done. But cause that would be like taking the worst of all worlds and mixing it together. So I you know I hope when we do it we do it well. I mean I believe that we will uhm I just hope that we don't fall into some of the traps that traditional academic you know institutions do.

The data subsequently reflects an intentionality regarding the structure and understanding of what the evolution means to day-to-day operations. The metaphor of a "house" is used to demarcate functional, operational, and structural issues

P3 = I think that two rooms of the house is more of an operational accountability...structure than it is a separateness structure. You know the clinical service still very pieces the historic stuff...and financially it is always done very well. So let's put it off to the side and make sure that there is a significant focus on keeping it turning at the same way so that it's not distracted by all these new things. I think that's why the separation was put there. Not to not to be separate but so that we could continue to focus on the things that we've done historically and well without distracting it with all these new things.

Previous participant data aligns with this statement regarding a simultaneous need for one room to maintain historical ways -- being and operating to provide stability -- while the other room seeks to create and discover what is possible. This tension between the "old and new" has implications for an *evolving* identity and sense of being.

Outcomes Related to Evolving

Accordingly, the evolving processes within this situational context involve questions and ideas around learning and integration. And as participant data reflect, there is concern regarding the significance of the changes facing the organization and leadership

P8 = A change as a result of a gift of this magnitude is a transformational change in a very unfamiliar change to the seasoned leadership and the seasoned organization that we are. Therefore I believe we were under prepared for the change, were not as aware of the

organizational impact of the change, we weren't able to anticipate the extent of that influence...I think right now there is somewhat of a disconnect, the disconnect I think is between the new development and research and the old, what does that mean, how does it impact me, what does it do for me, what does it do adversely to me in those individuals in the traditional entity. The inexperience in unfamiliarity of all that's happening in the development and research adds to that unsettlement.

The evolving nature of the situation found within the data implies more than solely issues relating to practice; it also impacts the scope of thinking around what is possible. Historically, the situation was bounded by geography and purpose

P13 = Uhm uh but now we've added this whole component which I think uhm transcends to local geography uhm to a national and international basis.

P9 = And then thirdly I think uh if you uh and this may be the most important uh because of while the gift from Mr. Philanthropy is...is incredible financially it's even more important, I think, in terms of the way uh it has been uh a freeing moment or an opening movement for the organization to say we can explore all opportunities that we believe are appropriate for the organization that fit with our mission. And so people throughout the organization are I think looking at themselves and looking at the organization differently in terms of what we can accomplish. So I think that's been very, very beneficial for the organization.

Participant data also reflects the implications that the evolving dimension has on the sense of the pace of change and its impact on both individuals and teams

P10 = You know it's wonderful to get somebody to give you uhm you know \$400 million dollars but the responsibility that comes along with that is far greater than I think you might imagine. So uhm I think I've aged a decade in the last year...I think the...the pace of change uhm over the last year has been....the pace of change in the organization from the day that I've come has been phenomenal. And I don't think you could survive at the senior level if you aren't willing and able to adapt quickly to things changing because they have. But the last twelve months the pace of change has even heightened more heightened.

P3 = Expectations are high responsibilities are a heavy burden and I think everyone especially the leadership feels that and personally takes that responsibility to heart.

Participants share that this evolving dimension is both exciting and challenging, including the implications of personal expectations and experiences. There is also a complicating sense of

evolving priorities and a resultant sense of shifting “reality” as reflected in the following interview segments

P14 = ...part of the problem is we’ve got so many balls in the air...that you know I had a friend tell me one time you are juggling balls think of some of them as crystal balls...and some of them as rubber balls. You can’t drop the crystal balls. The rubber ones are okay to drop. I sometimes think organizationally we have way too many crystal balls. And I can’t we are just using up our capital. We’ve got too many things that we are trying to do at once...[and it is being fueled by] the gift.

P11 = So I think people don’t understand when you get into such big dollars it’s just incomprehensible to a lot of people...You know people laugh at me because I don’t know Cindy or somebody asked me this and I say oh I’ve got to go transfer 6 million dollars, she goes what? I’ve got to go to payroll. She goes and I’m like you know I didn’t even think a thing of me transferring 6 million dollars...But for me to do that is one thing but to go out here and...I think we lose a little, we’ve lost a little of our reality I think.

As described earlier, core to the dimension of evolving is the shifting of organizational perspective facilitated by philanthropy and engendered by the CEO, resulting in shifting perceptions and morphing organizational and personal identity. The participant data reflects the relative conditions, processes, and outcomes experienced by the executives within the situation.

The Environmental Domain: Conditioning

The Environmental domain illustrates the implications of greater systemic forces located outside the Organizational and Intra-Interpersonal domains, but understood and translated through the engendering dimension. In this domain, the engendering dimension serves as a lens of translation and objectification – subjective forces direct the interpersonal and organizational domains to align to the translated narrative.

The Dimension of Conditioning

Conditioning: a learning process in which an organism's behavior becomes dependent on the occurrence of a stimulus in its environment⁹

The final dimension of conditioning reflects the nature of organizational and system/process design as this relates to the more global narratives and influences contained within the healthcare environment. Although a more macro dimension, conditioning reflects the interaction between the broader healthcare situation and the Organizational and Intra-Interpersonal domains, and the impact that this interaction has on cultural leadership competencies. As such, this dimension reflects engendering manifested in systemic dynamics that ultimately play out in interpersonal dynamics.

Conditions Related to Conditioning

As noted earlier, issues of cost and quality within the broader healthcare system appear to be interrelated issues. The Commonwealth Fund's *Commission on a High Performance Health System: Organizing the U.S. Healthcare Delivery System for High Performance* (2008) notes that healthcare delivery in the United States has long been described as a cottage industry, characterized by a fragmented structure. The report goes on to note that "The fragmentation of our delivery system is a fundamental contributor to the poor overall performance of the U.S. healthcare system" (p. ix). This fragmentation leads to frustration by patients and families attempting to navigate diverse systems, "poor communications," and unclear lines of accountability between providers and increased costs and lower quality and value as a result.

The authors further note that although there is no silver bullet or "single policy fix," increased levels of organization and coordination, greater transparency of information and

⁹ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included "improve", "shape", and "make better." This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

increased accountability for outcomes, and an emphasis on learning and innovation may even help facilitate improvements in quality and reductions in cost. The authors also note that “leadership is a critical factor in the success of delivery systems.”

The authors also recognize that “there is more than one way to organize” to achieve desired outcomes. From a single-entity perspective though, the authors conclude that the “integrated delivery system or large multi-specialty group practice” model promotes the desired organization needed. Within the situation being studied, the entity in question is structured as an integrated delivery system with a health plan. The move to an integrated model began in 1996.

Participants within the study shared the role of “integration” as it relates to organizational design, structure, and philosophy

P4 = The fundamental here was that healthcare, the best way to provide healthcare was in an integrated fashion and to be integrated. The doctors had to be part of the corporation and like I said the IRS calls it employment, we call it sponsorship. Regardless of the label you put on it one way or another you have to be economically tied to the success or failure of one program, one organization. Otherwise it’s a United Nations and you get feuding factions with feuding priorities and self-interest. Um, we allow for self interest but it’s at a committee level, it’s at a war table, it’s not at an organizational direction

P9 = It’s a core...core value of...of the organization. And I don’t think we uh see any opportunity or thought of ever moving away from that...But that’s as we are finding as we travel around the country and around the world uh...uh it’s really a very defining part of who we are as an organization and how we accomplish what we do

This integrated model, the core value described in the previous participant quote, relies on a “production based” compensation model – “a code of our compensation philosophy for physicians” (*P9*). Accordingly, a participant notes that

P14 = ...I’m not paid to take care of you I’m paid to see ten of you.

The model is described as an “eat what you kill” method of production, incentivizing speed of delivery to ensure production goals are met. This “eat what you kill” orientation is stimulated or conditioned by the larger system as described by participants

P14 = Well, the government but there's also something called The RUC which is the Resource Utilization Committee. It's a committee that's set up by the American Medical Association - - and it's a consultative body to the government in terms of payment and what it does is it looks at the resources that are used and set those values for the codes that we are all slaves to. And two-thirds of the docs on that RUC are procedural and one-third are cognitive docs. Who do you think wins that vote? The Federal government puts X dollars into the Medicare program. Then it's distributed and the distributed again the mechanism is...the RUC well they set the codes but the whole thing is again it's how many things you do. You are paid based on the number of widgets you make or the number of things that you do...The RUC sets those values.

Accordingly, the system has been designed to align internal actions and incentives to maximize the conditioning force

P10 = I think the physicians that choose to work in that model believe that patients are better served in that model and that there is financial security within that model.

P12 = We're really, we're focused on the bottom line as an organization. Um, I remember one of the first weeks I was here um, asking a question if I could see um, our key performance measures as an organization. And how do we measure success? And the answer I received from, I asked three separate people. Well, it's the budget. And all three people told me the budget. Well, we base all of our success off the budget and that took me back.

P14= A lot of people believe, we already throw a lot of money into the system. A lot of people believe if we reallocated that effort...we'd actually be able to do it with the same amount of money. In other words, we do a better job of managing people so that they don't get coronary artery disease and they don't have strokes and they don't get the lifestyle diseases that we have. But we don't have the incentives aligned correctly to do that.

What emerges from the conditioning dimension is an environment constructed to support a business model developed to most effectively align to the external world or industry of healthcare. Ultimately this business model mentality leads to or sets conditions for the internal valuing process.

Processes Related to Conditioning

The processes that emerged from the participant data reflect activities as well as orientations. The data implies an intentional approach toward achieving congruence with the

conditions present. The processes are influenced by participant discipline as well as participant expectations

P4 = Now, since the [transition] gift, it's more of an almost back to my original training in being an MBA. I am overseeing corporate enterprise that has specific products and specific outcomes and budget and that kind of thing.

The orientation of leadership, or the predominant paradigm utilized in viewing the world, influences structural design as well as goals and objectives

P9 = Uh financial performance and structure and ability to deliver the quality of care...you really need the performance of all to deliver the quality product. And we've preached that for years but it's taken them a while to believe that.

P14 = The performance metric is how many people you can see...The more things you do the more you get paid.

These quotes reflect the organization's primary affinity to the business model. Thus, leadership leans toward a business model orientation, generally measuring performance and success along financial lines.

Outcomes Related to Conditioning

As noted within the conditions and processes, the data reflect a more focused orientation toward issues relating to the healthcare mission rather than to pure financial margin. Participant responses point toward a balance of power leaning toward the "margin" portion of the equation

P5 = ...there's far too much deference given to finance as a decision maker. Finance people as decision makers...It's mostly finance and the division presidents who are sitting in judgment of what, who gets the limited resources. Um, that bothers me a lot. I mean, after last year, this year wasn't as poorly handled as last years but after last year, I seriously thought about leaving because I said, this is just stupid. I'm not doing this again; I'm not going through this crap again.

P14= Yeah sometimes some board meetings are 90% finance and 10% strategic and goals...And you know there's this thing no margin, no mission...we're not in a balance. I think we are more on the margin than we are on the mission.

The implications of this potential imbalance move far beyond ideological arguments.

Participants reflect that inherent in this exercise is the balance of patients' lives and well-being.

P14 = And the sad part of it is we are not affecting people's life span outcomes. We just we...we put a lot of money and technology and we don't even know if it's effective. We do a lot of we put a lot of money into treatments that we don't know if they are reasonable or not...we are not good stewards of those dollars.

Given the conditioning nature of the broader healthcare system, and the implications of a system that aligns operations and incentives to this system, the data implies a particular orientation toward the culture of leadership

P12 = Um, What does our leadership culture embrace? It really embraces financial performance.

