

UNDERREPRESENTATION OF WOMEN IN SENIOR LEADERSHIP POSITIONS

THE UNDERREPRESENTATION OF WOMEN IN SENIOR LEADERSHIP POSITIONS
WITHIN THE HEALTHCARE INDUSTRY

by

Gloria Choquette

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Liberty University, School of Business

December, 2021

Abstract

In today's business world the importance of bias, stereotyping, and prejudice, needs to be taken into account, as it leads to the underrepresentation of women in senior leadership positions. A crucial leadership gap exists in the current healthcare system as theories, cases, and models have influenced the strategies used in the healthcare industry. The purpose of this qualitative case study is to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations inability to leverage their skill-sets. Through participants responses the discovered themes include (a) transformational leadership style, (b) gender-role stereotyping, (c) decision-making, and (d) education. These themes directly impact participants and their time within an organization.

Key words: Stereotyping, healthcare system, leadership, education

THE UNDERREPRESENTATION OF WOMEN IN SENIOR LEADERSHIP POSITIONS
WITHIN THE HEALTHCARE INDUSTRY

by

Gloria Choquette

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Liberty University, School of Business

December 2021

Approvals

Gloria Choquette, Doctoral Candidate

Date

Dr. Melissa A. Connell, Dissertation Chair

Date

Dr. Kimberly R. Anthony, Committee Member

Date

Edward M. Moore, Ph.D., Director of Doctoral Programs

Date

Dedication

I would like to dedicate this dissertation study to all the women who have ever felt less than what they are and have been mistreated in the workplace. Most importantly, I dedicate this dissertation to myself, for achieving personal growth and continuing the path of education.

Acknowledgments

I would first like to acknowledge my dissertation chair, Dr. Melissa Connell. She has been guiding me throughout this process and I wouldn't have done it without her. I would also like to acknowledge Mitchell Choquette, who has been on this journey with me and has helped me achieve this accomplishment.

Table of Contents

Abstract.....	ii
Approvals	iii
Dedication.....	iv
Acknowledgments	v
List of Tables	xii
List of Figures.....	xiii
Section 1: Foundation of the Study	1
Background of the Problem.....	1
Problem Statement.....	3
Purpose Statement	4
Research Questions	5
Nature of the Study.....	5
Discussion of Design.....	6
Discussion of Method.....	9
Summary of the Nature of the Study	12
Conceptual Framework	12
Discussion of Concept 1- –The Role of Congruity	13
Discussion of Concept 2- Kurt Lewin’s Three-Step Model.....	15
Discussion of Concept 3–Social Roles.....	18
Discussion of Relationships Between Concepts.....	20
Summary of the Conceptual Framework.....	21
Definition of Terms	21

Assumptions, Limitations, Delimitations	22
Assumptions	23
Limitations.....	24
Delimitations	24
Significance of the Study.....	25
Reduction of Gaps	25
Implications for Biblical Integration	26
Relationship to Field of Study	27
Summary of the Significance of the Study.....	28
A Review of the Professional and Academic Literature	28
Introduction	29
Conceptual Models	30
The Role of Congruity.....	30
Main Element 2- Kurt Lewin Three-Change Model Process.....	32
Main Element 3 - Social Role Theory	36
Themes and Perceptions Relating to Leadership.....	38
Great Man Theory	40
Trait Theory	42
Transformational Leadership Theory	46
Transactional Leadership Theory	48
Situational/Contingency Leadership Theories	50
Strategic-Thinking and Decision-Making Relating to Leadership.....	55
Process of Strategic-Thinking and Decision-Making.....	56

Characteristics of Strategic-Thinking and Decision Making	57
Defining the Problem	58
Leadership Styles in the Healthcare Industry	62
Summary of the Literature Review	68
Transition and Summary of Section 1	69
Section 2: The Project	70
Purpose Statement	70
Role of the Researcher.....	71
Research Design and Method.....	73
Discussion of Design.....	74
Discussion of Method.....	75
Summary of Research Method and Design	77
Participants	77
Population and Sampling.....	79
Discussion of Population.....	79
Discussion of Sampling.....	81
Summary of Population and Sampling.....	82
Data Collection.....	83
Instruments	84
Data Collection Techniques	85
Data Organization Techniques	86
Summary of Data Collection	87
Data Analysis.....	88

Coding Process	88
Summary of Data Analysis.....	89
Reliability and Validity	90
Reliability	91
Validity	92
Summary of Reliability and Validity	93
Transition and Summary of Section 2	94
Section 3: Application to Professional Practice and Implication for Change	95
Overview of the Study	95
Presentation of the Findings	96
Themes Discovered	97
Theme 1: Transformational Leadership Style	97
Theme 2: Gender-Role Stereotyping.....	100
Theme 3: Decision-Making.....	103
Theme 4: Education.....	107
Interpretation of Themes	109
Representation and Visualization of the Data	111
Relationship of the Findings.....	112
The Research Questions	112
The Conceptual Framework	114
Concept 1- The Role of Congruity	115
Concept 2- Kurt Lewin's Three Step Model	116
Concept 3- Social Roles	117

Anticipated Themes.....	118
Literature Review	121
The Problem	124
Summary of the Findings	126
Application to Professional Practice	126
Improving General Business Practice	127
Potential Application Strategies	128
Summary of Application to Professional Practice.....	130
Recommendations for Further Study.....	130
Reflections	131
Personal and Professional Growth.....	131
Biblical Perspective	132
Summary of Reflections	134
Summary of Section 3	134
Summary and Study Conclusions.....	135
References	137
Appendix A: Informed Consent for Permission to Use the Facility and Interview Participants.	162
Appendix B: Signed Informed Consent for Permission to Use the Facility and Interview	
Participants	163
Appendix C: Letter of Invitation	164
Appendix D: Consent Form.....	166
Appendix E: Interview Questions	170
Appendix F: Interview Guide	171

Appendix G: Interview Tables	173
------------------------------------	-----

List of Tables

Table 1. Transformational Leadership Styles.....	173
Table 2. Gender-Role Stereotyping.....	174
Table 3. Decision-Making.....	175
Table 4. Education.....	176
Table 5. Interview and Research Question Correlation.....	176
Table 6. Transformational Leadership Style	177
Table 7. Barriers in Healthcare Due to Gender Stereotyping.....	178
Table 8. Decision-Making.....	179
Table 9. Education.....	180

List of Figures

Figure 1. Kurt Lewin's Three Step Model	15
Figure 2. OCEAN Big Five Leadership Model.....	45
Figure 3. Situational Leadership Model	53
Figure 4. Least-Preferred Co-Worker Scale	54

Section 1: Foundation of the Study

This dissertation study focused on the field of leadership, with specific emphasis given to the underrepresentation of women in senior leadership positions when compared to population demographics and resulted in the organization's inability to leverage their skill-sets (Frankl, 2018). Scholarly and peer-reviewed literature were used to identify common themes regarding the underrepresentation of women leaders in the healthcare industry. A conceptual framework was developed in which the following models are discussed: (a) Eagly and Karau's (2002) theory of congruity and prejudice towards women, which brings awareness to gender-role stereotyping; (b) the key concepts of Lewin's three-step model, which helps with shifting the balance of change in a planned direction; and (c) the social role concept, which addresses the idea that men and women are socialized to behave in particular ways (Eagly & Karau, 2002).

This study addressed the assumptions, limitations, and delimitations to guide the research process. The goal of this study was to conduct semi-structured interviews to explore the lived-experiences of the participants. Pre-prepared, open-ended questions were used to gather more in-depth knowledge of women's experiences. These questions assisted in better understanding the decision-making strategies from participants in the healthcare industry and reduced the current gap within the underrepresentation of women in senior leadership positions within the healthcare industry. The Christian worldview perspective governed the entire research process.

Background of the Problem

Leaders need to take an extensive look at what gets in the way of promoting women in their organizations. The unconscious bias that women do not belong in senior level positions plays a big role in their underrepresentation in the workplace (Zenger & Folkman, 2019). Among 279 companies studied by McKinsey and Company, those in the top quartile in terms of women

in leadership positions outperformed companies without women leaders by 41% on average return on investment and 56% on operating results (Hategan et al., 2018). Leadership has many definitions and interpretations, which result in many different types of leaders (Zenger & Folkman, 2019). The concept of leadership has been infused with stereotypical masculine traits, including (a) aggression, (b) decisiveness, (c) willingness to engage in conflict, and (d) strength (Zenger & Folkman, 2019). Women are underrepresented at every level, and women of color are the most underrepresented group of all, lagging behind white men, men of color, and white women (Bonner, 2018). The two biggest drivers of representation are hiring and promotions, and companies are disadvantaging women in these areas from the beginning (Bonner, 2018).

Gender stereotyping has different and independent components, including: (a) trait descriptors (self-assertion, concern for others), (b) physical characteristics such as hair length and body height, (c) role behaviors (leader, taking care of children), and (d) occupational status (truck driver, housewife; Middleton et al., 2019). Some include (a) gender-role stereotyping, (b) lack of female role models, and (c) childcare or domestic duties as obstacles faced when seeking top roles as leaders (Stamarski & Hing, 2015). Within the healthcare industry, women are less represented in executive-level positions, making up 30% of senior leadership and 13% of Chief Executive Officers (CEOs; Oliver, 2018). Healthcare needs to improve its recruitment of women by (a) committing to impacting its top-level, (b) ending gender-role stereotyping, and (c) having more female role-models (Olsson & Martiny, 2018).

From the women's perspective, there are a number of reasons why they are underrepresented in the top ranks of leadership (Burton, 2015). Phipps and Prieto (2020) asserted that the under-representation of women in authority positions is due to a significant cause of gender inequality. Gender disparity must be addressed because it limits women as individuals

and society as a whole (Phipps & Prieto, 2020). Women's acquisition of career social support for advancement comes in two levels, interpersonal, and intrapersonal (Hideg & Shen, 2019). Hideg and Shen (2019) stated that interpersonal levels deal with managers undermining their provision of the needed career support to advance in leadership positions for women. According to Hill et al. (2016), when women are excluded from top leadership positions, they are denied the opportunity to make a difference within the organization. Leaders tend to enjoy the high status and privileges, which amplify the perks of leadership by being highly compensated (Ready et al., 2016). Although research does not support the extent of gender differences in leadership style, results have shown interesting benefits of gender-integrated leadership (Kellogg Insight, 2016). Pressure on women to utilize a masculine-style of leadership, together with the resulting stress, is a significant mechanism in keeping women out of the upper-echelon of corporate management (Ocon & Mcfarlane, 2019). The reason being that the stereotypical masculine leader emphasizes achievement of organizational goals; whereas, the stereotypical feminine leader emphasizes people and relationships (Ocon & Mcfarlane, 2019).

Problem Statement

The general problem addressed is the underrepresentation of women in senior leadership positions when compared to population demographics resulting in the organizations inability to leverage their skill-sets (Frankl, 2018). Hoobler (2016) evidenced that although women compose 46% of the workforce, only 4% hold CEO positions and 16% hold director seats among Fortune 500 firms. Kuhlmann et al. (2017) stated that the importance of strategy towards effective utilization of women's qualifications leads to (a) creativity, (b) innovation, and (c) organizational performance. Organizational leadership theory focuses on the impact of a leader's behavioral characteristics regarding organizational performance, employee job satisfaction, and

commitment to the leader's vision for the future (Boykins & Khalil, 2016). Frankl (2018) stated that board members needed to focus on diversifying its member's expertise and skills for decision-making to be effective. The specific problem addressed is the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations inability to leverage their skill-sets.

Purpose Statement

The purpose of this qualitative case study was to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations inability to leverage their skill-sets. This was achieved by understanding the reasons behind the underrepresentation of women in senior leadership positions which affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry. This larger problem was explored as a means to better understand women's experiences, with regards to gender bias and role stereotyping. The research study examined individual experiences of 30 to 40 women who worked in high-ranking leadership roles within the healthcare industry in Winter Haven, Florida. A semi-structured interview approach was used to explore the lived-experiences of the participants and their involvement in (a) creativity, (b) innovation, and (c) organizational performance. Pre-prepared, open-ended questions were used to gather more in-depth knowledge of women's experiences. These questions assisted in better understanding the decision-making strategies from participants in the healthcare industry.

Research Questions

The research questions that guided this qualitative case study analysis are:

RQ1: What role do women's lived experiences, with regards to gender bias and role stereotyping and prejudice, affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry in Winter Haven, Florida?

RQ2: What decision-making strategies are used to attain high-ranking positions, and what factors play a role in implementing senior leadership skills to leverage skill-sets along with women's involvement in (a) creativity, (b) innovation, and (c) organizational performance?

The central research questions proposed were designed to increase the body of current literature by expanding on the understanding of women's individual challenges regarding the stereotypical views of female decision-making as they aspire to reach leadership roles in the healthcare industry. These research questions were related to the problem statement as they touch base on the bias, stereotyping and prejudice women face in the workplace which interferes with their placement in higher leadership positions.

Nature of the Study

A qualitative case study was chosen to explore the lived-experiences of women in high-ranking leadership positions within the healthcare industry. Yin (2014) suggested that qualitative case studies are appropriate for the exploration of social phenomena along with behavioral events. Creswell (2014) described qualitative research as a means to better understand a given phenomenon from the participants' point-of-view. A researcher who focused on qualitative research studies, the complex nature of human behavior and interactions (Fitzgerald & Dopson, 2017). Landrum and Garza (2015) concurred that the exploratory nature of qualitative studies

allowed researchers to attribute meaning to an individual's experiences with a particular phenomenon.

Discussion of Design

Narrative design was used to examine a single individual's perceptions of a given experience, and data are gathered in story format (Creswell, 2014, 2016; Creswell & Poth, 2018). A narrative design was selected, with structured interview questions allowing for the collection of data using the story-telling aspect of women's experiences with bias toward their female behavior in leadership roles (McEldowney et al., 2019). The story-telling aspect of a structured interview explores difficulties women face along their career path; however, not many factual representations are given (Padgett, 2004). Instead, the story depicts what happens through (a) people, (b) place and plot, and (c) brings emotional context into the portrayal of what has happened (Padgett, 2004). Moen (2006) stated that narrative design challenges the researcher by having to examine and understand how human actions are related to the social context in which they occur, as well as how and where they occur through growth. Lincoln (2019) argued that during narrative research, the researcher had to solicit the participant's view of credibility regarding the findings and interpretation. Lincoln (2019) further stated that the findings and interpretation are the most critical techniques as the verification process involves (a) taking data, (b) analyses, (c) interpretations, and (d) conclusions back to the participants, so the accuracy and credibility of the account can be judged. Additionally, Moen (2006) believed that to understand a human being, through his or her (a) actions, (b) thoughts, and (c) reflections, it is necessary to look into the environment, or the social, cultural, and institutional context in which the participant operates. Narrative design was not used because it may not always stand-alone for

evidence and support for the conclusion of a report (Kraemer, 2018) and for this study stand-alone evidence and support might be necessary.

Neubauer et al. (2019) stated that researchers used phenomenology as a way of gaining a true and deeper understanding of the phenomena individuals are faced with every day. These phenomena are part of a qualitative research approach which takes aspects, such as (a) decision-making, (b) activities that take place, and (c) emotions, to fully examine the experiences being told (Smith, 2018). An aspect of using phenomenology as a research approach is characterized by the way the experiences are being told and re-lived; and the way the narration is told helps clarify the phenomenon at-hand (Neubauer et al., 2019). Smith (2018) stated that the central structure of a phenomenology experienced is intentionality, which is being directed toward something; as it is an experience of or about some object. An experience is directed toward an object by virtue of its content or meaning (which represents the object) together with appropriate enabling conditions (Smith, 2018). The problem of phenomenological inquiry is not always that there is too little known about the phenomenon being investigated, but that there is too much (Neubauer, et al., 2019). This translates to researchers relying on their own personal understanding and interpretation of the phenomena being studied, which can cause major challenges as everyone has an opinion and the world is overloaded with personal bias (Stumbo & McWalters, 2012). Phenomenology was not chosen for this study as it uncovers and interprets the inner essence of the participants' cognitive processing regarding some common experience (Coffin, 2017) which can lead to bias.

According to Scott (2014), grounded theory is a research method which enables the researcher to seek out and conceptualize the latent social patterns and structures regarding the interest through the process of constant comparison. Initially, the researcher used an inductive

approach to generate substantive codes from the data, later the developing theory suggested to the researcher where to go next to collect data and which, more-focused, questions to ask (Scott, 2014). Grounded theory as a research method involves social research that helps to develop theories that offer an explanation about the problem at-hand (Scott, 2014). Grounded theory tackles main concerns about the population being studied and also how the concerns at-hand are processed and resolved (Scott, 2014). Lehmann (2011) described grounded theory as a spiral that starts by collecting slices-of-data in a substantive area of enquiry, which are then codified and categorized in a continuous process that moves toward saturation and results in the theoretical densification of concepts represented by a substantive theory. Challenges with the grounded theory method include (a) tends to produce large amounts of data, often difficult to manage; (b) the implicit awareness that the researcher is required to have, is often a challenge; and (c) there are no standard rules to follow for the identification of categories (Ruppel & Mey, 2017). Grounded theory was not chosen for this study because it is often used to modify existing theories or to expand on or uncover differences from what is already known (Ruppel & Mey, 2017).

Reeves (2018) suggested that ethnography details cultural similarities and differences through empirical fieldwork and helps with scientific generalizations about human behavior and the operation of social and cultural systems. The ethnographer is involved in this type of research as it covertly involves the daily routine of individuals, with its observations taking a long period of time (Reeves, 2018). During this time, the observations involved (a) taking particular interest in what is being said, (b) what is happening around them, (c) asking questions, and (d) collecting data to be used later in the research (Reeves, 2018). As a result of the time spent living among communities, ethnographers have been able to produce thick-written cultural descriptions known

as ethnographies that communicated the information found in the field research (Reeves, 2018). Ethnography was defined by Cappellaro (2017) as a research methodology based on (a) sustained, (b) explicit, (c) methodical observation and (d) paraphrasing of social situations in relation to their naturally occurring events. The central aim of ethnography is to outline a set of research directions for future applications of the ethnographic approach to the study of theoretically and empirically relevant phenomena (Cappellaro, 2017). Reeves (2018) concluded that ethnography allowed the researcher to document the culture, and the perspectives and practices, of the people in these settings. The aim is to understand how each group of people view the world (Reeves, 2018). Ethnographic researchers spend years in the place of study, known as the “field” research (Reeves, 2018, p. 340); therefore, ethnography would not work for this study.

Discussion of Method

Research methodologies continue to evolve and develop as legitimate research tools, with both qualitative and quantitative methods offering insight to better understand the phenomenon at hand (Dominguez, 2017). The research method selected for a study varies depending on a number of factors involved in the research (Dominguez, 2017). Qualitative methods have a descriptive character and is suitable for nominal and ordinal data while quantitative methods were based on a set of parameters and indicators to determine a geodiversity index of a certain area (Zwoliński et al., 2018). Quantitative research methods are used to test a hypothesis and predictions are formulated by measured amounts and described by figures, and qualitative research methods enable the researcher to describe the kind and quality of a subject, while interpreting and using texts to explain their findings (Nyika, 2018). A researcher may also choose to employ a mixed method approach, which is the combination of both qualitative and

quantitative research methods (Baran, 2020). Mixed methods result in a combination of digital and cause-effect data which is relational and explanatory (Zwoliński et al., 2018).

Nyika (2018) stated that quantitative research is a formal, objective, systematic process in which numerical data are used to obtain information about the world. This research method was mainly used to describe the variables at-hand, to examine relationships among the variables, and to determine the cause-and-effect between them (Dominguez, 2017). The types of quantitative research design methods, also known as fixed designs, includes experimental, semi-experimental, and quasi experimental (Baran, 2020). A quantitative researcher focuses on the examination of relationships between variables (Creswell & Poth, 2018). Researchers also establish general laws of behavior and phenomenon across different settings and contexts as the research is used to test a theory and ultimately support or reject it (Zwoliński et al., 2018). Quantitative research approaches are not suitable to address the proposed research questions because the proposed research questions are focused on understanding a complex phenomenon and not numerical data or testing of a hypothesis (Dominguez, 2017).