The conditioning dimension clearly reflects the interrelated nature of environmental conditions and their impact on organizational strategy, alignment, modeling, and individual performance and expectations.

Summary of Dimensional Analysis

The Dimensional analysis sought to articulate the meaning that the senior leadership brought to their experience within Transition Health. The Dimensional analysis attempts to represent the relationship of the dimensions to each other and to the core dimension of engendering. The principle findings of the Dimensional analysis is captured by the six dimensions of engendering, competing, assimilating, serving, conditioning, and evolving. These dimensions are located within particular domains, described as Environmental, Organizational, and Intra-Interpersonal. The domains seek to link the Situational and Dimensional elements by clustering the situational elements with those dimensions that are most visibly influenced by these elements. Of particular note, the core dimension of engendering manifests in each of the particular domains. It seems that the situational element of transition as a condition that

promotes the engendering quality within the participants' experience is present in each domain: The transition of healthcare dynamics in the environmental domain, the transition of a conservative, localized healthcare system to an international research organization, and the transition of the cultural competence of leadership in the interpersonal domain. Thus, engendering sweeps across all domains as it is catalyzed by the powerful situational force and condition of transition.

Within the Intra-Interpersonal Domain, the dimension of competing is catalyzed by the engendering dimension. The competing dimension colored the interpersonal dynamics of the senior executive landscape and led to a desire to self-enhancement. The competing dimension is the most salient interpersonal dimension as it relates in close proximity to the core dimension of engendering.

The dimension of assimilating is highly interrelated to the dimension of competing but less salient as it relates to engendering. Understood as a complimentary dimension to competing, assimilating seeks to reduce the relative anxiety experienced within the engendered Intra-Interpersonal domain. Whereas competing seeks to self-enhance the relative position of the follower, assimilating seeks to reduce additional uncertainty felt within the dimension/situation. Through assimilation, the follower depersonalizes so as to reflect conformity and adherence to the prototypical norm within the dimensional environment. To this point, the dimension of assimilating can be viewed as an intrapersonal dimension.

The dimension of serving is the least salient of the Intra-interpersonal dimensions relating to engendering, yet may be the most important as it relates to achieving a sense of meaning for the participants' or followers' work. The serving dimension appears to be the appearance of participants' relationship with their "calling" to healthcare. Although it has been placed within

the Intra-Inter-personal domain, it also has strong ties to the Organizational domain and the dimension of evolving located within this domain.

Within the Organizational domain, the dimension of evolving reflected the implications of the broader situational element of philanthropy and its evolutionary impact. Core to this dimension is the shifting of organizational perspectives facilitated by the situational element of philanthropy. Led by the CEO's leadership the view and understanding of the organization as a whole evolved in dramatic ways and caused significant shifts in participants' understanding of their personal and collective identities.

The final dimension of conditioning, found within the Environmental domain, reflects the nature of organizational and system/process design as it relates to the more global narratives and influences contained within the healthcare environment. Although a more macro-dimension, conditioning reflects the interaction between the broader healthcare situation and the participants' experience within the Organizational and Intra-Interpersonal domains. The conditioning reflected in this dimension speaks to the impact that larger systemic issues in healthcare have on the understanding and demand of cultural leadership competencies at the local level—that is, within the Organizational and Intra-Interpersonal domains.

Conclusions

An analysis of the data found within the situation fueled the creation of the dimensions discussed and led to the conceptualization of all three domains linked through a core dimension of engendering. Situational domains, elements, and dimensions were designed to illuminate the interrelated levels of discourse occurring within this healthcare situation. In Chapter Five I will engage in a theoretical modeling process that synthesizes the findings of the analyses and

discusses the implications of this model in relation to research and practice of leadership in a healthcare organization.

Chapter V: Discussion, Limitations, and Implications

This study utilized Situational Analysis and Dimensional Analysis to examine leadership as experienced and understood by executives within a regional healthcare entity, paying specific and close attention to issues related to context and its impact on these experiences. Accordingly, interviews were conducted with the senior executives within the healthcare entity that represented a cross-section of position, discipline, and entity location. In this chapter, I will begin by presenting the background of the study, and a brief overview of the findings. I will also propose a theoretical model of socially constructed leadership that integrates the primary findings of the Situational and Dimensional Analyses, and discuss the research limitations, and implications for future research and practice.

Background of the Study

The research for this dissertation proposed to focus on illuminating the nature of contextually relevant forces within a specific situation that fueled the social construction of leadership. The study sought to explicate and illustrate the social forces and processes that mediate the attribution of leadership within a particular organizational setting—a healthcare organization. Assumptions made during this study and analysis indicated that a) leadership is occurring in the organizational setting; b) leadership is found within relationship; c) manifest in this relationship are certain social or cultural conditions that influence and mediate perceptions; d) these social or cultural conditions make leadership a potentially localized social phenomenon, and e) leaders can lead change. The representation of these social forces and their impact on participants' perceptions and attributions of leadership does not intend to elevate context over individuals, rather only to illuminate the relational nature of these social forces in conjunction with an individual's actions.

Brief Overview of the Findings

“An interactionist goal in terms of understanding power is specifying the particular conditions under which it is robust. Thus in examining a particular situation, the ability of an actor to set the conditions for the interaction, influence who is present and excluded, manipulate resources, and veto proposed actions, for example, would all be examined. So too would be the capacity to constrain action, contain agendas, and weaken positions” (Clarke, 1991, p. 145).

The examination of this situation sought to explicate the social forces that influence perceptions and mediate the attribution of leadership. The desire was to understand the social processes that emanate from the situation or context and that shape perspective and action. As noted by Clarke, the “ability of an actor to set the conditions for the interaction, influence who is present and excluded, manipulate resources, and veto proposed actions” within a specific narrative or situation, is an important point of consideration and examination within a socially constructed leadership paradigm. What emerged from this study was a representation of the various social worlds and arenas, depicting the interrelated and cross-cutting narratives occurring within this situation. Although represented as being somewhat distinctive, these social worlds are fluid patterns of disciplines, discourses, and commitments, as well as fluctuating and evolving perspectives that are simultaneously influenced by and influential of, individual and collective identity and action.

The results articulated within Chapter Four depict the interrelated nature of situational elements and the primary dimensions emerging from the data. The Situational Analysis represents the primary factors shaping the situational context. Participant interviews and related discourse within the situation revealed six situational elements – healthcare dynamics, organizational roots, demographics and localness, philanthropy, force of a CEO, and transition.

Figure 3.1 (reference Chapter 3) represents these situational forces as interrelated elements shaping the environment surrounding the participants' experiences of socially constructed leadership. These six situational elements were organized around three situational domains – Environmental including healthcare dynamics, and demographics and localness; Organizational including organizational roots, philanthropy and transition; and Intra-Interpersonal including force of a CEO. The representation of these domains attempts to depict these situational elements as they are aligned to one another. Yet it is understood that the influence of the situational elements is experienced across all domains in the situation. In particular, the force of a CEO emerged as a powerful central situational element that was reflected in the participants' construction of leadership and was manifested in the core dimension of engendering.

The Dimensional analysis sought to articulate the form emerging from the participant data collected from the senior leadership within Transition Health. The analysis attempted to represent the relative distance and proximity of the dimensions and their relation to the core dimension of engendering. The principle focus of the research, the social construction of leadership as understood through the experiences of the participants, is captured by the five primary dimensions of competing, assimilating, serving, evolving, and conditioning, and the core dimension of engendering. These dimensions emerged from the Dimensional analysis. Each of these dimensions is located within a particular domain, described as Environmental which includes conditioning, Organizational which includes evolving, and Intra-Interpersonal which includes engendering, competing, assimilating, and serving. Engendering as the core dimension emerges with the Intra-Interpersonal domain but is felt throughout all situational domains. These three domains link the situational and dimensional elements by locating dimensions in situational domains, thus linking the findings of the two analyses, as illustrated in Figure 5.1.

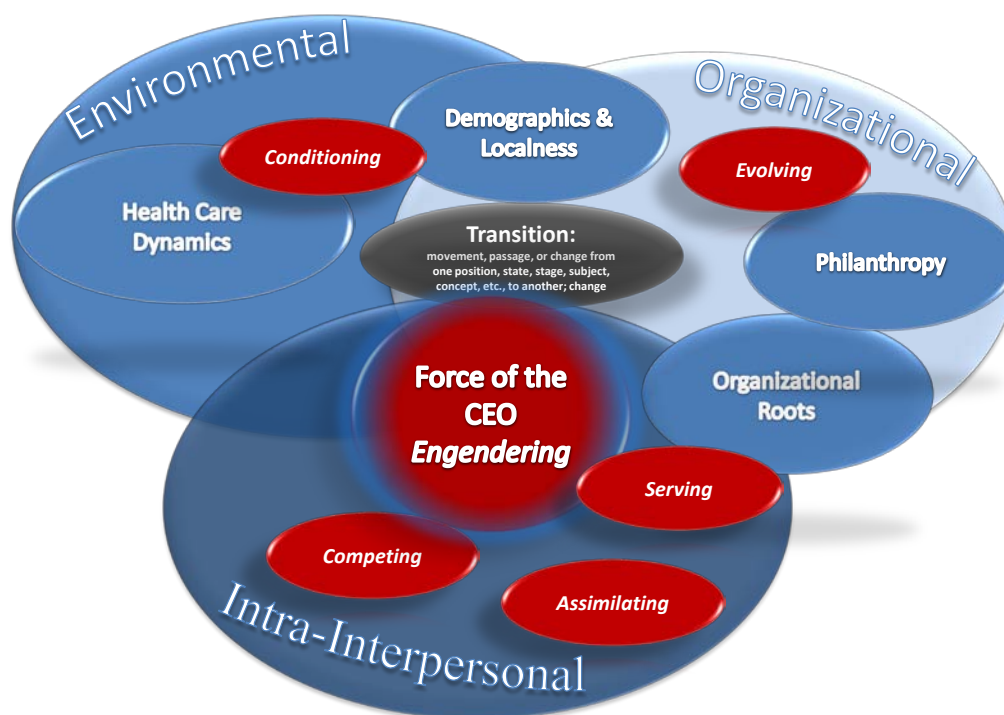


Figure 5.1: Linking Situational and Dimensional Elements

Again it must be mentioned that although dimensions reside primarily within specific domains, the boundaries of the domains should be understood as permeable. Consequently, dimensions cannot be conceived as being rigidly held within a specific domain, but rather are understood as emerging from the relevant conditions of that domain.

The core dimension of engendering emerges from the conditions of the Intra-Interpersonal domain and represents a force of influence and change that links all dimensions across the three domains. The engendering dimension is characterized as making receptive or willing towards an action, an attitude or belief. Thus, engendering plays a critical role in fueling the participants' engagement in the social processes that define the attribution of certain characteristics as leadership. Thus, engendering represents receptivity to the situational force of

a CEO, and his particular style of leadership becomes the cultural definition of leadership competence. The primary findings from this study suggested a model of leadership that is contextually grounded and socially constructed by the players within this situation. The proposed model will be discussed in the next section.

Proposed Contextual Model of Leadership

The proposed Contextual Leadership model, (see Figure 5.2) accentuates the implications of the core dimension of engendering as it plays out through interrelated domains, dimensions, and situational elements.