Ghiara (2019) stated that the mixture of qualitative and quantitative methods in the same study is an approach of high importance when considering an array of study designs available to researchers. The researcher undertaking a mixed methods research approach invokes aspects from both, the qualitative and the quantitative research approaches as a mixed method research design is used to answer research questions (Dominguez, 2017). Mixed approaches were not suitable to address the proposed research questions because the proposed research questions were focused on understanding a complex phenomenon not the testing of a hypothesis (Creswell & Poth, 2018). Mixed methods are useful due to the complexity of the social world and had the capacity to produce sets of messy empirical cuts of the object being studied that do not always

cohere (Ghiara, 2019). Mixed methods are considered the most advanced and they offer more reliable results due to the integration of data from different sources and with different content (Zwoliński et al., 2018).

Qualitative research is a process in which a social or human phenomenon is being analyzed and reported as part of a study conducted in a natural setting to paint a holistic picture of the phenomenon (Baran, 2020). Baran (2020) stated that qualitative research focuses on the perceptions, beliefs, cultural context, and experiences of individuals. A qualitative inquiry is particularly useful and powerful when examples of the phenomenon are few and depend on the judgment and skill of the researcher, as the appropriateness to the questions answered of the data collected (Ghiara, 2019). Qualitative researchers study things in their natural settings, making every effort to try and make sense of, or interpret, the phenomena in terms of meaning people bring to them (Mayoux, 2018). Ultimately, qualitative research is a systematic and self-conscious research design, data collection, interpretation, and communication (Baran, 2020).

For the purposes of this study, a qualitative method using a case study design is more powerful than quantitative findings as it allows more in-depth, multi-faceted explorations of complex issues in their real-life settings and is why the qualitative method was selected (Starman, 2015). The factual representations captured themes in the experiences of women who have faced the stereotyping of female behavior. Creswell (2014), Creswell and Poth (2018) and Yin (2014) advised that the case study design is most suitable for researchers to explore a given process within a specific context or bounded situation. The goal of the case study researcher is to obtain descriptive content to better understand the phenomenon of interest (Creswell & Poth, 2018; Lapan et al., 2011). Creswell (2016) suggested the case study design is used for exploration of a specific issue. People like to tell stories and when they do, they shape their

reality, both in thoughts and feelings, but also in their observable actions (Padgett, 2004). Other qualitative approaches, such as (a) narrative, (b) phenomenology, (c) grounded theory, and (d) ethnology are not appropriate design methods for this research study.

Summary of the Nature of the Study

Exploring the lived-experiences of women in high-ranking leadership positions within the healthcare industry by utilizing a qualitative case study to better understand a given phenomenon from the participants' point-of-view. Therefore, a case study design was chosen over (a) narrative, (b) phenomenology, (c) grounded theory, and (d) ethnology which are not appropriate design methods for this research study. All these research method designs play a big role in research; however, case study was the most appropriate for this study as it is used for exploration of a specific issue (Creswell, 2016). People like to tell stories and when they do, they shape their reality, both in thoughts and feelings, but also in their observable actions (Padgett, 2004).

Conceptual Framework

The conceptual framework of this study evolves from the explanation, either graphically or in narrative form, regarding the phenomena being studied, its key factors, constructs and variables, and the relationship between them (Tamene, 2016). Given that women face unique challenges in leadership, it is imperative that leadership development strategies and theories are advancing to meet their specific needs (Tamene, 2016). The following sections describes the key concepts, including (a) Eagly and Karau's (2002) theory of congruity and prejudice towards women, which brings awareness to gender-role stereotyping, (b) the key concepts of Lewin's three-step model, which helps with shifting the balance of change in a planned direction, and (c) the social role concept, which addresses the idea that men and women are socialized to behave in

particular ways (Eagly & Karau, 2002). This section concluded with a discussion of the relationships between the concepts.

Discussion of Concept 1- –The Role of Congruity

Superiority and middle management positions have increased, and women have gained access to such positions and superiority; however, they remain quite uncommon as the chosen leaders and top executives because leadership has been predominantly a male-dominated industry in many sectors of society (Eagly & Karau, 2002). The role of congruity theory of prejudice towards women leaders was proposed by Eagly and Karau (2002), stated that if a woman, as a leader, exhibits masculine traits, she will be seen less-favorable as a leader because the behavior is inconsistent with the female-gender as assigned by society. The role congruity theory provided awareness regarding the persistence of gender-role stereotyping of women seeking to achieve senior management positions in the healthcare industry (Chin, 2018). Eagly and Karau (2002) stated that bias, in favor of masculine leadership styles, makes it difficult for women to be selected for leadership roles; and once they do, their behavior as leaders is regularly assessed in a less-than positive view. The role congruity theory of prejudice towards female leaders holds a contradiction between leadership roles and prescriptive expectations for women's behavior that leads to prejudicial judgments and actions (Eagly & Karau, 2002). Chin (2018) asserted this bias makes it difficult for women to be selected for leadership roles and to achieve success in their performance as leaders.

Prejudice can arise from the relations that people perceive between the characteristics of members of a social group and the requirements of the social roles that group members occupy or aspire to occupy (Ghauri, 2020). Two studies conducted by Carbonell (1984), and Wentworth and Anderson (1984) reaffirmed that when male-female teams complete either a masculine-

industrial task or neutral-clerical task, dominant women defer to less dominant men as the emergent leader (Chin, 2018). Dominance as a personality trait plays a role in decision-making as dominant women doing the neutral task are highly likely to make the decision to appoint their male partner as leader (Chin, 2018). In same-sex teams, the dominant member will step forth as a leader at greater-than-chance levels; thus, confirming the expected linkage between dominance and leadership when there is no interference from gender-role norms (Chin, 2018). Based on the role congruity theory of prejudice, prejudice may serve to reduce the effectiveness of women who attain leadership roles, and in leadership roles with relatively masculine definitions, women who are leaders are targets of two forms of prejudice (a) a deficit in the ascription of leadership ability to them and (b) to the extent that they conform to the requirements of a leader role, which is a less favorable evaluation of their self-determining leadership behavior as compared to men (Ghauri, 2020). Chin (2018) stated that the combination of communal characteristics ascribed to women and the predominantly traditional characteristics ascribed to leaders generates disadvantages for women in leadership roles given especially those with more masculine definitions. Yet, to the extent that strong and consistent evidence might cause perceivers to recognize that a woman adheres to the traditional requirements of a leader-role, one would likely fall short of the injunctive requirements of the female-role (Ghauri, 2020).

In leadership, the role congruity theory of prejudice towards female leaders magnifies the disproportion of women in organizational leadership roles by placing the lens of prejudice on the behavior of women who aspire or have obtained executive-level leadership roles as a possible reason for the disparity (Ghauri, 2020). Scholars have linked the cause for this lack of representation to a number of reasons, including gender-role stereotyping and the number of women available to fill leadership roles (Newman et al., 2017). Newman et al. (2017) stated that

the higher number of women qualified for leadership roles do not translate into a higher representation of women in leadership roles. In the healthcare industry, women who hold executive leadership positions are lagging behind men in both status and salary (Newman et al., 2017).

For the purpose of this study, using role congruity theory of prejudice towards women in leadership roles provided a conceptual framework as a lens through which the underrepresentation of women in the healthcare industry leadership roles is explored.

Figure 1

Kurt Lewin's Three Step Model

Removed to Comply with Copyright

Kurt Lewin's three step model. Adapted from *The Journal of Innovation and Knowledge* by S. Hussain et al., 2018, p. 126.

Discussion of Concept 2- Kurt Lewin's Three-Step Model

To change the way female roles are viewed in the healthcare environment, a three-change model process developed by Kurt Lewin in 1951 would be beneficial (Ames et al., 2019). The model represents views of dynamic-balanced forces, which push employees in a desired direction (Ames et al., 2019). Kritsonis (2005) stated that an analyzation of these driving forces is necessary to help shift the balance of Lewin's three-step model in the direction of the planned

change. Although it is necessary to tell people about the proposed change for them to understand and support it, active, top-down communication alone is not sufficient to ensure success (Levasseur, 2001). Levasseur (2001) stated that a fundamental principle of effective change is that people support what they help to create and active participation by the affected parties in the change process is the most important element of effective change. Leadership also involves (a) implementing change through developing a base of influential followers, (b) motivating employees to commit to and work hard in pursuit of change-goals, and (c) working with employees to overcome obstacles to change (Paglis & Green, 2002).

The first step towards changing behavior is to unfreeze the existing situation or status quo, as it is considered the equilibrium state of an industry (Kritsonis, 2005). Morgan and Brightman (2015) defined change management as the process of taking a deeper look into the organization's (a) direction, (b) structure, and (c) capabilities to continually renew them and serve the needs of external and internal customers which are ever-changing. Ames et al. (2019) concluded that organizational change occurs when a company makes a transition from its current state to a desired future state, meaning that (a) the number of variables are changing, (b) the environment is changing, and (c) the resistance to change creates confluence of the change process that not only stimulates difficulties in prediction, but also makes control impossible (Morgan & Brightman, 2015). This stage of unfreezing organizational change will increase the group's behavior for change or increase the leader's pressure for change, at a higher level (Morgan & Brightman, 2015). Additionally, Lewin suggested that the forces involving status quo will create minimum resistance and tension, then the forces applying for change, and this strategy will be a more effective for change (Morgan & Brightman, 2015). After getting out of status quo, leaders are required to support an employee's involvement for accelerating the change

in the organization (Zeffane, 2003). Pierce (2002) stated in a stimulate process that employees must be spoken to about change and the leaders should (a) educate, (b) communicate, (c) participate, (d) involve, (e) task support, and (f) provide emotional support and incentives.

Lewin's second step in the process of changing behavior requires employee-involvement to move the target system to a new level of equilibrium (Kritsonis, 2005). Employee-involvement is necessary as it seeks to increase members' input into decisions that affect organizational performance and employee well-being, while leading high-quality change and prevail over resistance in the implementing stage based on their participation (Zeffane, 2003). This can be done by implementing three actions, which include (a) persuading employees to agree that status quo is not beneficial to them and encouraging them to view the problem from a fresh perspective, (b) to work together on a quest for new, relevant information, and (c) to connect the views of the group to well-respected, powerful leaders that also support the change (Kritsonis, 2005). Reaffirming and enhancing the trust of an employee's involvement deals with a leader's transparency as it reaffirms and enhances the trust needed during the change process (Zeffane, 2003). Lewin's second step shifts the behavior or attitude of (a) a department, (b) an organization, or (c) an individual, to the next new level, allowing employees to voice their opinions and achieve better sense-of-control in the change process by taking part in discussions and meetings within the organization (Zeffane, 2003). In the same manner, employees and leaders take part in knowledge sharing, which is crucial among individuals of an organization because organizational resources are critical for (a) competition, (b) sustainability, and (c) dynamic economy (Cummings, 2003).

Finally, the third step, as shown in Figure 1 above is refreezing, which consists of the actual integration of the new values into the community; values and traditions that take place

once the change has been implemented and sustained (Kritsonis, 2005). The purpose of refreezing is to stabilize the new equilibrium resulting from the change by balancing both the driving and restraining forces (Morgan & Brightman, 2015). One action that can be used to implement Lewin's third step is to reinforce new patterns and institutionalize them through formal and informal mechanisms including policies and procedures (Roberts, 2006). Three activities for implementing the change include (a) activity planning, (b) commitment planning, and (c) change management structures (Cummings, 2003). The activity planning makes a road map or path for (a) organizational change, (b) events, and (c) specific activities that must occur for successful change and specific activities that involve the integrated change tasks, temporal orient, and explicitly tie the tasks according to the organization's change priorities and goals (Cummings, 2003). Lewin's change model consists of three stages (a) unfreezing, (b) movement, and (c) refreezing, these stages describe the effectiveness with which organizations are able to modify their strategies, processes, and structures (Hyers, 2018). The key is to see that human change, whether at the individual or group level, is a profound psychological dynamic process that involves painful unlearning without loss of ego identity and difficult relearning as one cognitively attempts to restructure one's (a) thoughts, (b) perceptions, (c) feelings, and (d) attitudes (Roberts, 2006).

Discussion of Concept 3—Social Roles

Expectations associated with social roles, such as leadership roles, can powerfully inform people's identities, or self-concepts and these identities are composed of the understanding people have regarding what it means to hold a particular social role (Stets & Burke, 2003). The leader-role can overpower other important influences in social behavior and regulates gender-roles (Eagly & Karau, 2002). Relevant to the underrepresentation of women in senior leadership

positions, the argument can be made that the internalized meanings and expectations associated with the leader-role can influence how leaders carry out the ethical decision-making process (Gelman, 2017). Stets and Burke (2003) argued that to equip men and women for their usual family and employment roles, societies undertake extensive socialization to promote personality traits and skills that facilitate role performance. Johnson et al. (2008) further asserted that people, as individuals, have expectations for how men and women should behave. Individuals take these behavioral expectations into their work-life and their beliefs in how leaders should behave (Gipson & Pfaff, 2017). When a person in-charge behaves consistently with the expectation of what leadership embodies, then that individual is perceived as an effective leader (Johnson et al., 2008). Saint-Michel (2018) defined leadership in terms of gender-identity by explaining that men are expected to display characteristics of assertiveness, striving for achievement and competitiveness, while women are expected to display such characteristics, as (a) nurturing, (b) generosity, and (c) personal caring for others. Johnson et al. (2008) affirmed that feminine behavior was compatible with the female gender-role of being warm and nurturing, which is relevant behavior that makes perceiving and accepting woman in a leadership role more difficult.

In the mid-twentieth century, sociologists and psychologists studied role-playing as a method of providing patients with insight into their daily lives (Miller, 2013). A role is a broad pattern of behaviors and attitudes that is linked to a socially identified status, such as (a) gender, (b) age, or (c) position in society (Turner, 2000). Basic roles, like those attached to gender and age identities, are the most inclusive, affecting what is expected of an individual in a wide variety of situations (Turner, 2000). Culturally defined norms or standards for behavior shape one's position in society and other statuses, such as gender that influences a person's behavior (Turner, 2000). The social-role theory became the foundation for researchers in the 1980s to

explore social interaction through the roles of gender and social status (Miller, 2013). Koenig and Eagly and Karau (2002) and Miller (2013) investigated role theory in terms of expected social roles and discovered a fixed set of expectations by society that cause men and women to behave in a predictable way.

Discussion of Relationships Between Concepts

The concepts presented in the conceptual framework, including (a) Eagly and Karau's (2002) theory of congruity and prejudice towards women, (b) Lewin's three-step model, and (c) the social role theory, related to the reasons why women are being underrepresented in leadership positions within the healthcare industry. First, the theory of congruity showed that perceived incongruity between the female gender-role and leadership-role lead to stereotyping and prejudice, which makes women perceived less favorable than men in leadership roles (Phelan & Rudman, 2017). Second, Lewin's three-step change concept is designed for these stereotypes and prejudice to be changed in the workplace. This theory drives forces in a desirable direction, and it gives managers a framework to implement a change effort, which is always sensitive and must be made as seamless as possible (Morgan & Brightman, 2015). Finally, the social role theory is characterized by a set of (a) behaviors, (b) rights, (c) obligations, (d) beliefs, and (e) participation norms in paid positions of power and status, as conceptualized by those in a social position (Scalambrino & Lowery, 2017). Gender stereotyping is noticeable in a group because tasks are often culturally associated with one gender, as stereotyping shapes behavior directly through the expectations that members form from one's behavior (Scalambrino & Lowery, 2017). When managers and employees enact social roles more tightly linked to the context rather than gender, gender stereotyping does not control the behavior of managers and employees (Phelan & Rudman, 2017). Even in situations where gender stereotyping does not

control behavior, men and women may still act slightly different due to their gender-differentiated skills (Scalambrino & Lowery, 2017).

Summary of the Conceptual Framework

The study addressed the importance of bias, stereotyping, and prejudice, which leads to the underrepresentation of women in senior leadership positions. The intent of the conceptual framework is to understand the underlying factors required for women to become successful leaders in the healthcare industry. The framework is constructed by the findings gathered from (a) interviews, (b) previous theories, and (c) methods. The conceptual framework focused on gender-based leadership searches for conditions that explain arguments for and against female leaders in management positions. Gender bias is related to three issues including (a) gender stereotyping, (b) gender prejudice, and (c) gender discrimination (Scalambrino & Lowery, 2017). Gender stereotyping referred to thoughts about a social group, which may not correspond to reality; whereas, gender prejudice is a negative attitude or emotional reaction towards a particular group of people, with gender discrimination referring to biased treatment of a particular group of people (Scalambrino & Lowery, 2017).

Definition of Terms

The following are definitions of terms that were used throughout the current research study.

Bias: Any trend or deviation from the truth in data collection, data analysis, interpretation, and publication, which can cause false conclusions (Šimundić, 2015).

Cognition: Refers to a covert process of thinking that has to be inferred from behavior (Larson, 2019). Cognitive processes include the representation of knowledge, such as language and mechanisms (Larson, 2019).

Decision-making strategies: An important and complex function of human behavior, which is contingent on the characteristics of a specific problem that requires a decision to be made, as well as the way it is perceived by the decision-maker (Rodgers & McFarlin, 2016).

Gender roles: Socially constructed beliefs about the behaviors of men and women (Eagly & Karau, 2002). Gender roles are perceptions of what men and women actually do and expectations for what men and women should do as agreed upon by society (Eagly & Karau, 2002).

Outcome expectations: Subjective estimates of how likely it is that a specific behavior will be followed by particular consequences (Lippke, 2017).

Prejudice: Usually, a negative attitude which is unjustified or incorrect towards an individual based on the membership of a social group (Mallett & Monteith, 2019).

Stereotyping: Stereotyping is ubiquitous, widely-held, but fixed and oversimplified images or ideas of a particular type of person or thing, which includes (a) racial groups, (b) political groups, (c) genders, (d) demographic groups, and (e) activities (Bordalo et al., 2019).

Assumptions, Limitations, Delimitations

The following section focuses on assumptions, limitations, and delimitations of the study. There are three assumptions that are presented to show the importance of face-to-face interaction and data collection. The assumptions, if not accounted for, can lead to poor conclusions and faulty generalizations (Hagger & Chatzisarantis, 2019). The experiences of underrepresented women in leadership positions within the healthcare industry were taken into consideration when identifying the limitations of this study, as the perceptions about experiences and the organization may be different than the actual conditions. The delimitations brought an

understanding of these experiences from women, including minority women and participants of interest who influence the women's experiences.

Assumptions

Qualitative research, with its complex designs and methods relating to data analysis, is guided by the philosophical assumptions of qualitative inquiry (Mills, 2019). Mills (2019) further stated that to understand a complex phenomenon, one must consider the multiple realities experienced by the participants themselves. The first assumption was being able to spend time with each participant to collect sufficient data to perform reliable and objective analysis. Spending time with each participant allowed the interviewer to perform a structured observation (McNabb, 2020). McNabb (2020) stated that to obtain reliable data, participants involved in research are studied to gather an understanding of the problem, and observed in terms of actual behavior; especially concepts and variables of interest. To mitigate any potential risks, the researcher provided a comfortable environment in which the participant feels safe and relaxed. The second assumption was allowing women in leadership positions to share their experiences with sufficient detail to uncover patterns that explained the underrepresentation of women in leadership positions within the healthcare industry. The difficulty for women to lead is a reality, there is a constant questioning, testing and prejudice; therefore, providing an environment in which they can express themselves freely, is important for the way experiences are shared (Takacs, 2018). To mitigate any potential risks, the researcher built onto the research questions based on the answers provided to gather a more detailed account of their experiences. The third assumption is that participants will be truthful in their answers and subjective with their responses, while the researcher remains objective in the analysis. Strengthened assumptions of in-depth story-telling, allowed for the collection of rich data, with enough context to allow for

data saturation (Saunders, 2017). To mitigate any potential risks, the interview questions are designed objectively, where participants can respond with detail and be truthful; thus, simply re-telling their lived-experiences.