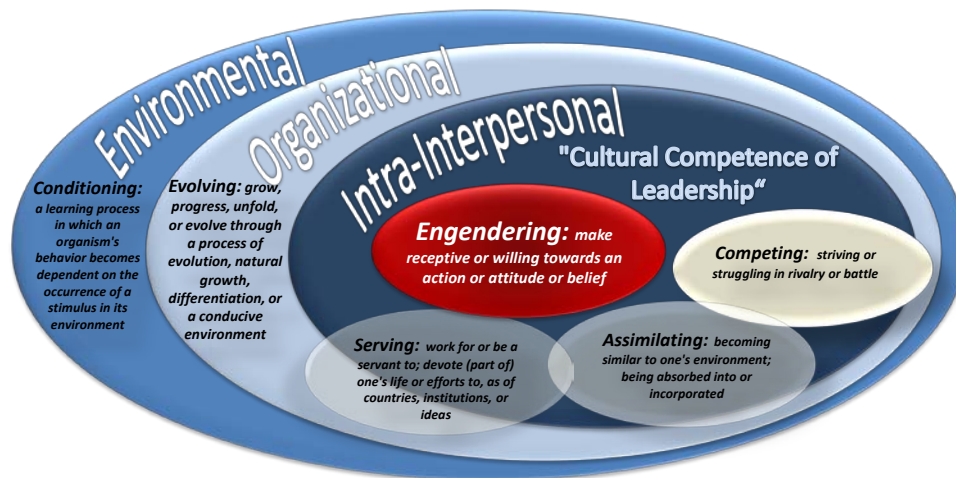


Figure 5.2: Proposed Contextual Leadership Model

The core dimension of engendering is understood within this model as being the linkage between the representative interrelated narratives of the participants and the broader situational factors within the healthcare experience. This engendering process, defined as making receptive

or willing towards an action, attitude, or belief,¹⁰ emerged from participant data and reflects the force that creates conditions that bring the other dimensional processes together to stimulate transition. That is, the engendering process - making open and receptive to change - as experienced by the Executive team opened them to be conditioned, to evolve, to serve, to assimilate, and to compete in ways that locally stimulate the transition of the organization from a community-based healthcare institution to a globally aspiring research organization.

The model further depicts the relationship of the three domains to the situational factors and dimensions. The outer sphere represents the Environmental domain that contains the situational element of healthcare dynamics and demographics and localness (which is also present within the organizational domain), coupled with the primary dimension of conditioning. In this sphere or domain, the participants' experience of conditioning relates to the current cultural and socio-economic conditions present within this geographic location and organizational setting, and the broader healthcare environment and its implications on organizational and interpersonal dynamics. Participants' experiences reflect the power of reimbursement policies on the valuing of internal processes and actions, leading to specific organizational outcomes, i.e. financial returns. In this situational domain, the engendering dimension, understood as receptivity, aligns the Organizational and Intra-Interpersonal domains and dimensions to the relevant industry-wide conditions in healthcare, as well as to the relative geographical characteristics located within the situation. This alignment reflects not only strategic responses in terms of structure and process, but philosophical positions relating to how the organization and the individuals provide value in a healthcare environment.

¹⁰ To visualize the meaning and relationship among words to appropriately articulate this model, *Visual Thesaurus* was used as an aid in this process. Keywords used included "engender" and "generate." This information was retrieved 10/23/08 from <http://www.visualthesaurus.com>.

The embedded sphere representing the Organizational domain contains the primary dimension of evolving. This domain reflects the engendering dimension and its evolutionary impact on organizational and individual identities, as well as organizational orientation to the broader healthcare industry environment. The dominant situational elements located within this domain include organizational roots, philanthropy, and as noted in the Environmental domain, demographics and localness. The participants' experience within this domain reflects the paradoxical implications of shifting organizational identity and orientation within a relatively homogeneous population. This shift or transition has been catalyzed by the coupling of philanthropic efforts engendered by a forceful CEO.

The interior sphere contains the Intra-Interpersonal domain containing the core dimension of engendering, along with the dimensions of competing, assimilating, and serving. This domain reflects the learned interpersonal relational dynamics present within the situation, along with the intrapersonal motivational aspect of individuals' orientations toward the situation. The domains reflect the overarching themes that emerged from the participant and organizational narrative data. The participants' experience reflects a competitive environment where individuals are incentivized to "get their elbows out" in order to achieve success. This is amplified by the aspect of "not having a horse in the race," fueling an assimilative condition whereby participants reduce the relative uncertainty by "flying below the radar." Paradoxically, this domain is complimented by the intrapersonal motivations of participants who come to the healthcare arena due to a specific "calling." As such, these narratives reflect the contextual knowledge generated within this situation that guides the cultural understanding of leadership competence and defines the nature of leadership prototypicality.

Discussion of the Findings

The discussion of the primary findings of this study and the proposed Contextual Leadership Model of a Healthcare Setting in Transition will first address the central questions that emerged from the examination of social constructionism and leadership in Chapter 2: The central questions raised were: What are the social factors that influence attributions and conceptions of the organizational situation? How are these attributions constructed in the social processes of the organization? Second, the findings and model proposed will be discussed from the perspective of other relevant theories of leadership including Transformational Leadership Theory and the Psychodynamic Approach of leadership.

A Socially Constructed Model of Leadership

In general, historical theories of leadership have made certain assumptions regarding the nature of reality. They have focused primarily on trait-based perspectives that address interpersonal leadership dynamics outside the influential realm of situational forces. The situation is a part of the taken-for-grantedness for these models of leadership. In contrast, a socially constructed model of leadership embraces the role of leadership as a framing force of our individual and collective perceptions in relation to the broader influential situational setting. This approach to understanding leadership employs a socio-cognitive approach, where social cognition is understood as both the perception and mental processing of social phenomena and the effects of social factors on perception and mental processing. Within this model of leadership, reality is no longer a set condition within nature, but rather a perceptual outcome influenced by our relationship with each other.

As Haslam (2004) notes, “Leadership is curiously hard to analyze, dissect and recreate because it derives from locally negotiated (and retrospectively renegotiated) understandings of

identity” (2004, p. 87). In many ways, meaning-making is about negotiating the order of social reality and identity, and within an organizational setting, leadership orchestrates the ordering of social data. This negotiation process stimulates category creation and the generation of mental models. Senge (1990) notes that our mental models, which are categorical representations of the world, “determine not only how we make sense of the world, but how we take action” (p. 164). Denzau and North (1994) state that “the mental models that the mind creates and the institutions that individuals create are both an essential part of the way human beings structure their environment in their interactions with it” (p.4).

The relationship between our mental models and their relative impact in shaping our understanding the way in which we making meaning in our lives has been acknowledged within the leadership literature (De Geus, 1997; Vaill, 1989). As noted by Bennis and Nanus (2003) “an *essential* factor in leadership is the capacity to influence and *organize meaning* for the members of the organization” (p. 37). This process of organization and negotiation is complex and of great importance, with implications regarding leader capacity and organizational effectiveness. The orchestration and organization of meaning is systemic and contextual in that it involves the interrelated narratives located within a specific setting. In this way, leadership can be viewed through a social constructionist lens.

Engendering and the Domain of the Intra-Interpersonal

Reicher, Haslam, and Hopkins (2005) note that leaders are “entrepreneurs of identity”, who create, coordinate and control a shared sense of the collective. Coordinated behavior requires common perspectives – the engendering force shapes perspectives that ultimately influence behavior, both individual and collective. Self-categorization theory deals with social influence processes and the nature of a variable self-perception or identity – a self-conception or

identity that can be organized and located at personal or social levels. The Intra-Interpersonal domain containing the dimensions of competing, assimilating, and serving reflect processes of context-sensitive self-categorization

P=10...how to survive because you know some of the some of the exchanges are brutal, some of the uhm the sparring that goes on...That's kind of how we do our work and I think for people from the outside they would be like what the hell is going on. So I mean I've watched a couple of the newer people you...you could tell he was really uncomfortable for a while in that room because they had I think different historic perspectives of what a team was like and then they get thrown in there and they God this is like nothing I've ever experienced before because I don't think some people don't expect the openness, some people don't expect the familial kind of bantering and those kind of things. And they are kind of taken aback by that...you kind of have to learn to do that or one you will never get your point in or two you will be perceived as not being engaged...And it's perceived that you are not engaged you get disinvited pretty quickly.

These context-sensitive responses are co-creations linking leader agency to follower attribution through dialogue and interaction. There is engendered linkage between what become and evolve as cultural competencies located within the Intra-Interpersonal domain and the broader demographic and historical nature of who and what is in the situation. Participant data derived from the conversational interviews relating to issues of demographics and localness support this proposition

P10 = I you know it was here when I came and I mean I'm not a toot my own horn kind of person either. But uhm from its, it's imbedded in the culture in here. I think it's because of the people that live in this region. I think it's a regional kind of influence.

P6 = ...if you get into cultural things like I think you are going to because of who we are and where we are from and what our background is around here...There's extra caution in it...So that ah, newcomers are looked at a little more circumspect and ah, anything that changes the nature of that small-town atmosphere, that agricultural atmosphere, it tends to be a little suspect and it's hard, it's a hard society to break into for outsiders ...You are all blonde, you all have blue eyes. I'm sorry, how do you even identify 'little enders' from the 'big enders'? You know, and, and ah, you know that kind of society where we're from South Dakota and this is how it's always been and so what was your new idea again. That prevails here and there's a caution here and there's also I think on the dark side of that. I find that pleasant and interesting, but on the dark side of that there's at least mild anti education biases. And there's sort of a anti-style biases...And ah, and I've been in other places in the Midwest and in this part of the Midwest there is an agricultural

base for most of us that grew up here. Or a small town base and that tends to be friendly, open, ah, you'd know who you're dealing with. It tends to be less um open to invasion from outside.

The in-group prototypes are reflected in the Intra-Interpersonal domain and cultural competencies of competing, assimilating and serving. Hogg and Terry (2001) describe these prototypes as “context specific, multidimensional fuzzy sets of attributes that define and prescribe attitudes, feelings, and behaviors that characterize one group and distinguish it from other groups” (p. 187). Primary motivations to these processes of self-categorization and depersonalization are the desire to self-enhance to the desire to reduce uncertainty. Hogg and Terry (2001) further state that “People, influenced by self-enhancement and uncertainty reduction motives, categorize the social context in terms of categories, represented by prototypes, which are chronically accessible in memory or rendered accessible the immediate context, or both” (p. 188).

Participant data within the study reflect the social cognitive underpinnings of these theories, in that the social processes become bound up within the social identities of members

P2 = ...fight for your positions and not just collapse into a pile of mush if he says something that may be rude or challenging. And if you can do that, he tends to like you because you're providing value to him forcing him to think about things which I think that he appreciates. He likes people to put themselves in the opposite side and, you know the fight for a position.

P1 = ...he appreciates people who challenge him. I'm sorry, he appreciates those who I guess have the courage to challenge him might be a better way to say it.

P8 = Our ability to argue, debate, fight, ah take positions is I think is characteristic of our organization and the CEO's expectation...it is an element to our culture that has I think been added in these last twelve or thirteen years. That is the perspective of the new, of the new leader.

P12 = Um, What does our leadership culture embrace? It really embraces financial performance.