Limitations

The potential weakness of this study is the researcher's bias towards the collected data. Guarding against bias and protection of the data from the researcher's own experiences regarding gender bias is necessary (Dunbar, 2018). To prevent this limitation from threatening the study, the researcher included peer-review feedback of the interview questions and its findings along with bracketing to avoid research bias. More specifically, the questions include (a) what are the lived-experiences in regards to bias, stereotyping or prejudice, (b) what decision-making strategies are used to attain high-ranking positions, and (c) what factors play a role in implementing senior leadership skills to leverage skill-sets. Through the questioning of the data, this strategy strengthens the unbiased synthesizing of the data and assists in locating patterns of bias; thus, diminishing threats to internal validity of the research design (Dunbar, 2018).

Delimitations

The first delimitation is to limit the population of the study to women in leadership positions in the state of Florida. The intent of sampling is to interview only senior-level leaders in the healthcare industry. Some delimitations are placed in this study to ensure that the population sample size includes minority women and participants-of-interest, such as supervisors and co-workers who influence women's experiences. The second delimitation is to only survey full-time and salaried employees. The structured interviews were only conducted with women who represent diverse identities based on (a) age, (b) race, (c) years of experience, (d) job title,

and (e) department. This delimitation is to ensure that the women's experiences are adequately represented.

Significance of the Study

Greater involvement of women in leadership and management positions is not only an issue of equality and human rights, but also an important strategy towards (a) effective utilization of women's qualifications, (b) greater creativity and innovation, and (c) improved organizational performance (Kuhlmann et al., 2017). According to a national survey of top law firms, women in leadership positions in the last 12 years have increased by 5% (Linehan, 2019). The results of the national survey show that in 2018, 20% of equity partners at these firms were women (Linehan, 2019). A connection between Biblical principles and the concept of women in leadership roles are stated throughout the Bible (Sharvit, 2018). This study goes into further explanation by showing how women are specifically designed and created for the purpose of being a subordinate assistant (Sharvit, 2018). This relates to the field of study by increasing awareness regarding the low percentages of women being represented in leadership roles. Today, only 24 women are CEOs within S&P Fortune 500 companies, and two years ago, the number was 32 (Linehan, 2019).

Reduction of Gaps

This study fills a gap in understanding the underrepresentation of women in senior leadership positions within the healthcare industry when compared to population demographics by exploring their lived-experiences in the workplace. Kuhlmann et al. (2017) stated that within four large European centers, including (a) Charité – Universitätsmedizin Berlin (Germany), (b) Karolinska Institutet (Sweden), (c) Medizinische Universität Wien (Austria), and (d) Oxford Academic Health Science Centre (United Kingdom), progress has been made in closing the

gender leadership gap on boards and other top-level decision-making bodies, but a gender leadership gap still remains of significant importance. Women are under-represented among healthcare specialists and remain significantly under-represented among senior doctors and university professors (Kuhlmann et al., 2017). The research approach for this study is a qualitative method using a case study design, with semi-structured interviews and member checking. Member checking is a fluid mix of (a) framed experiences, (b) values, (c) contextual information, and (d) expert insights that provided a framework for evaluating and incorporating new experiences and information (Birt et al., 2016).

Implications for Biblical Integration

Galatians 3:28-29, shows a connection between Biblical principles and concepts of women in leadership,

there is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus. If you belong to Christ, then you are Abraham's seed, and heirs according to the promise. (New International Version, p. 86)

Galatians 3:23–29 summarizes the idea that God never intended the law to be the final solution for the problem of sin. Instead, it was meant to guard mankind, until the arrival of Christ. This freedom from the captivity of the law also transcends all other barriers: race, gender, wealth, health, and culture are all irrelevant to our relationship with the Savior. Anyone who belongs to Christ, by faith, is promised to be an heir. The implication made in this passage is that the barriers to status quo are removed and that we are all heirs, adopted into the family of Christ our savior. The central passage indicates gender role in the home is Ephesians 5:22-33. The premier passage that treats gender roles in worship is 1 Timothy 2:8-15. Both passages indicate that men (i.e., adult males; andras), are to be holy, spiritual leaders in the home and in worship,

while women are admonished to be modest and unassuming, and to fulfill the critical responsibilities assigned to them by God (Sharvit, 2018). The following passage shows that no one is a slave or a subordinate, and that no matter ethnicity or gender, no one holds a place of (a) superiority, (b) leadership, or (c) hierarchy over another in Christ. God's original design for the human race entails the creation of the male-first, as an indication of the man's responsibility to be the spiritual leader of the home and the church (Sharvit, 2018). A woman, on the other hand, is specifically created for the purpose of being a subordinate assistant (Sharvit, 2018). The evolutionists, skeptics, atheists, feminists, and theological liberals who disdain this reality are faced with the reality that gender distinction is inherently built into the created order via a host of clear-cut (a) emotional, (b) psychological, and (c) physiological differences between men and women—from chromosomes, to life-span and muscle strength (Jacobsen, 2017). Jacobsen (2017) stated that women are often superior to men in (a) talent, (b) intellect, and (c) ability.

Relationship to Field of Study

This study leads to enhancing the career advancement experiences of women in senior leadership positions; thus, increasing awareness of the underrepresentation of women, and addressing the lack of women in senior-level positions. It also contributes to the field of organizational leadership through the appraisal of continuous bias and stereotyping of the female gender-role. Moore and Ghilarducci (2018) challenged researchers to go beyond a focus on intersectional categories and to look at the broader social landscape of power and hierarchy. Traditional leadership theories focus on individual qualities based on the conditions of the environment and its role in fostering leadership, which affects the experiences of women in senior leadership roles (Birt et al., 2016). This study contributes to the field of organizational leadership through the appraisal of continuous bias and stereotyping of the female gender-role, as

well as provides research regarding the disparity between highly educated women and the lack of women in leadership positions in the healthcare industry.

Summary of the Significance of the Study

This study is significant to the field of leadership as Yakaboski and Reinert (2017) noted that the lack of research continues to marginalize women in leadership positions. This study explored the experiences of underrepresented women through the healthcare industry and looked to understand these interactions and map out the levels of access women have to (a) resources, (b) key personnel, and (c) important tasks that exist within the organization, and identify how such access impacts their overall experience. But the most important and significant aspect of this study is the continued effort to bring underrepresented women to the center of discussion and to discover the structures and processes present in organizations that help or hinder their success within the organization.

A Review of the Professional and Academic Literature

The strategy for the literature review included a comprehensive search using online approaches. Scholarly texts included: peer-reviewed journal articles, dissertations, e-books, and traditional books, which are collected via EBSCOhost, ProQuest, and Sage databases, offered by the Liberty University Library. In addition, Google scholar provided valuable information on current research sources, as well as historical information vital to the underrepresentation of women in senior leadership roles. The importance of using these databases and search engines comes with explaining major key words, such as role congruity theory, leadership, bias, and stereotyping of women in the workforce, among others. Zotero is being used to sort and categorize resources needed for easier organization. The literature review reinforced the theoretical, conceptual, and contextual framework of this study.

Introduction

Focus of this study is determining the factors related to the underrepresentation of women in senior leadership positions within the healthcare industry, when compared to population demographics, resulting in the organizations inability to leverage their skill-sets (Frankl, 2018). The goal of a literature review is to identify a cohesive, delimited body of research and analyze and critique that literature in a manner that identifies limitations and gaps that can be filled by the current study examined (Rich et al., 2018). Literature related to the underrepresentation of women, included (a) Eagly and Karau's (2002) theory of congruity and prejudice towards women, brings awareness to gender-role stereotyping, (b) the key concepts of Lewin's three-step model, which helped with shifting the balance of change in a planned direction, (c) the social role concept, which addressed the idea that men and women are socialized to behave in particular ways (Eagly & Karau, 2002), and (d) strategic thinking and decision-making to prepare for future strategy development (White, 2018). Saint-Michel (2018) stated that Eagly's theory of congruity suggested women are expected to demonstrate communal qualities because women are expected to act as such due to their gender roles. Kurt Lewin's three-change model process represents views of dynamic-balanced forces, which push employees in a desired direction (Kritsonis, 2005). The social role concept can powerfully inform people's identities, and self-concepts into understanding what it means to hold a particular social role (Stets & Burke, 2003). Strategic-thinking and decision-making is a mental, reflective problem-oriented strategy that has the ability of solving problems by combining a rational and convergent approach, while being creative and divergent in the process (White, 2018). The Jerry Falwell Library's services were utilized to find scholarly sources related to the literature and locate the most recent sources. Several types of leadership styles and skills are discussed in regards to how they best fit in the

healthcare industry, as the healthcare industry is a complicated network of predominately female professionals who need guidance to excel in leadership management positions (Uyar, 2019). A crucial leadership gap exists in the current healthcare system as theories, cases, and models have influenced the strategies used in the healthcare industry (Uyar, 2019).

Conceptual Models

The Role of Congruity

The role of congruity theory stated that if a woman, as a leader, exhibits masculine traits, she will be seen less favorable as a leader because the behavior is inconsistent with the female gender as assigned by society (Eagly & Karau, 2002). Eagly and Karau (2002) suggested that bias, in favor of masculine leadership styles, makes it difficult for women to be selected for leadership roles; and once they do, their behavior as leaders is regularly assessed in a less than positive view. The role of congruity theory predicted that female leaders experience prejudice due to the stereotypical male gender role more than if they use a more masculine leadership style (Ferguson, 2017). Prejudice can arise from the relations that people perceive between the characteristics of members of a social group and the requirements of the social roles that group members occupy or aspire to occupy (Ritter & Yoder, 2004). Idelji-Tehrani and Al-Jawad (2018) stated that when the gender of individuals is seen as a lack of fitness based on roles that have been chosen for them, negative views and discrimination are created and projected onto these individuals. This theory magnifies the disproportion of women in organizational leadership roles by placing the lens of prejudice on the behavior of women, who aspire or have obtained executive-level leadership roles, as a possible reason for the disparity (Ritter & Yoder, 2004).