The understanding and representation emerging from this study demonstrates that the central dimension of engendering stimulates the contextual conditions that fuel follower attributions and self-categorization and depersonalization, including the integration of situational elements located within the broader Organizational and Environmental domains. The CEO's arrival marked a transition point for the emergence of "the new leader" – a leader possessing the courage to "argue, debate, and fight," to "spar," and a leadership culture that "embraces financial performance." As noted by Hogg and Terry (2001) in discussing Social Identity Theory and impact of a highly salient group identification and the role of prototypicality

The implication of this idea for leadership is quite straightforward. As group membership becomes increasingly salient, leadership perceptions, evaluations and effectiveness are increasingly based on how group-prototypical the leader is perceived to be. (p. 200)

As such, the engendering dimension frames the social context and shapes the nature of what is culturally desirable from the perspective of competency. The contextually relevant prototype, described within the Intra-Interpersonal domain, is subsumed from the CEO's attributed characteristics and becomes cultural competency. The homogeneous environment characterized by participant and situational data solidifies and supports the yardstick nature of prototypicality. As noted by Schneider (1987), "members of organizations are attracted to other members whom they see as similar to themselves. Thus, homogeneity of values and cultural backgrounds might count most significantly in determining perceptions of leadership in organizations" (p. 552).

Hogg and Terry (2001) again connect the implications of a salient group identity and normative behavior in stating that "Where group membership is contextually or enduringly salient, people self-categorize in terms of the in-group prototype and become depersonalized; that is, they conform to the in-group prototype and exhibit normative behavior" (p. 200). As

such, the relative connectedness and make-up of organizational culture is an important factor detailed in the domain of organization.

Engendering and the Domain of Organization

Individual and collective identity is informed by multiple factors, including the situational elements relating to demographics and localness and organizational roots. The construction of these identities influences follower attributions and behavior. A salient aspect of organizational roots is the persistent metaphor of “family.” Alvesson and Willmott (2002) note that imagery such as family is a way of engendering a sense of community or connectedness.

The authors note that

...the devices of workplace family and team manifest a corporate effort to provide emotional gratifications at work to counter the attractions of rampant individualism and consumption. Being a team member and /or a member of the wider corporate family may then become a significant source of one’s self-understanding, self-monitoring and presentation to others. (p. 630)

Within the data, participants discussed the importance of the family paradigm or image and its implication for identity and behavior

P1 = The CEO uses the family, he will say, this is family and I think everybody knows in the room probably who’s the dad and it probably does bring up a whole different set of emotions and feelings that you have been exposed to over your lifetime in the relationship of your father whether it was good or bad and now having a new father or a different father is some of that old stuff going to come up that you didn’t really care about...So I wonder if there is some dynamic within *The CEO* that was, when he’s with a group of people he has to have the answers. People are looking at him to solve the problems. He’s the father um. . .

P3 = ...It’s truly this team is truly my family. I spend probably more time with this family then my own kids and my wife...

P8 = The family analogy is so fundamental to all of us...Especially when we spend so much more time with each other. I shouldn’t say that, more time with each other then we do with our families but as much time with each other as we do our families.

The “family” metaphor is a powerful social category designed to influence and shape identity. Casey (1996) notes that

As cultural practices, team and family promote the creation of culture feelings, attitudes, beliefs and routinized behavior that correspond with the new organizational structures. It is the cultural attention to psychological dimensions of affect and belonging that ensures the success of organizational restructuring (p. 323).

The author states that the family metaphor evokes “romantic images of human bonding and shared struggles.” As such, it serves as a critical mechanism for constructing a sense of belongingness, leading to a sense of what it means to be “us.”

Morgan (1997) discussed the potential impact of a “patriarchal family” paradigm on organizational life. The author notes that organizations framed through this lens tend to reflect the “dominant influence of the male [that] is rooted in the hierarchical relations found in the patriarchal family” (p. 228). The author also contends that

In many formal organizations one person defers to the authority of another exactly as the child defers to parental rule. The prolonged dependency of the child upon the parents facilitates the kind of dependency institutionalized in the relationship between leaders and followers and in the practice where people look to others to initiate action in response to problematic issues. In organizations, as in the patriarchal family, fortitude, courage, and heroism, flavored by narcissistic self-admiration, are often value qualities, as is the determination and sense of duty that a father expects from his son. (p. 228)

The author goes on to state that organizations functioning within this paradigm tend to foster “rational, analytic, and instrumental characteristics associated with the Western stereotype of maleness, while downplaying abilities traditionally viewed as ‘female,’ such as intuition, nurturing, and empathic support” (Morgan, 1997, p. 226). In many ways the family metaphor provides another social cue relating to prototypicality and group norms.

Engendering and the Domain of Environmental

The implication of the broader environmental healthcare domain on a socially constructed leadership model is reflected within the cultural-centric representation of both the Organizational and Intra-Interpersonal domains. This is demonstrated by the evolution of organizational identity, structure and process, as well as by the implicit cultural competencies detailed within the interpersonal dimensions. The conditioning aspect of the environmental domain is translated by the engendering capacity. This is noted within the shifting orientation within the organization toward an integrated model, fueled by the engendering dimension

P12 = You know the CEO went into it saying we're going to have a resolve that we are going to complete integration that everybody who works with us will work for us, we will work together and it's the best way to deliver medicine.

P4 = an organization with a lot of business acumen and a lot of sort of hospital management techniques and as the wave of integration, the demand for sort of accountability for all aspects of the continuum healthcare being physician services, institutional services or even financial insurance type services, became more involved and really became I think roots in our industry, um, sort of a new generation of folks like myself.

P9 = It's clear in this market that uh the organization probably could not be successful without being integrated. In fact it's probably true that an organization cannot be successful in the country without being integrated.

This emphasis on modeling to integration is a result of structural dynamics located within the larger healthcare environment

P14 = A lot of people believe, we already throw a lot of money into the system. A lot of people believe if we reallocated that effort...we'd actually be able to do it with the same amount of money. In other words, we do a better job of managing people so that they don't get coronary artery disease and they don't get they don't have strokes and they don't get the lifestyle diseases that we have. But we don't have the incentives aligned correctly to do that... I think policy makers are starting to recognize that's an issue as well. Maybe a place where we can actually start to get some traction change in the system. The problem is physicians right now are paid on a kind of a widget manufacturing mentality.

This strategic organizational model has implications for organizational and individual orientation. In reviewing participant data within this particular domain, the implications of a production orientation appear

P14 = And some of our best producers get by with the most because we don't have the chutzpah to stop it yet...So I'm not going to sacrifice and that particular doctor X brings the most cases to our OR. Although he's got the riskiest behavior because of what he does. And then we have this quality mantra and then people see that this person gets away with.

P9 = What we believe the right way for the long term the jury is out on that. But for example, we believe in a production-based compensation system so that uh for the physicians

The relationship between the broader environment and the internal functioning and valued aspects of interpersonal relations become clearer. Ruef (1999) in discussing the implications of social ontology on organizational form and function within the healthcare industry notes that

The implications for the constitution of organizational forms are clear. When the dominant ideology of a field suggests that organizational forms should integrate functions along some dimension, we can expect the discursive differentiation of forms to decrease along the same dimension. (p. 1413)

As such, the environmental conditions located within the larger healthcare environment begin to enter the local aspects of organizational ideology and functioning catalyzed by the engendering dimension. This finding is consistent with theories involving "isomorphic" influences and is consistent with social constructionist theory. As noted by Meyer and Rowan (1977), "Organizations both deal with their environments at their boundaries and imitate environmental elements in their structures" (p. 346).

Engendering and the Element of Transition

The theoretical model developed from this study reflects a reciprocal relationship between the core dimension of engendering and the situational element understood as transition.

Transition is the condition that allows for engendering to occur. The role of engendering and the situational element of transition are the forces behind the shaping aspects of social cognition, and the linkage to the subsequent creation and reinforcement of cultural and leadership competencies represented by the Dimensional Analysis. Although transition does not fit cleanly into one domain or another, in many ways transition is both a condition and consequence of engendering. Certain conditioning aspects are noted within participant data that reflect an underpinning of uncertainty, and fluidity within the greater healthcare environment that create the necessary conditions

P4 = Um, and so what you get then is ah a moment where technology and transportation today are moving at light speed. What would've happened if John Hopkins would have had their gift at a time you could do emails? Instead of riding horses, uh, when lanterns had to be lit by oil and a wick as opposed to flip a switch and we've got blue neon all around it, our institution. I mean, these are different times in terms of speed and accuracy of information so um, because everything now is so quick. Even the half life of bad information is gone in seven days. I mean, it's just everything is so quick that you have to really choose how you are going to disseminate information and effort and put whatever it is you disseminate down deep enough into the ground so that it turns into roots that then can build an institution for you...And that's where we're at right now. It was no mistake or just good luck that we decided to do these children's' clinics.

The participants' comments reflect the implications of the environmental "speed and pace" on the functioning within the organization. The participant goes on to note that

P4 = ...I've told them there is only one rule about . . .Um, there's really only one management rule about me and them and that is I'll get going fast, we got a big agenda; we got a lot going on.

This representation is supported by others within the situation, demonstrated by the following participant comments

P5 = ...everybody around the table had to readjust their whole mindset as to how to do it. Uhm, and there is no road map for that, I mean, most of us were home grown through the traditional delivery system of healthcare. You know, most of us have a lot of good background in that area but we've had to learn about that new world and we've had to figure out what is it that we need in that world because we are developing it from the ground up too. You know, this is a major, a major issue.

P8 = A change as a result of a gift of this magnitude is a transformational change in a very unfamiliar change to the seasoned leadership and the seasoned organization that we are. Therefore I believe we were under-prepared for the change, were not as aware of the organizational impact of the change, we weren't able to anticipate the extent of that influence.

Participants commented on the impact of the CEO and the evolving and changing culture of the organization. As noted in Chapter 1, leadership and change are intimately related.

Scholars have noted that an organization's ability to embrace the challenges of constant change is often seen as a key to organization and leader success (Ibarra, 2004; Madsen, 2003; Norton & Fox, 1997). Schein (1992) states that, "If one wishes to distinguish leadership from management or administration, one can argue that leaders create and change cultures, while managers and administrators live within them" (p. 5). Participant data reflects Schein's claim that leaders can and do change cultures

P5 = The last decade since *the CEO* has come here, I mean, it was a five hundred bed hospital essentially um before *the CEO*. So I do think it's in its infancy, phenomenal growth in ten years. Uhm, phenomenal both geographic and scope of who we are and what we are.

P6 = ...we can go on this journey of integration of physicians making a real conscious effort knowing what you are going to get into, to change the culture of an origination to and to do it at deliberate speed. I mean, a speed that is rapid, not reckless but very rapid making deliberate decisions about it and to come as far as we have is just ah, is amazing to me. That is truly unique, I can't think of any other place that's doing that. That's changing as rapidly and doing it in a direction that's driven by the right reasons, the pure reasons.

In some respects, these processes of depersonalization and self-categorization serve as adaptive mechanisms, portraying a Darwinian stance toward executive survival within this situation. These adaptive mechanisms should not be viewed as dehumanizing but rather as modifications in the basis of perception realized from a shift in perspective. Schein (1992) notes that

A dynamic analysis of organizational culture makes it clear that leadership is intertwined with culture formation, evolution, transformation, and destruction. Culture is created in the first instance by the actions of leaders; culture is embedded and strengthened by leaders...Without leadership in this sense, groups will not be able to adapt to changing environmental conditions. (p. 386)

It is worth noting that from a social constructionist perspective, including the theoretical considerations and principles noted within, the dimensions emerging from the study are fluid and subject to a reshaping based on the evolution and interaction of situational elements and the dimensional conditions. Categories are not fixed structures and are open to modification based on shifting contextual factors. As discussed in Chapter I, certain situational elements located within healthcare dynamics imply an almost certain shift in broader forces that would appear to have implications from an organizational, strategic perspective. Shifts in strategy and organizational alignment portend shifts in perspective and orientation, a potential prologue to new Intra-Interpersonal dynamics. As noted by McGarty (1999), "Categories are dependent upon cognitive models of the world. These are cultural assumptions that establish the real (social) meanings of words" (p. 52). Accordingly, shifts in cultural or situational dynamics would have implications on the content and relative importance of many potential influential categories.