Often times, leadership is seen as a male privilege, and women have been faced with a barrier in which prejudice and discrimination excludes them from higher-level leadership

positions (Ferguson, 2017). A potential for prejudice exists when social perceivers hold a stereotype about social groups that are incongruent with the attributes that are thought to be required for success (Harper, 2016). Harper (2016) provided evidence that various research paradigms substantiate that the attitudes are less positive towards female leaders than male leaders in situations that heighten perceptions of incongruity between the female gender and leadership roles. Koburtay et al. (2019) argued that prejudice against female leaders arises from beliefs and perceptions rather than skill and abilities, as these traits are commonly associated with traditional, heroic leadership that are closely aligned with stereotypical images of masculinity. Perceiving a female manager or leader as similar to her counterpart may produce disadvantages, as it can arise from norms associated with the female gender role can be seen as unfavorably evaluated as a gender violation because of their manifestation of male-stereotypical, aggressive attributes (Ferguson, 2017). Idelji-Tehrani and Al-Jawad (2018) described these aggressive attributes as having courage and determination among others and stated that women are believed to have shared characteristics, such as being empathetic and emotional.

Women who fulfill their role as leaders may prompt negative reactions, while receiving a positive evaluation for their fulfillment of this role (Phillips & Grandy, 2018). Phillips and Grandy (2018) further stated that women in their role as leaders are described by participants as more hostile and devious, quarrelsome, selfish, bitter, less rational, and unable to separate feelings from ideas, when compared to male managers. According to Phillips and Grandy (2018), the belief and perception of leadership traits are commonly associated with traditional, heroic stereotypical images of masculinity, but there is more consideration for female qualities, such as caring and support, being suitable for, or in a conflict with, leadership positions. Schaumberg and Flynn (2017) examined that certain dominant trait are essential for leadership assessment and

noted that women have better managerial skills; thus, the glass ceiling prevents women from getting promotions. Eagly and Karau (2002) noted that prejudice consists of an unfair evaluation of a group of people based on stereotypical judgements of the group rather than the behavior or qualifications of its individual members. Prejudice can be explained in terms of prescriptive and descriptive aspects and characteristics, which are believed to exist in and preferred by each sex (Schaumberg & Flynn, 2017). Meaning, if the characteristics are believed to exist in women, and do not match the characteristics that are perceived as being required in the leadership role, prejudice is a normal outcome (Schaumberg & Flynn, 2017).

Women are stereotyped as more nurturing and communicating; therefore, high-level leadership positions within organizations are still a masculine domain (Koburtay et al., 2019). In the healthcare industry, physicians are known to have ideally shared characteristics, such as intelligence, courage, and determination, while nurses are described as having common characteristics which makes this profession gendered (Idelji-Tehrani & Al-Jawad, 2018). When gender roles do not fit the stereotypes of the profession, negative feelings are formed (Hodder & Marples, 2019). Hodder and Marples (2019) stated that such negative feelings about gender and gender roles are projected onto the individual and he or she will be unfit for the job, which results in discrimination and prejudice. For capability and credibility to be effective in the healthcare industry, the delivery of the health services will require the examination of its leadership to be positioned correctly, with an accurate level of representation (Koburtay et al., 2019).

Main Element 2- Kurt Lewin Three-Change Model Process

Kurt Lewin was among the first to research group dynamics and organizational development (Muldoon, 2018). Bakari et al. (2017) proposed that the behavior of any individual,

any interaction or force affects the structure of the group's behavior and influences the individual's behavior along with the capacity to change. To understand group behavior, and hence the behavior of individuals, one must evaluate the totality and complexity of the field in which the behavior takes place (Muldoon, 2018). In the healthcare industry, leadership is essential to understanding the impacts on the clinical and organizational outcomes as leaders have to focus on the delivery methods used to assist patients, communities, and societies (Hodder & Marples, 2019). Lewin's three-step model testifies that change can be implemented in three steps, which are unfreezing, moving, and refreezing (Schein, 2017). The model represents views of dynamic balanced forces, which pushes employees in a desired direction (Kritsonis, 2005). Muldoon (2018) further concluded that Lewin's three-step model reflects important stages in the change implementation process, as its striving forces maintain the current state and pushes for change.

The Lewin's model is used for change development, as it mediates implementation and leadership initiatives for change in complex organizations, and the organizational change explains the movement of an organization from a current state to a desired future state (Burnes & Bargal, 2017). Lewin is best known for this planned approach to organizational change, which composes field theory, group dynamics, action research, and his three-step model of change (Kritsonis, 2005). Field theory is the approach in which group behavior is understood by viewing the present situation, and the current state, as being maintained by certain conditions or forces (Muldoon, 2018). To begin a successful change process, an understanding of why the change is needed is necessary (Bakari et al., 2017). The first stage is unfreezing of the present level of customs or habits, with the second stage addressing the process of change in which attitudes and

behaviors of individuals are moved, and finally the refreezing of new habits or norms, which are adopted and institutionalized (Muldoon, 2018).

The unfreezing stage consists of breaking the current state by overcoming the restraining forces (Schein, 2017). This stage involves preparing the organization to accept that change is necessary (Bakari et al., 2017). The existing situation or current state is considered the equilibrium state of an industry and therefore, it needs to be broken down before it can be built up (Kritsonis, 2005). Morgan and Brightman (2015) defined change management as the process of taking a deeper look into the organization's (a) direction, (b) structure, and (c) capabilities to continually renew them and serve the needs of external and internal customers, which are ever-changing. This stage of unfreezing organizational change will increase the group's behavior for change or increase the leader's pressure for change, at a higher level (Morgan & Brightman, 2015). The process of change requires employee-involvement to move the target system to a new level of equilibrium (Kritsonis, 2005). The first part of the change process is the most difficult and stressful, as changing beliefs, values, attitudes, and behaviors is a challenge (Schein, 2017). Changes can be done by implementing three actions, which include (a) persuading employees to agree that the current state is not beneficial and provide encouragement to view the problem from a fresh perspective, (b) to work together on a quest for new, relevant information, and (c) to connect the views of the group to well-respected, powerful leaders that also support the change (Kritsonis, 2005).

Lewin's second step is represented by the commitment to change in which employees' intentions are to engage in change-related behaviors based on resolving the uncertainty of the first stage left behind (Bakari et al., 2017). This stage shifts the behavior or attitude within (a) a department, (b) an organization, or (c) an individual, to the next new level, allowing employees

to voice their opinions and achieve a better sense of control in the change process by taking part in discussions and meetings within the organization (Zeffane, 2003). This transition does not happen overnight, it takes time for individuals to embrace a new direction and participate proactively in the change (Muldoon, 2018). Two important drivers of successful and long-term effectiveness in this stage are information flow and leadership (Hussain, 2019). Hussain (2019) stated that information flow is sharing of information conveyed across multiple levels of organizational hierarchy, making skill, expertise, and problem-solving available, while leadership is the influence that certain individuals in the group have to achieve to reach common goals. During the change phase, communication among company leaders should be widespread and clear, especially when dealing with planned implementation, benefits, and empowering employees to get involved proactively with the change (Bakari et al., 2017).

Refreezing is the actual integration of the new values into the community; values and traditions that take place once the change has been implemented and sustained (Kritsonis, 2005). The purpose of refreezing is to stabilize the new equilibrium, resulting from the change by balancing both the driving and restraining forces (Morgan & Brightman, 2015). Activities for implementing change include (a) activity planning, (b) commitment planning, and (c) change management structures (Cummings, 2003). Schein (2017) described the refreezing stage as a process of management development and cites that these phases serve as an intervention tool for change. The successful implementation of change leads leaders to create a need for readiness towards change that will develop their commitment to change and behavioral support for change (Schein, 2017). Readiness for change is a representation of how the employee's beliefs are a result of the interaction of driving and restraining forces for and against change (Bakari et al., 2017).

Main Element 3 - Social Role Theory

Anglin et al. (2018) described the social role theory as individuals having certain gender roles or career roles based on the expectations, stereotypes, and permitted forms of behavior accepted by others, themselves, and by society. An example of the social role theory is the idea that women are to act more selfless and in a collectively oriented manner when compared to men (Morris et al., 2020). This idea has evolved primarily in the physical appearance; specifically, the size and strength of men and the reproductive activities of nursing children by women, which interact with the circumstances culturally and societally (Eagly & Carli, 2018). The social role theory analyzes not only the proximal determinants of gender behavior, but also personal experiences that are influences of culture and social structure, which contribute to the variability in their behavior (Eagly & Carli, 2018). In post-industrial societies, men are more likely to be employed in positions of authority and women are more likely to maintain their role at home as caretakers (Anglin et al., 2018). The social role concept can explain people's identities, or self-concepts, and these characteristics are composed of the understanding of people, regarding what it means to hold a particular social role (Stets & Burke, 2003). Internalized meanings and expectations associated with the leader-role can influence how leaders carry out the ethical decision-making process (Gelman, 2017). People, as individuals, have expectations for how men and women should behave (Johnson et al., 2008).

Social hierarchy consists of power, social class, gender, and race, and applies to the interaction in all contexts of assertiveness, related to behaviors in which predictions about women will generally consist of providing more shared experiences, which leads to being more helpful than men (Scalambrino & Lowery, 2017). The importance of social hierarchy is highlighted by the respective roles performed by men and women (Anglin et al., 2018). The

biological differences in strength and child-bearing constrain the opportunities available to women and men, and places each in different roles, with different demands (Dziadosz, 2018). Dziadosz (2018) stated that the persistence of male support and female common stereotypes is challenging in understanding measures and suggested that cultural beliefs are deeply ingrained and reflect the idea that men are better suited for leadership roles than women. Both implicit and explicit stereotypes bias perception, as women must display strength to overcome their lack of perception in leadership roles (Anglin et al., 2018). According to Anglin et al. (2018), women who fail to display certain traits are considered low in competence and are disqualified as leaders.

In the healthcare industry, female leaders have to focus on delivering service to patients, communities, and societies; regardless of the perception others have placed on them, due to the responsibility their workforce has implied, such as meeting expectations, and being credible and responsible (Koburtay et al., 2019). Women in the healthcare industry will require their leadership roles and styles to match stringent requirements based on capability and credibility, resulting in the delivery of excellence and transformation in times of volatility, uncertainty, complexity, and ambiguity (Idelji-Tehrani & Al-Jawad, 2018). Leaders at the highest levels develop long-term strategies regarding their skills, attitudes, and behaviors to ensure that leadership is in harmony and aligned to the organization's goals and objectives (Belrhiti et al., 2018). Belrhiti et al. (2018) stated that leadership is a concept based on social relationships rather than organizational position; therefore, female leaders will provide direction to managerial, clinical, medical, technical, and professional groups, as well as diverse healthcare workers. Effective leadership provides a basis for the organization to be engaged and will contribute to the quality of care and positive societal and business outcomes (Morris et al., 2020).

Themes and Perceptions Relating to Leadership

Warren Bennis, a pioneer of leadership studies, described leadership as a function of knowing oneself, having a vision that is well communicated, building trust, and taking effective action (Mulders, 2019). Leadership theories and definitions are known to be flexible developmental processes, which have been redefined and modified with the passage of time, and their relevance as applied in context (Stanley, 2017). Leadership styles and theories are not a one-size-fits-all concept, rather it consists of applying different functions, which require precision; a level of confidence, sensitivity, and care; and technical expertise to be carried-out (Gipson & Pfaff, 2017). Leadership is a process of dynamic collaboration, where individuals and organizational members authorize themselves and others to interact in ways that test new forms of intellectual and emotional meaning (Northouse, 2016). Uyar (2019) stated that in the healthcare industry, it is essential to provide effective leadership to bring the necessary changes regarding quality improvement to the organization. Equally as important is understanding that leadership styles and approaches are open to interpretation making it harder for leaders to find solutions in the healthcare industry, while identifying appropriate concepts and adapting them to complex health environments (Belrhiti et al., 2018). McGregor (2017) stated that understanding qualities needed to carry out these leadership theories will make a difference in their effectiveness. Bhattacharyya and Jha (2018) stated that leadership is one of the most observed phenomena on earth, yet it is one of the least understood, as it is often the most critical factor in the success or failure of a company. Despite its many definitions, leadership is used in terms of (a) traits, (b) behaviors, (c) influences, (d) interaction patterns, (e) role relationships, and (f) occupation of an administrative position (Bhattacharyya & Jha, 2018).

Successful leadership requires taking advantage and capitalizing on the strengths and managing the weaknesses (Bhandarker & Rai, 2019). Strengths consist of talent, knowledge, and skill (Orwan, 2020). Orwan (2020) further concluded that talent is a naturally, recurring pattern of thought, feelings, or behavior, while knowledge is fact-based and lessons-learned, with skill being the steps of an activity. Ability is strength, only if repeated, favorably, and successfully (McGregor, 2017). Leadership can happen at anytime, anywhere, and in any function (Mulders, 2019). Leaders possess strategic-thinking, and understand the mission of an organization, while having the ability to effectively execute and communicate the vision of the business (Bhattacharyya & Jha, 2018). Methods of leadership that leaders employ deal with (a) modeling the way to set an example, (b) sharing their vision to enlist others, (c) challenging the processes to find opportunities for growth, and (d) empowering others to enable actions, while setting goals, building trust, and engaging in positive reinforcement (Bhandarker & Rai, 2019).

Stanley (2017) proposed that leadership is a dynamic process, and that leaders understand and professionally influence followers to transcend self-interest for the greater good of the company. Providing leadership through (a) motivating, (b) inspiring a shared vision, (c) supporting followers, and (d) defining a proficient reward system, achieves the challenging organizational goals, effectively and efficiently, through collective effort (Stanley, 2017). Maximizing efficiency and achieving organizational goals are critical management functions that support leadership (Harrison, 2020a). The all-inclusive view of the leadership definition allows researchers to focus on formal roles and positions, as well as concentrate on personal attributes or traits of a leader (Northouse, 2016). Emphasis on identifying the qualities of a great person shifts to include the impact of the situation on the leader, as specific traits differentiate leaders from followers (Northouse, 2016). Brians' (2017) concluded that successful leadership is the

result of the interaction between the traits of the leader and the situation, which are essential to understanding leadership, along with the specification of important trait and situational variables. Traits of a leader include (a) drive, (b) leadership motivation, (c) honesty and integrity, (d) self-confidence, (e) cognitive ability, and (f) knowledge of business (Collins, 2019). Collins (2019) defined drive as a group of five motives, consisting of achievement, ambition, energy, tenacity, and initiative that reflects a high level of effort. Motivation deals with having a strong desire to influence and lead, while being willing to assume responsibility of oneself (Collins, 2019). Collins (2019) further stated that honesty and integrity is a virtue that is the foundation of a trusting relationship between leaders and followers, with self-confidence instilling trust and support in oneself to make difficult decisions. Cognitive ability results in having a high level of intelligence to process large amounts of information and formulate strategies to solve problems (Collins, 2019). Finally, Collins (2019) concluded that knowledge of business allows the leader to make well-informed decisions and understand the consequences of those outcomes. To understand leadership and its theories better, the following section addressed the great man theory, trait theory, transformational theory, transactional theory, and situational/contingency theory.

Great Man Theory

The great man theory was introduced as the earliest theory of leadership, which is an outdated theory that suggested leaders are born, not made (Alloubani & Akhu-Zaheya, 2018). Its beginning started in 1869, when Galson proposed the great man theory, which postulates only a man could have the characteristics of a great leader (McCleskey, 2014). Early ideas about the great man theory focused on leaders being born with particular characteristics that predisposed them to take command and lead other individuals (Alloubani & Akhu-Zaheya, 2018). This

theory exposed leaders as heroic and mythic, while clarifying the concept that a leader is genetically able with higher qualities, to be distinguished from their followers (Brians, 2017). The capacity for leadership is inherited and studied in a particular personality, behavioral characteristic, or trait to understand the leader's accomplishments (Kibbe & Varsilescu, 2019). The great man theory accepts the ability for leaders to be born and not made, the term *great man*, was used for that particular reason, since leadership was accepted as a male quality (Alloubani & Akhu-Zaheya, 2018). There are a number of characteristics relating to personality that determines a leader's effectiveness, without regard to behavior in a particular situation, as specific personality characteristics distinguish effective leaders from ineffective ones (Kets de Vries, 2016). The great man theory emphasizes the individual, outstanding characteristics that are needed in the healthcare industry, which resulted in an increased demand for health professionals, due to demographic change and the supply of health services, caused by effects of economic fluctuations (Belrhiti et al., 2018). Hodder and Marples (2019) stated that the basic concepts of leadership have been adapted for application, and leadership theories in the healthcare industry have mirrored other sectors. The author also concluded that with research and practice insight, understanding the nature of leadership in the healthcare industry has increased, along with the evolution relating to the application of theories and models (Hodder & Marples, 2019). Currently, a range of leadership styles within the healthcare industry have been identified as transformational to adaptive; meaning that leadership styles in healthcare field are evolving (Belrhiti et al., 2018).

According to Spector (2016), the great man theory was articulated not as a moral prescription for how one should act; but instead, as an analytical description of fundamental forces, which lead people to seek heroes. The great man theory is finding the father that lives in

each individual from childhood to the same father who is the hero or the legend (Spector, 2016). Kets de Vries (2016) stated that a father should be decisive with his thoughts, have strength-of-will, and display self-reliance and independence to be a great man. A man's divine conviction of doing the right thing may pass into ruthlessness, so that the great man can be admired, trusted, and respected (Kets de Vries, 2016). This ideology of a great leader causes its followers to render themselves vulnerable and supports that an authority figure of *leader* to dominate, and even ill-treat them (Kibbe & Varsilescu, 2019). Kibbe and Varsilescu (2019) stated that great men were sent by God to be heroes and become leaders through the process of righteous hero-worship, not to ill-treat. Orwan (2020) noted that researchers have mixed ideologies about the context of a great man, but one thing they all agree on is that the leader is in-fact, a man. Freud and Carlyle have two distinct ideas of a great man, for Freud, the leader is always male and a father figure; whereas Carlyle believed the leader is based on the reading of world history as it unfolds the actions of men (Orwan, 2020). The merits of the great man theory reside in a person's ability to identify a core set of leadership traits, with the majority of these individuals having a strong need for authority, based on admiration (Kibbe & Varsilescu, 2019).

Trait Theory

The trait theory stated that individuals possess certain traits that cannot be learned, such as adaptability, ambitiousness, and assertiveness, which are needed based on the situation (Uyar, 2019). Trait theory is based on the assumption that individuals inherit or acquire qualities, characteristics, and traits that enable them to be better leaders (Kibbe & Varsilescu, 2019). Trait approaches are used as tools for personal awareness and development as one analyzes the strengths and weaknesses of individuals (Northouse, 2016). Northouse (2016) concluded that these approaches can help managers determine whether individuals have the qualities for

advancement to other positions within the company (Northouse, 2016). Collins (2019) suggested that an assessment of leadership traits should be considered in the healthcare industry, given the importance of physician leadership to the long-term viability of the healthcare system.

Attributes relating to leadership qualities that apply to trait theory, include (a) drive for responsibility and task completion, (b) vigor and persistence in pursuit of goals, (c) risk-taking and originality in problem-solving, (d) drive to exercise initiative in social situations, (e) self-confidence and sense of personal identity, (f) willingness to accept consequences of decision and action, (g) readiness to absorb interpersonal stress, (h) willingness to tolerate frustration and delay, (i) ability to influence other people's behavior, and (j) capacity to structure social interaction systems to the purpose at-hand (Brians, 2017). Traits can be born within or can be learned, based on drive, motivation, integrity, confidence, cognitive ability, and task-knowledge (Stanley, 2017). In the healthcare system, such drive and motivation is lacking despite a tremendous amount of potential, due to physicians avoiding leadership roles because of the lack of training and perceived aptitude (Harrison, 2020a). Such attributes allow the leader to apply different traits on any given situation, as being a leader is having the ability to adjust the leadership style based on individual followers (Peck & Whitlow, 2019).