Amidst the described shifts and evolutionary moves, there is a part of the situation that remains in some respects, relatively undisturbed. As participant data reflects

P13 = I think it's important to know the roots and the history...it is built on and grounded on a historical uhm accomplishments and the meaning behind it and so that part hasn't changed. We are still a very, very strong place to go with great people, great technology, great resources uhm to fix your child's broken ankle or to figure out what's going on with your guts to offer a remedy to be healthier and pain free or whatever those issues and so from that perspective we haven't changed it only strengthened our brand and strengthened our mission uhm given a more solid sense to the physicians and to the nurses and to everybody else who is a part of that at work that operation.

P8 = A lot of change. Not only change organizationally but change scientifically just looking at the difference between what type of care I would provide back when I was a practicing nurse or supporting the staff from a supervisory position to today. It's phenomenal in the difference. Then organizationally, looking at the size of the organization and the complexity of the organization not just in the because of the integration of the system but in the hospital itself. It is so much larger, so much more specialized. At the same time Mark, it's interesting that there's so much the same, too.

P6 = Well, you have to serve people's needs you know. It's um, it's uh, you really find out pretty fast that if you come into a CEO position at least in a hospital that's my experience. You have to serve people's needs. The thing is bigger then you are by some considerable amount and the mission is so fast that you are the top person in the organization that serves it. I mean, in a group that serves it so you keep it running when problems come up, you have to, you have to serve the mission of the place.

As noted within the data, "it's interesting that there's so much the same" within a dramatically shifting and transitioning environment. This aspect within the situation provides a stabilizing influence, bringing the nature of participant "calling" into play. Therefore, in some respects, within the interrelated narrative that reaches across the domains of environment, organization, and Intra-Interpersonal, some aspects of the song remain the same. Within this relative stability individuals find connection

P8 = That's organized caring so even in the debates and so on, caring for an individual, and their view and their frustrating weaknesses or their frustrating opinions but caring about them as an individual is the foundation for any constructive or productive environment and that is the legacy that this organization has been founded on and I think will be carried on into the future.

Speculation withstanding, changes in environmental conditions would seem to imply potential shifts in other interrelated domains. To this point, the dimensions that emerged within this situational narrative, described herein as engendering, competing, assimilating, serving, evolving and conditioning, have brought some level of theoretical and explanatory form to the concept of socially constructed leadership -- form bounded by time and space, context and situation.

Correspondence of Findings to Other Leadership Theories

It is important to recognize and discuss the relevant intersections between the emergent social processes represented in the study of this model of *Contextual Leadership* and in existing leadership theories. Two primary approaches to leadership appear to have implications for this study. One approach is the Transformational Theory of leadership, first defined by Burns (1978), and subsequently advanced by numerous researchers thereafter (House, 1976; Avolio & Gibbons, 1988; Conger & Kanungo, 1988; Bryman, 1992; Shamir, House, & Arthur, 1993). The Transformational Theory of leadership proposes that followers and leaders are bound together in a transformational process, emphasizing that the influencing power dynamic results from, and occurs within, relationship. This influential relationship is often catalyzed by “charisma” being attributed to the leader (House, 1976; Bryman, 1992). Shamir et al. (1993) extended the concept of charismatic leadership to include the transformation of followers’ self-concepts while linking this sense of identity to the collective identity of the organization. The authors note that

... such leaders are successful in motivating followers to transcend their own self-interests for the sake of the team, the organization or the larger polity. We shall refer to these effects as "the transformational effects of charismatic leadership." (p. 579)

These aspects of charismatic transformational leadership, both the attribution of a “charismatic presence” as well as a transcendent connection, are evident within the participant data obtain within the study

P2 = I don’t think he [*the CEO*] has extraordinary ah, people skills, I don’t think that’s the real though I think he’s very charismatic.

P10 = Uhm and I personally have an affinity to trying to meet his uhm you know his expectations because he brought me here you know and he believed in me at a very young age that I could do something. So I just want to continually prove to him that he made a good choice even though it’s eleven years later.

P6 = Well, you have to serve people’s needs you know... You have to serve people’s needs. The thing is bigger than you are by some considerable amount... I mean, in a

group that serves it so you keep it running when problems come up, you have to, you have to serve the mission of the place.

In advancing the theory around Transformational Leadership, Shamir et al. (1993) believed that the relevant literature failed to articulate the processes underpinning the theory and state that “No motivational explanations are provided to explain how charismatic leaders bring about changes in followers' values, goals, needs and aspirations” (p. 579). The authors propose five processes that link the behaviors of leaders to the self-concepts of followers, processes that the authors frame as being “self-reinforcing.” These processes seek to link the nature of work and organization to the intrinsic values and orientations of followers. The authors note that leaders harness the motivational forces of the follower’s self by linking these forces to the efforts and goals of the follower. The authors propose that leaders change the “salience hierarchy of values and identities” within followers thereby increasing the “probability that these values and identities will be implicated in action.” Additionally, they suggest that leaders increase the individual and collective efficacy of all by communicating “higher performance expectations of followers, showing confidence in followers’ ability to meet such expectations, and emphasizing the individual’s ties to the collective” (p. 584).

Shamir et al. (1993) posit that certain organizational conditions or environments may be more conducive than others as these relate to the opportunities for charismatic, transformational leadership, to occur. The authors note that

...it follows that charismatic leadership is more likely to emerge and be effective when the organizational task is closely related to dominant social values to which potential followers are exposed than when it is unrelated to such values or contradicts them...In other words, the situation has to offer at least some opportunities for "moral" involvement. Otherwise, charismatic leadership cannot emerge. (pp. 588-589)

Again, in examining the data obtained through conversational interviews, the sense of a ‘moral’ underpinning is present

P8 = And if you think of organized kindness or organized caring what we're all here and we're all organized around is taking care of that patient.

P3 = You're giving so much to this cause and ah, and it's a noble cause.

The data seem to support the theory of transformational and charismatic leadership to the extent that appeals are made to the deeper meanings held within the followers and the situation as a way of transforming and changing social identities and landscape.

The second intersection of the findings in this study and existing leadership theory is Psychodynamic Theory-- an approach to leadership that emphasizes our most basic personal construction or understanding of leadership having 'familial' origins. Northouse (2001) notes that

Our parents create, particularly in the early years of childhood, deep-seated feelings about leadership. The parental image is highlighted in business when we refer to a corporation as 'paternalistic'...The familial metaphor is used frequently in organizations that term themselves "one big happy family," with the natural consequence that the leaders are the parents and the employees the children. (p. 191)

The establishment of a family paradigm for shaping interpersonal relations has implications along a broad continuum. The position on this leader-follower relational continuum depends upon the relative understanding of the psychological makeup of leaders and followers; it also depends upon the follower and leader emotional responses to these conditions. Positions and their metaphorical familial halo's have implications for the potential parent-child relationship that is inherently embedded. Other aspects of this approach include the emotional maturation of leaders and followers, issues of dependence and independence, as well as identity issues derived from relational understandings embedded within family dynamics. Participant responses reflect a strong family paradigm

P10 = So I think you know I interact socially and personally with a lot of the people here uhm so I consider them my family you know I you know I probably talk to people here more than I do with my extended my extended family.

P12 = Um, but Sanford, this organization you know has grown exponentially over the years and as part of I think as part of the culture when we've got such diverse organization spread out over eighty thousand square miles, it's, it helps to communicate that methodology, not methodology but ideology that we're a family...But as those people retire and move on and um, we just don't. It'll be much more difficult to maintain that family culture as those older people move out and the younger people move in and who's going to, who's going to keep that family flame going?

P13 = Which is part of the process that we need to get through because ultimately we are family and there is a mutual respect in your involvement and your positional authority and everything else that says I have an obligation to step in here whether I'm a lone voice or not isn't the issue it's participating in a discussion which will ultimately be a part of and resolved or a decision or an action or the initiation of a new program direction or something of significance that will impact people.

Kets deVries (2004) in referring to his work with executives states that “when I analyze them, I usually find that their drives spring from childhood patterns and experiences that have carried over into adulthood” (p. 67). The author then contrasts leader-follower relations, and the issues relating to the attribution of certain traits like charisma through the lens of Freud

Transference is probably the most important concept in psychotherapy; it was one of Freud's great discoveries...Transference is the term for this continuity between early childhood and adult behavior. What Freud meant is that we all bring to our current relationships a map of past relationships that we transfer onto the present. This particularly happens during times of stress and in hierarchical situations, which are reminiscent of the parent-child constellation. Indeed, people in positions of authority have an uncanny ability to reawaken transference processes in themselves and others. (p. 69)

This acknowledgement of a childhood repository of leadership ideas and concepts has also been advanced by Abraham Zaleznik (1977) who wonders if “the leadership mystique is merely a holdover from our childhood – from a sense of dependency and a longing for good and heroic parents?” (p. 75). Extending the aforementioned family paradigm literature and data, participants provide specific acknowledgment to role definition

P1 = *The CEO* uses the family, he will say, this is family and I think everybody knows in the room probably who's the dad and it probably does bring up a whole different set of emotions and feelings that you have been exposed to over your lifetime in the

relationship of your father whether it was good or bad and now having a new father or a different father is some of that old stuff going to come up that you didn't really care about...So I wonder if there is some dynamic within *The CEO* that was, when he's with a group of people he has to have the answers. People are looking at him to solve the problems. He's the father um. . .

P10 = You know he sometimes gets a little parochial in his thoughts that if you are not sitting there babysitting something 24 hours a day that it can't possibly run as well and you know. The people there don't want to be baby sat 24 hours a day.

The psychodynamic paradigm of leadership illuminates some implications for the family metaphor as it pertains to interpersonal relations. It places an emphasis on understanding the interpersonal emotional responses and reactions between leaders and followers, fueled by potentially unconscious beliefs and feelings regarding historical family dynamics. In many ways the family paradigm is an emotionally binding concept that creates significant opportunity to elicit strong emotional responses. It is a cultural mechanism that influences a participant's sense of collective and individual identity.

Conclusions

The social processes influencing this particular situation are in some respects representational motivating factors that define and shape the leadership process within this specific healthcare context. These social processes emerged from the data and reflect the contextually developed understandings and experiences of participants concerning the process of leadership. The theoretical model that emerged from the data reflects the symbolic and thematic nature of the various participant and organizational narratives that occur within the situation. In reviewing the relevant leadership literature, the theory of Transformational Leadership contributes significantly to this study, while the sensitizing concepts of Social Identity theory appear to support the motivational underpinnings articulated in the Shamir et al. (1993) study of Transformational Leadership. Although these theories support the findings within this study, it

is worth acknowledging that there remains a contextual aspect to the study. As noted by Svensson and Wood (2005) “actual leadership effectiveness in organizational performance varies over time and across contexts.” The nature of the findings within this study embrace a socially constructed, context dependent perspective. Osborne, Hunt, and Jauch (2002) note that “Leadership and its effectiveness, in large part, is dependent upon the context. Change the context and leadership changes as does what is sought and whether specific leadership patterns are considered effective.” The authors further state that “leadership is embedded in the context. It is socially constructed in and from a context where patterns over time must be considered and where history matters” (p. 798).

The aspirations and orientations of followers found within the Intra-Interpersonal domain, combined with the exceptional organizational cause and unique external and related environment, create and catalyze a unique contextual situation holding intriguing social forces and opportunities for transformational leadership to occur. The process of leadership within this situation reflects a transformational presence found within the narratives in the study. The situation reflects action that is oriented toward connecting the intrinsic motivations of individuals with the greater calling found within the healthcare environment. Expectations for individual performance are strongly communicated by the leader and these expectations are connected to an overall cultural purpose named as being “noble.” And in many ways, the intrapersonal presence of a “calling” serves as a substantial self-reinforcing motivation to meet the cultural expectations understood as competing, assimilating, and serving.

Yet, there are significant data to support a potential shadow side to this engendering and transformational force of a CEO. Participant data reflects a potential over-dependence on the engendering capacity demonstrated by statements like, “as goes the CEO, so goes Transition.”

For example, this dependence becomes manifest in extreme deference and a lack of clear feedback. This suggests a need for an expansion of the openness and receptivity to the force of CEO expectations that would encourage greater feedback processes that would ensure the inaction of checks and balances necessary for a reflective and collaborative approach to change. This implies a shift within the cultural competence for leadership.

Limitations of the Study

The purpose of this study was to generate a Grounded Theory of socially constructed leadership – understood as contextually relevant to the place of study, and located within the cognitive attributions of followers to leaders. This study was tightly bound and scoped, focusing on explicating and illustrating the social forces and processes that mediate the attribution of leadership as described and understood by the core executive team. As such, the perspective captured was tight and predetermined. The participants were selected from a formal leadership structure articulated within the corporate organizational chart. The processes articulated within the findings represent the perspectives of formal leaders within the organization – leaders defined by position. Therefore, the composite data reflects in some respects positional perspective and could have been influenced by the inclusion of others understood as leaders of the informal nature.

As articulated in Chapter I, the focus of this research study has been to illuminate the nature of the contextually relevant social forces present within the situation that influence perceptions and interactions. This research paradigm inherently recognized the implications of accumulated knowledge and experience within the specific situation as a mediator of reality. As the purpose of this study is to understand the social construction of leadership, I chose a Grounded Theory methodology known as Situational Analysis. The intent of a Grounded

Theory study is to generate or discover a theory or abstract schema of a particular phenomenon grounded in the experience of those within the situation. Situational Analysis seeks to explicate meanings from the local context by identifying the social landscape and its impact on interaction. Underpinning this methodology and research study are certain philosophical principles regarding the nature and origin of knowledge and its implications on meaning-making. The principles of pragmatism, symbolic interactionism, and constructivism support the fluid conceptions of our dynamic social worlds and social realities. Accordingly, I accept the premise of Crotty (1998) that “all knowledge is created from action taken to obtain it” (p. 742). Certainly this has implications for the research process. However, this perspective is balanced by the view of Schatzman and Strauss (1973) that “For the field researcher, the matter of bias is accepted; his concern is directed at the fruitfulness of observation from any given angle” (p. 55). In recognizing this implicit “bias”, it is important to note that the observations and representations within this study are the cumulative articulations of the participants, captured in their language within conversational interviews and interpreted by the researcher.

The findings therefore are limited in terms of transferability and can be best understood as locally relevant. In many ways then, the findings within this study are culturally bound within the specific place of the study. Accordingly, although certain aspects of the healthcare setting may exist as common influences or dynamics, organizational responses appear to remain local.

My Role as Researcher

As discussed in Chapter I, this study was conducted within a regional healthcare system in which I am employed. Thus I entered the situation with some level of broad “knowing” and therefore possess “some degree of intimacy” with respect to the situation. My role within the system focuses on organizational development activities, and therefore may have afforded me

access and exposure to various organizational dynamics to which outside researchers would not otherwise be privy. As such, the open-ended questions utilized within the study afforded participants flexibility in steering the conversational interview in a manner fitting their respective perspectives. This participant flexibility helped to mitigate the inherent nature of my embeddedness within the situation. The qualitative methodology of Situational and Dimensional Analysis allowed for a flexible approach toward data collection and review. The process allowed for the refinement of the conversational interview process and the integration of memoing exercises designed to move with the data. Also, in relation to data derived from these conversational interviews, analyses and interpretations were enhanced by the utilization of a research partner, who helped bring a focus and interpretation that was outside the system of analysis.

I recognize that this level of intimacy did influence the research process and my interpretation of the events. Further, my experience and understanding of leadership within the setting filtered my interpretation of events within the setting. However it is worth noting that the access to executives and their willingness to participate may have been accelerated due to some pre-existing relationship and/or knowledge. I believe the relative boldness of their responses implies a sense of psychological safety, catalyzed by the promise of anonymity. All participant responses were examined and reported in as balanced a manner as possible given the nature of my role in the organization.

Implications for Research

As noted in Chapter I, the theoretical assumptions that are foundational to social constructionist studies are: a) perspective – that what is considered primary is the notion of the subjective nature of experience and reality; b) knowledge derived from perspective leads to

action; c) processes lead to the creation of what is perceived as knowledge; and d) structures arise from processes – structure can take the form of categories, positions, or descriptions.

Much of the leadership research and concepts derived therein represent leadership as originating from individually intrinsic capacities, and manifest within relationship between people, irrespective of context. Research related to social cognition and attribution recognizes the implications of accumulated knowledge and experience as a mediator of the external world, thus influencing the nature of our perceptions and interactions – i.e. situationally understood. Research studies focusing on leadership and utilizing a social constructionist paradigm are limited; and few, if any, utilize Situational and Dimensional Analysis. Studies within this area have focused on broader culture dynamics bound by geography or ethnicity (Shamir & Lapidot, 2003; Popper & Druryan, 2001), forms of social and cultural capital (Spillane et al., 2003), and biographical case studies (Chen and Meindl, 1991; Grint, 2005). Grint (2005) argues that future studies should spend less time analyzing the objective or scientific understanding of situations and “more time considering the persuasive mechanisms that decision-makers use to render situations more tractable and compliant to their own preferred form of authority” (p. 1492). This suggestion fits with the design and theoretical stance of this study. As this study illustrates, situational elements that are contextually unique have significant implications for the further understanding of leadership, albeit at a micro or local level. The significance of this study is the amplification and illumination of the contextual factors that serve as influential factors framing our interpersonal relations, including leadership.

In relation to the situation being studied further, research into the relationship between the healthcare industry and those forms of leadership that bring needed change to an unsustainable system is needed. Currently, the predominant narrative within the healthcare

industry focuses on initiating change that will improve the efficiency and effectiveness of an underperforming and at-risk system. Few believe that the overall system is generating adequate outcomes based on the relative investments currently being made. A variety of models have been brought forth seeking to shift the relational parts of the system. Irrespective of the form and substance of new models, there are broader change issues requiring examination. What are the implications on organizational sustainability in the presence of transformational leadership? How does the healthcare industry reorient the current paradigm to increase effectiveness of the overall healthcare investment? To what degree might the findings within this healthcare related research paradigm transfer to other healthcare related organizations? What are the temporal implications for this research? How would geographical differences impact the findings? Additional questions that might emerge would focus on the necessary conditions required for a perceptual change or shift in the healthcare perspective that begins to feel more patient-centric rather than delivery-centric. In either case, examining the nature of political, social, and economic capital within the system will be an important beginning to framing an appropriate intervention.

Implications for Practice

The focus of this study was the explication of socially relevant forces that mediate and influence perceptions and lead to the attribution of leadership. The explanatory form emerging from the data depicts an intense, catalyzing, change-related force described as engendering that plays a significant role in defining the situation examined. This force also plays a significant role in the construction and support of what can be described as cultural competencies – those adaptive mechanisms that assist executives in adjusting to the demands of organizational life. In many ways the engendering force within this situation resembles the traditional, top-down

approach or model of leadership where the leader is viewed as the source of organizational vision and intelligence, and where the emphasis or focus of the leadership narrative to demand performance and exert control. Intriguing questions emerge in considering the implications of a potential shift toward a more modern approach -- one focusing on a relational paradigm that inspires performance, empowers others, and leads from a partnership stance rather than from a paternal stance. Rost (1991) in discussing the notion of reflective scholars-practitioners and their impact on leadership research and practice states that

They do research about leadership in context, leadership in this organization, this community, this society. They see themselves as doing action research because they are at the center of where the action is, because they are involved in the paradigm shift, because they are agents of transformational change. (p. 186)

Accordingly, the findings within this study have implications for leadership development and organizational change. As a scholar-practitioner, I see the opportunity to create change through the development of leadership initiatives that begin by illuminating the nature of what social forces help to shape leadership within an organizational setting. Bringing these findings forward as a point of strategic and developmental dialogue among leaders of a healthcare organization would create an opportunity for reflection and insight. For example, leaders can consider leadership development foci by considering the present conditions across the three domains of Environmental, Organizational and Intra-Interpersonal with a sense of what leadership capacities are required for future growth and sustainability. By considering the intended and potentially unintended consequences of the forces both within the local context and the broader industry, development and change initiatives can address those cultural competencies critical for organizational advancement and growth.

I referenced in Chapter I the work of Atchinson and Bujak (2001) who noted that “The single most important intangible input in the change process is leadership” (p. 112). As

previously noted and discussed, this situation in many ways is characterized by transition, catalyzed by the engendering force. It is important to note that engendering is held collectively – all the conditions and processes, and subsequent situational and dimensional elements in this period of transition, collectively construct this form of leadership. The change occurring within this situation is by most accounts, very purposeful and intentional. Although some could argue about the “ends” that should be the ultimate focus of the transition and change that is occurring, this situation certainly reveals the presence of leadership. However, I also noted that the national healthcare system appears to be in a state of dynamic equilibrium, with a potentially non-sustainable trajectory. Recognizing the aforementioned complexity, Atchison and Bujak (2001) posit that

The healthcare industry is undergoing transformational change. Can the existing structures successfully adapt, or will the inertia of entrenched power relationships render the current system progressively more disconnected from the changing needs and expectations of society?. (p. 183)

I think this question remains open. In many ways the situation studied represents significant change and progression as it relates to the functional interests of the organization; however, it remains to be seen whether this progression is in harmony with, or significantly addresses, the needs and expectations of a multi-faceted society and its widely ranging (complex) health-related needs.

APPENDIX

Appendix A Tree Nodes

	Name	Sources	References
	A transformational change		

	Name	Sources
	A whole other evolution of the organization	
	Being in pursuit of world class performance	
	Hard leap to make	
	I think it's going to be a huge hurdle to overcome	
	I think the org has shifted	
	If we bring the young with us our legacy will be sustainable	
	It was no mistake or just good luck	
	It's all about change	
	It's an expectation, it's an accountability	
	It's totally transformational	
	Making that known to the world	
	Measure up well against the healthcare leaders	
	Not just the hype	
	Phenomenal growth	
	Protect that new house	
	So your peers know you exist	
	That dynamic tension between the old and the new	
	That's the big change	
	The learning between the old and the new	
	The right place at the right time	
	The traditional hardline meets new innovative biases	
	There is no road map	
	These are different times	
	This organization has grown exponentially	
	This whole new understanding of who this healthcare organization is	
	vs. New development and the old	
	vs. Organization, science changes	
	We have to balance traditional with current	
	We need to protect the research organization	
	We're five times larger than we were 12 years ago	
	We're going to have some of that mushing again	

	A very defining part of who we are - integration		
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	Name		Sources
	A point of differentiation - integration		
	And we've done it for twelve years		
	Become more integrated		
	Financial performance structure quality - integration		
	In its infancy		
	Integration is an evolutionary process		
	Integration is time consuming and expensive		
	It's a core value of the organization - integration		
	It's the best way to deliver medicine		
	Performance of all to deliver quality product - integration		
	Physicians choose integration cause patients are better served		
	We are not even a generation into it		
	We believe in production based compensation system		
	We're going to be pure		

An Interesting CEO			
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	Name		Sources
	A function of the position		
	Acting out		
	All this power and publicity		
	An interesting CEO		
	And if you can do that he tends to like you		
	And to make a courageous call		
	As goes my nose so goes everybody's nose		
	Asked other people to leave the table		
	Back to my original training in being an MBA		
	But a lot of leadership isn't factual or technical		
	Faith and family are at the core of what he believes		
	Force of will		
	He does have a higher vision and is willing to do what it takes		
	He loves the sparing		
	He sometimes gets a little parochial		
	He values relationships		
	He will express his displeasure		
	He will intentionally provoke		
	He's a very interesting person		
	He's an impatient person		
	He's kind of practical, tend to your knitting		
	He's the smartest man I've ever met in my life		

He's totally a pick up driving, pizza eating, beer drinking, good ol' boy		
He's very intimidating		
His DNA which is just so rare		
I always use the word empirical		
I want to meet his expectations bc he believed in me		
If you don't participate in the meeting don't come		
I'm just a very human guy		
I'm perplexed a lot about talent		
I'm still very traditional		
It's all by design in how he does things		
It's hard to know when he is acting		
It's like the locker room or huddle		
I've kept my mouth shut		
Jump right in and take on The CEO		
The CEO ain't going to like it anyways		
The CEO gets frustrated with me		
The CEO has a pretty quick measure of back lash		
The CEO has always been good at that (expectations)		
The CEO I think is very much like me		
The CEO puts high expectations on the team		
The CEO says we make sausage		
The CEO went into it with resolve		
Laid back intensity		
Loyalty is a big thing		
Meeting get pretty intense and it's pretty intimidating		
No prisoners culture		
Oh, meeting these expectations		
One of the hallmarks of The CEO's leadership style		
People like myself		
Physically intimidating		
Prove my humanness		
Taking their lead from The CEO		
That leadership pieces is just so critical		
That won't be tolerated by The CEO		
The expectation that everyone (leader) has a voice		
The number one thing would be resolve		
The only sort of service from them to me		
There's a necessary distance between the boss and the rest		
There's just no way to minimize The CEO's involvement and influence		

	There's little room for watching the process		
	There's only one management rule about me		
	To make sure he flushes out the details		
	Ugly stuff gets said but that's competition		
	vs. Charismatic, no people skills		
	What The CEO wants		
	With The CEO at the helm		

Assimilating			
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	Name		Sources
	Conditions		

	Name	
	Acting out	
	As in most families	
	Family is an important word	
	Ideology that we're a family	
	It is part of the obligation, expectation and the honor of the invitation	
	Kind of Midwest, Norwegian whoa is me the sky is falling	
	Loyalty is a big thing	
	People who fail in the culture are not embraced	
	Power positioning	

	Outcomes		
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	Name	
	A big five or six	
	About four or five people are doing the talking	
	It implies commitment	
	They are in lock step with The CEO	
	What The CEO wants	

	Strategies		
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	Name	
	Adapted my mind to the environment	
	And if you can do that he tends to like you	
	His leadership is translated but not replicated	
	If you don't participate in the meeting don't come	
	Taking their lead from The CEO	

Becky			
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	Name		Sources
	Becky is a really good communicator and mentor		
	But I never really had anyone teach me how to be a leader		
	I've never interviewed for a position		
	She tells me the hard things along with the good things		
	This is the first time I've reported to someone I respect		

Competing			
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	Name		Sources
	Conditions		

	Name	
	And if you can do that he tends to like you	
	He engages confrontation amongst the leadership team	
	He has a tendency to scorn for not engaging in a debate (2)	
	He knows that his personal style can be intimidating	
	He loves the sparring	
	He thrives on debate	
	He will intentionally provoke	
	He's very intimidating	
	If you don't participate in the meeting don't come	
	It's like the locker room or huddle	
	The CEO puts high expectations on the team	
	The CEO says silos are necessary	
	The CEO says we make sausage	
	The CEO throwing out an idea and having us swim to it	
	There's little room for watching the process	

Outcomes			
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	Name	
	A pretty good interchange	
	All of us are very competitive	
	Die on the sword	
	Don't cross into my lane	
	Got some real losers	
	His leadership is translated but not replicated	
	I might get slapped upside the head	
	I think it's very individually centered (from a	

	leadership perspective)	
	I think we forget how we treat each other once and a while	
	Interactions get way too personal	
	It's a very complex dynamic political organization	
	It's Competitive	
	It's very turf management focused	
	Language of conflict	
	Meeting get pretty intense and it's pretty intimidating	
	Newcomers are looked at a little more circumspect	
	No prisoners culture	
	Not afraid to challenge each other	
	People have been overly protective of turf	
	People who fail in the culture are not embraced	
	Senior leadership calls it accountability I see it as control	
	Some of the exchanges are brutal	
	There is a whole control issue lots of need for control	
	Ugly stuff gets said but that's competition	
	vs. Feel chewed up but nothing personal	
	We do a really good job of eating our young here	
	We don't have true respect	
	We have a lot of pockets of egocentric activity (2)	
	We push ourselves very hard	
	You are sticking your neck out	
	You get disinvited pretty quickly	

Strategies		
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	Name	
	If I don't have a horse in the race	
	It takes courage and it takes a strength of personality	
	Jump right in and take on The CEO	
	Our ability to argue, debate and fight	
	Power positioning	
	Some people are trying to curry favor	
	When new people come to the group we eat them alive	
	You can't let your face show everything you are thinking	
	You have to be aggressive and you have to take a chance	
	You've got to have confidence in yourself	

	Conditioning		
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	Name		Sources
	Conditions		

	Name	
	CMS pays the same for bad quality as they do for good quality	
	Docs are trained not to talk about mistakes	
	Going at a more rapid speed	
	I don't know if people feel empowered to make any change	
	I'm not paid to take care of you I'm paid to see ten of you	
	Irrespective of what the quality is	
	It's a core value of the organization - integration	
	Money and lifestyle	
	Some of the barriers are the way docs get paid	
	The incentives are not there to do the things we need to do to be healthier	
	The problem is physicians are paid on a widget manufacturing mentality	
	The RUC	
	The RUC is run by procedural physicians	
	The RUC sets those values	
	We don't empower people at the point of care	
	We don't have systems in place to support the things we need to do	
	We don't have the incentives aligned correctly	
	We don't have true respect	
	We don't value the thinking doctors	
	We spend more money and have poorer outcomes	

	Outcomes		
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	Name	
	60% of Medicare dollars are spent in the last 20 days of life	
	For the first time in America children have lower life expectancy	
	Healthcare institutions are not safe places for people to enter	
	I don't see Sanford leading the charge	
	In 30 years every human being will be obese	
	It's not a health system it's an emergency system	
	It's not sustainable	
	It's not sustainable (2)	
	It's the budget (what we measure)	
	It's the budget (what we measure) (2)	

	Our best producers get by with the most because of money	
	Our patients deserve better quality	
	Our system does not promote health	
	Performance of all to deliver quality product - integration	
	The Stars in the system are the ones that see lots of patients	
	There aren't enough thinkers anymore	
	Thinking doctors can't make the money that doing doctors make	
	We are not in a mission margin balance	
	Where is the value in managing people's health	
	You have to be economically tied to the success or failure	

	Strategies		
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	Name	
	A point of differentiation - integration	
	Become more integrated	
	Finance people as decision makers	
	Financial performance structure quality - integration	
	The more things you do the more you get paid	
	The performance metric is how many people you see	
	We are so focused on high tech stuff	
	We believe in production based compensation system	
	You have to be economically tied to the success or failure	

	Dave		
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	Name		Sources
	Dave Link...the smartest man in the world		
	Dave's 20 plus years		

	Engendering		
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	Name		Sources
	Conditions		

	Name	
	All this power and publicity	
	Back to my original training in being an MBA	
	Force of will	
	He calls himself a macaroni and cheese and hot dog guy	
	He does have a higher vision and is willing to	

	do what it takes	
	He's an impatient person	
	He's the smartest man I've ever met in my life	
	He's totally a pick up driving, pizza eating, beer drinking, good ol' boy	
	His DNA which is just so rare	
	I always use the word empirical	
	I'm at peace with mortality and where things are	
	I'm just a very human guy	
	It's been accelerated since The CEO has been here	
	Krabbenhoft - 6 foot 6, booming with confidence	
	Laid back intensity	
	My failings, that my misdeeds and inappropriateness are forgiven	
	Physically intimidating	
	The expectation that everyone (leader) has a voice	
	The number one thing would be resolve	
	There's only one management rule about me	
	With The CEO at the helm	

Outcomes		
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	Name	
	As goes my nose so goes everybody's nose	
	Going at a more rapid speed	
	He commands respect	
	He's Sioux Falls' go-to guy	
	His leadership is translated but not replicated	
	I think he's going to be in some of the textbooks before it's over	
	I want to meet his expectations bc he believed in me	
	It's been accelerated since The CEO has been here	
	It's hard to know when he is acting	
	I've kept my mouth shut	
	Loyalty is a big thing	
	Some people just can't handle the environment (speed)	
	The leading figure of the Sioux Falls economy	
	The only sort of service from them to me	
	There's just no way to minimize The CEO's involvement and influence	
	vs. Charismatic, no people skills	
	vs. Tumultuous, exciting, positive, unsettling	
	We want an entrepreneurial aggressive focus	

	Strategies		
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	Name	
	He calls himself a macaroni and cheese and hot dog guy	
	He knows that his personal style can be intimidating	
	He loves the sparing	
	He will express his displeasure	
	He will intentionally provoke	
	He's clear with people that they shouldn't violate his trust	
	He's made a living out of thinking big	
	It's all by design in how he does things	
	Prove my humanness	
	The expectation that everyone (leader) has a voice	
	There's a necessary distance between the boss and the rest	

Evolving			
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	Name		Sources
	Conditions		

	Name	
	A New Set of Expectations and Promises	
	A reputational move to the next level	
	An opening movement to say we can explore	
	Being in pursuit of world class performance	
	Goal is to move from a delivery entity to disease process focus	
	He (Sanford) defined the Gift	
	He is directing the direction that we are looking at	
	It was no mistake or just good luck	
	That dynamic tension between the old and the new	
	The traditional philanthropic gift	
	There is no road map	
	What Mr. Sanford wants	

	Outcomes		
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	Name	
	A freeing moment	
	A transformational change	
	Everything is so quick	
	God this is like nothing I've ever experienced	

	Heavy burden	
	I believe we were under prepared for the change	
	I don't want us to lose our way	
	I struggle with people, the world's expectations for us from this 400 million	
	I think I've aged a decade in the last year	
	I think the org has shifted	
	I underestimated the feeling of personal responsibility	
	I'm afraid that we're at tactical risk of losing some edge on delivery	
	I'm aging, I can feel it	
	It can be very tiring at times	
	It just feels so different - the scope is a lot narrower	
	It's been accelerated since The CEO has been here	
	Looking at ourselves differently in terms of what we can accomplish	
	Moves this fast	
	People are definitely feeling the intensity	
	Pressure to build infrastructure	
	Sanford Health has been dramatically influenced by the gift	
	That's why for the past year it's been a lot different for me	
	The gift has opened a lot of doors to our organization that we're just beginning to see	
	The Sanford Initiatives is accelerating things	
	The speed here is incredibly fast	
	These are different times	
	This whole new understanding of who this healthcare organization is	
	We're really looking at the country and the world differently	
	We've got a lot of expectations	
	We've got so many balls in the air	
	We've lost a little of our reality I think	
	You feel like you are under a microscope more	
	You know you never have downtime	
	You've got to move fast cause momentum is viewed positively	

	Strategies	
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	Name	
	Change structure	
	Demand for sort of accountability	
	I need more operations people	
	If we bring the young with us our legacy will be sustainable	
	Protect that new house	

	Senior leaders making that change without a lot of buy in	
	That's why the separation was put there	
	The learning between the old and the new	
	We have to balance traditional with current	
	We need to protect the research organization	
	We're going to create two rooms	
	We're going to have some of that mushing again	
	We've added research	
	We've tried to increase communication	
	You need a bureaucracy to frame an organization	

Family paradigm			
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	Name		Sources
	As in most families		
	Be much more difficult to maintain that family culture as those older people move out		
	Family is an important word		
	He sometimes gets a little parochial		
	Healthcare is unique in terms of people's entry into it		
	How much I appreciate them		
	I consider them my family		
	Ideology that we're a family		
	It implies commitment		
	It's a maternal type responsibility		
	Loyalty is a big thing		
	My commitment to you is like my commitment to my family		
	Some don't expect the familial bantering		
	There seems to be categories of people		

Fear related data			
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	Name		Sources
	Die on the sword		
	I might get slapped upside the head		
	Interactions get way too personal		
	It's a Mercy Killing		
	Language of conflict		
	No prisoners culture		
	Some of the exchanges are brutal		
	The one real danger		
	You are sticking your neck out		

	You don't want to get smacked around		
	You just get a shut down on topics		

Healthcare dynamics			
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	Name		Sources
	All healthcare is a local community asset		
	Healthcare and delivery models		
	Healthcare is unique in terms of people's entry into it		
	Highly regulated industry		
	Next to nuclear power		

Identity			
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	Name		Sources
	Family paradigm		
	Of who we are and what we are		

Impact of the Gift			
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	Name		Sources
	Demand for sort of accountability		
	Everything is so quick		
	For the foreseeable future		
	God this is like nothing I've ever experienced		
	Heavy burden		
	How does it feel		
	I believe we were under prepared for the change		
	I don't want to do anything that might drop the ball		
	I struggle with people, the world's expectations for us from this 400 million		
	I think I've aged a decade in the last year		
	I underestimated the feeling of personal responsibility		
	I'm afraid that we're at tactical risk of losing some edge on delivery		
	I'm aging, I can feel it		
	I'm trying to build a bridge for God sakes		
	It can be very tiring at times		
	It just feels so different - the scope is a lot narrower		
	Looking at ourselves differently in terms of what we can accomplish		
	Moves this fast		
	People are definitely feeling the intensity		
	People think it's going to happen tomorrow		

	Sanford Health has been dramatically influenced by the gift		
	That it was almost going to be a burden		
	That's why for the past year it's been a lot different for me		
	That's why the separation was put there		
	The gift has opened a lot of doors to our organization that we're just beginning to see		
	The hook was how can you differentiate yourself in a very crowded market		
	The other room is new		
	The speed here is incredibly fast		
	The years fly by		
	This whole new understanding of who this healthcare organization is		
	vs. The cause, other priorities		
	vs. Tumultuous, exciting, positive, unsettling		
	We want an entrepreneurial aggressive focus		
	We're going to have some of that mushing again		
	We're living on borrowed time		
	We're really looking at the country and the world differently		
	We've got a lot of expectations		
	We've lost a little of our reality I think		
	We've tried to increase communication		
	Who in God's green earth would have imagined		
	You feel like you are under a microscope more		
	You know you never have downtime		
	You've got to move fast cause momentum is viewed positively		

Issues of culture and location			
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	Name		Sources
	Balancing our bigness against our humbleness and service		
	Don't get too hot in the pants		
	I do think there is just a higher rate of credibility that comes with Sanford		
	I think it's a regional kind of influence		
	Make sure the rows are straight		
	This whole new understanding of who this healthcare organization is		

Of who we are and what we are			
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	Name		Sources
	A big five or six		
	A skill set of our leaders		

About four or five people are doing the talking		
Adapted my mind to the environment		
All of us are very competitive		
And that makes us different		
And that's organized kindness		
As an executive team		
Caring Culture		
Do that amongst each other		
Don't cross into my lane		
Dynamics around personal interaction unchanged		
Everybody's there to do their part		
Got some real losers		
I believe the leaders believe they serve		
I can almost feel the tendency to pull back		
I do think there is just a higher rate of credibility that comes with Sanford		
I think it's very individually centered (from a leadership perspective)		
I think there is something unique about our culture		
I think we forget how we treat each other once and a while		
If I don't have a horse in the race		
It's a very complex dynamic political organization		
It's Competitive		
It's very turf management focused		
Key in guide posts for decision making		
More subjective things of judgment and engagements		
Not afraid to challenge each other		
Of who we are and what we are		
Our ability to argue, debate and fight		
Our ability to....		
Our leadership culture does not embrace that		
Part of the challenge of being in the Exec suite		
Passive aggressive is a terminal illness		
People have been overly protective of turf		
People who fail in the culture are not embraced		
Physicians tend to be independent		
Power positioning		
Rare to find a team like this		
Relational data		
Sets us apart from other organizations		
Some people are trying to curry favor		
Some that are really committed		

	Taking the worst of all worlds and mixing it together		
	The doctors are the pilots you know		
	The ethic that is demanded		
	The Inner Circle		
	The Politics of an interaction		
	The Relationship between us		
	The trap we find ourselves in		
	There is not a sense of anonymity		
	There's so much the same, too		
	They are pretty mission driven people		
	They are very, very, very smart people and they've been here forever		
	They have a very progressive mgt team		
	This whole new understanding of who this healthcare organization is		
	Those leadership moves		
	vs. Feel chewed up but nothing personal		
	vs. Supportive yet challenging		
	We all worry about each other		
	We are trying to define the personality of the organization		
	We do a really good job of eating our young here		
	We have a lot of pockets of egocentric activity		
	We push ourselves very hard		
	We watch out for each other		
	We were very purposeful		
	We're all here to take care of the patient		
	We're all in this together		
	We're not a transient population		
	What are those key things that are important to the organization		
	What makes us unique		
	When I talk about culture		
	When new people come to the group we eat them alive		
	Working together to take care of the whole		
	You can't let your face show everything you are thinking		
	You get disinvited pretty quickly		
	You have to be aggressive and you have to take a chance		
	You've got to have confidence in yourself		

Operational Focus			
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	Name		Sources
	Execution is more my strength		

	I need her cloned (Becky operational excellence)		
	I need more operations people		
	It's a pain in the ass for a lot of real operations people		
	Nobody can provide the data on what our patients think		
	The dominance of the operations that I've been leading		
	The nature of the beast (operations)		
	We call it the Operations Council		
	Where operations are the important thing		
	You need a bureaucracy to frame an organization		

Organizational roots			
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	Name		Sources
	I think we've been historically insular		
	It's one hundred and seventeen years old		
	The issue of roots		
	The medical center is the historic piece		
	This whole new understanding of who this healthcare organization is		

Paradox			
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	Name		Sources
	Laid back intensity		
	vs. Caring, big business		
	vs. Change in org structure, change in purpose		
	vs. Change, familiar or unfamiliar		
	vs. Changed yet the same		
	vs. Ethics, regulation		

Power of finance			
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	Name		Sources
	An FTE organization		
	Finance I would say we struggle to communicate		
	Finance people as decision makers		
	Financial performance structure quality - integration		
	It comes back to money		
	It's the budget (what we measure)		
	I've always assumed we were much more than just financial returns		
	Our leadership culture embraces financial performance		
	The reality of economics		

	This whole new understanding of who this healthcare organization is		
	Those who sit in judgment		
	We believe in production based compensation system		
	We're focused on the bottom line as an organization		
	You have to be economically tied to the success or failure		

Purpose			
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	Name		Sources
	It's a noble cause		
	It's the root of organized kindness (come here to get better)		
	That's organized caring		
	The overall common goal		
	The right reasons, the pure reasons		
	The thing is bigger than you are		
	These are the commitments that we have made		
	This just feels more like service		
	We're so focused on taking care of other people		

Serving			
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	Name		Sources
	Conditions		

	Name	
	A small town base	
	And that makes us different	
	Healthcare is unique in terms of people's entry into it	
	It's a noble cause	
	It's the root of organized kindness (come here to get better)	
	Our core business is taking care of patients	
	People who are from the area	
	The mission is just there - that's who we are and that's what we do	
	The overall common goal	
	The right reasons, the pure reasons	
	The thing is bigger than you are	
	They are pretty mission driven people	
	This just feels more like service	

Outcomes		
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	Name	
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	Caring Culture	
	Don't get too hot in the pants	
	We all worry about each other	
	We watch out for each other	
	We're all here to take care of the patient	
	We're all in this together	
	When I talk about culture	

	Strategies		
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	Name	
	Balancing our bigness against our humbleness and service	
	Everybody's there to do their part	
	I believe the leaders believe they serve	
	This just feels more like service	
	We're so focused on taking care of other people	

	The Gift		
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	Name		Sources
	A freeing moment		
	A lot of change		
	A New Set of Expectations and Promises		
	A reputational move to the next level		
	A transformational change		
	An opening movement to say we can explore		
	Change structure		
	Goal is to move from a delivery entity to disease process focus		
	Pressure to build infrastructure		
	The gift and how we have treated it		
	The Sanford Initiatives is accelerating things		
	The traditional philanthropic gift		
	This whole new understanding of who this healthcare organization is		
	We're going to create two rooms		
	We've added research		

Appendix B Adult Informed Consent

Participant Consent to a Study regarding Leadership

You have been asked to participate in a research study conducted by Mark Moir, a doctoral candidate in the Leadership and Organizational Change program at Antioch University, Yellow Springs, Ohio.

The central purpose of this study is to illuminate the nature of culturally specific processes that emerge within a specific organizational setting and that fuel leader attribution and the social construction of leadership.

The study involves, at a minimum, one conversational interview which will be arranged at your convenience and which is expected to last about 1 – 1.5 hours in length. The interview will be taped. Once the interview has been transcribed, I will share a copy of the transcription for your review. The total time involved in conversational interviews and follow-up should be no more than 2 hours to 3 hours. If there are any follow-up questions, a second and final interview, with your approval, will be scheduled following the same process.

Your name will be kept confidential, unless and only if you give express permission for me to use your name in my study. You will also have the opportunity to remove any quotations from the transcribed interview. In addition, the tapes and all related research materials including the Informed Consent Forms will be kept in a secure file cabinet and destroyed after the completion of my study. The results from these interviews will be incorporated into my doctoral dissertation.

I hope that through this interview you may develop a greater personal awareness of your own experience and understanding of leadership as a result of your participation in this research. The risks to you are considered to be minimal. In addition, you may withdraw from this study at any time (either during or after the interview) without negative consequences. Should you withdraw, your data will be eliminated from the study.

There is no financial remuneration for participating in this study.

If you have any questions about any aspect of this study or your involvement, please contact

Mark J. Moir, ABD, MBA
712.540.7231
mmoir@phd.antioch.edu

If you have any questions about the ethical considerations of this study, contact Dr. Carolyn Kenny, Chair of the Antioch University Ph.D. Program in Leadership and Change Institutional Review Board, ckenny@phd.antioch.edu, 805-565-7535.

Two copies of this informed consent form have been provided. Please sign both, indicating that you have read, understood and agreed to participate in this research. Return one to me and keep the other for yourself.

Name of researcher (please print)

Signature of researcher

Date

Name of participant (please print)

Signature of participant

Date

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