Collins (2019) argued that effective leaders are those who demonstrate combinations of qualities through intellect or personality, style, or behavior theories of leadership. Emerging leaders have high mental abilities to show intelligence in the form of high intelligence quotient (IQ) and emotional intelligence (EI), while demonstrating high levels of self-awareness, motivation, empathy, and social skills to be able to control their own emotions and understand other people's emotions (Harrison, 2020a). Ong et al. (2019) presented decades of neuropsychological research concluding that emotions can dictate the thinking, motivation, and

mobilization of individuals to act. Thoughts can induce emotions, and emotions generate ideas, with leader's awareness to use these attributes in an appropriate way and in proper context is paramount (Ong et al., 2019). Northouse (2016) characterized social intelligence as the ability to understand ones' own and others' feelings, behaviors, and thoughts; and to act appropriately. As shown in the figure below, psychologists have adapted the Big Five Leadership Model, which rates an individual according to openness-to-experience, conscientiousness, extraversion, agreeableness, and neuroticism (OCEAN; Harrison, 2020b).

Figure 2

OCEAN Big Five Leadership Model

Removed to Comply with Copyright

OCEAN Big five leadership model. Adapted from *The Leadership Journal*, by Kibbe, M. R., & Varsilescu, M., 2019, p. 54.

The big five theory of personality suggested that there are five universal traits which are represented as a continuum, ranging between two extremes, known as extrovert and introvert (Ong et al., 2019). Ong et al. (2019) further explained the big five traits as having (a) a positive attitude, being sociable, (b) having the ability to accommodate, (c) open-minded, conscious, goal-oriented, (d) being creative, and (e) having a need for stability. The big five theory of personality is a complex phenomenon with a wide variation among individuals, which makes the ideal leader seem resilient, energetic, outgoing, a visionary, competitive, and dedicated to a goal (Uyar, 2019). The focus should not be trying to identify a few traits that distinguish leaders from non-leaders; instead, it is important to identify the conditions in which different traits are under and how it affects the leader's performance (Peck & Whitlow, 2019). Stanley (2017) has deemed 11 leadership traits as important, including: (a) cognitive abilities, (b) extraversion, (c) conscientiousness, (d) emotional stability, (e) openness, (f) agreeableness, (g) motivation, (h) social intelligence, (i) self-monitoring, (j) emotional intelligence, and (k) strategic-thinking and

decision-making. Today, researchers compare and contrast (a) transformational leadership theory, (b) transactional leadership theory, and (c) situational/contingency leadership theory, as three of the most influential behavioral leadership theories, which is provided in detail below.

Transformational Leadership Theory

Transformational leadership is known to be an exchange between the leader and its followers (Lowe & Bathula, 2019). Because the leader obtains the cooperation of its followers by offering something in exchange for their efforts, followers accept the leader's authority because they have something to gain (Lowe & Bathula, 2019). In the healthcare industry, the topic of leader and leadership has produced several theories and practices, ranging from transformational leadership to situational leadership (Collins, 2019). Kibbe and Varsilescu (2019) stated that people will follow a leader who inspires them through vision, passion, and enthusiasm. Broome and Marshall (2020) defined transformational leadership as the process of influencing major changes in the attitudes, beliefs, and values of followers to a point where the goals of the organization and the vision of the leader are adequately communicated. A transformational leader appeals to positive moral values and aspires to uplift its follower's needs and raise motivation and sense of purpose (Peck & Whitlow, 2019). This style of leadership identified the needed change to create a vision that guides inspiration, as the approach positively correlates with job satisfaction, job performance, organizational commitment, and survivability (Broome & Marshall, 2020). Transformational leadership encourages new ideas and creative thinking, by initiating and sustaining a process of partnership with its followers, while supporting the leader-follower engagement (Lowe & Bathula, 2019). Transformational leadership focuses on how leaders can create valuable and positive change in their followers (Peck & Whitlow, 2019). Kibbe and Varsilescu (2019) described transformational leadership models as being embedded in

many organizations and training courses, including healthcare organizations and institutions, based on the idea that different situations require different dynamic relationships and roles.

Transformational leaders have an individualized consideration for their followers; acting as mentors and listening to the concerns and needs of each follower, while providing support and being empathic to each person's situation and background (Arenas, 2019). Transformational leaders also challenge their follower's assumptions; taking risks and soliciting ideas by trying new approaches and developing innovative ways of dealing with organizational issues (Peck & Whitlow, 2019). Stanley (2017) stated that transformational leaders inspire followers to change expectations, perception, and motivations to work towards a common goal; caring deeply about the group's ability to accomplish its purpose. Herminia (2018) stated that transformational leadership increases organizational culture and structural empowerment based on the healthcare professionals' perspective, which has an impact on organizational commitment, resulting in a higher return on job satisfaction, higher productivity, nursing retention, patient safety, and positive health outcomes. Hargett et al. (2017) concluded that healthcare executives are currently managing the gap between formal leadership models within the healthcare industry and the need for emerging standards regarding leadership. Examining the scope and nature of the change in the healthcare industry is vital in developing strategies and gaining abilities that are critical to the achievement of positive clinical outcomes and operational performance (Hargett et al., 2017). Followers of the transformational leadership style respond with feelings of trust, admiration, loyalty, and respect (Broome & Marshall, 2019). Research evidence that transformational leaders have higher levels of performance and satisfaction than groups led by other styles of leadership because followers feel inspired and empowered (Arenas, 2019). Transformational leaders focus on transforming and supporting each individual, and the organization as a whole (Stanley, 2017).

Broome and Marshall (2020) suggested that having a strong, positive vision for the future plays a critical role in being a genuine, passionate, supportive, and trustworthy leader. Leadership is only effective in the healthcare industry when the proposed approach is widespread and shared, while working to implement a more developed style (Hargett et al., 2017). Implementing and developing a more advanced style of leadership is needed due to the continuous change within the healthcare industry relating to the technological, political, financial, and social areas of interest, which are redefining the nature of healthcare (Hargett et al., 2017). Transformational leadership is closely tied to achieving a value-based system, as leadership significantly impacts the quality of care and patient outcomes (Foot & Hickson, 2016). Broome and Marshall (2020) suggested that healthcare providers can guide the healthcare system by assuming a leadership role, and providing not only value, but sustainability as well. Healthcare leaders are expected to engage in behaviors that influence and inspire motivation, and provide individualized consideration (Broome & Marshall, 2020). Broome and Marshall (2020) also concluded that there is intellectual stimulation as transformational leaders must lead by example and healthcare leaders must be role models for their teams to gain authority and create a culture that supports organizational goals, even during uncertain times or stressful events (Broome & Marshall, 2020).

Transactional Leadership Theory

Transactional leadership is most often used by managers with the focus of controlling, organizing, and short-term planning (Moss, 2019). The power of transactional leaders comes from formal authority and responsibility, with the main goal of the follower to abide by the instructions of the leader (Peck & Whitlow, 2019). Perez (2018) asserted that fulfilling the leader's expectations is limited to being motivated. This leadership style tries to satisfy its followers' basic needs in exchange for achieving the leader's objectives through rewards and

punishment (Arenas, 2019). Transactional leaders link goals to rewards, clarify expectations, and provide necessary resources, while setting specific, measurable, attainable, realistic, and timely (SMART) goals (Moss, 2019). Transactional leaders are responsive, as they do not look ahead to strategically guide an organization to a position of marketing leadership and can work well in cases where the problems are clear-cut and simple (Broome & Marshall, 2020). Transactional leadership can have a great effect on many types of individuals as the approach emphasizes both order and structure (Arenas, 2019). Kittikunchotiwut (2019) stated that females in leadership positions within the healthcare industry must be able to create clear goals for their teams and units to motivate their followers to pursue common goals. As situations get more complex, leaders in the healthcare industry must be able to self-reflect, with the understanding that leadership has its purpose of guiding and motivating individuals to complete defined tasks with minimal errors (Kittikunchotiwut, 2019). Transactional leadership focuses on motivating a team to maintain the present circumstances and the avoidance of bad behavior, which can be achieved by using a contingent reward behavior system, such as provision of resources in exchange for performance, and performance monitoring and error correction (Broome & Marshall, 2020). Transactional leadership within the healthcare industry is perceived through leaders' self-reflection of their own personality, as it is suggested that healthcare leaders look to personality assessment to gain a deeper understanding of their own personality and self-awareness (Moss, 2019).

Some characteristics as explained by Harrison (2020b) of transactional leadership included (a) reveal inefficiency, (b) short-term oriented goals, and (c) factor-structured policies and procedures that allow leaders to award individuals who are motivated by self-interest. Arenas (2019) concluded that these characteristics give an unambiguous structure for large

organizations to achieve short-term goals quickly. An advantage of a transactional leader is the ability to address small operational details in a quick manner, while keeping employees productive on the front-line (Moss, 2019). This leadership style is effective during times of uncertainty because of its direct approach that pushes forward efficiently by clarifying roles and task requirements, while communicating what is expected of followers in terms of performance (Broome & Marshall, 2020). Perez (2018) further stated that this theory is task-oriented, with a heavy reliance on hierarchical authority, rewards, and punishment. Setting clear expectations based on incentives negotiated, rewards earned, and to the extent which leaders enforce rules, prevents mistakes, and helps to implement corrective measures to carry out leader-follower transactions (Perez, 2018).

Situational/Contingency Leadership Theories

Situational and contingency theories are based on the idea that leaders use a combination of behaviors or styles that are dependent upon a particular situation, the personalities involved, the tasks, and the organizational culture (Masril, 2020). Situational leadership is based on the leader's ability to adjust his or her style to fit the situation at-hand (Mulders, 2019). This theory is not based on specific skills that the leader possesses; instead, the skills change based on what benefits the followers (Thompson & Glasø, 2018). The importance of situational and contingency theories is considering the needs of workers, the task performed, and the situation or environment (Al-Sawai, 2017). Tsoika (2020) stated that situational leadership is effective if the leadership behavior is flexible, and determinants of effective leader-behavior is a perspective that is justified. Some characteristics of situational leadership include: (a) understanding the needs of followers, (b) being able to change based on the situation, (c) gaining the trust and confidence of followers, and (d) choosing the correct leadership style based on the needs of the followers and

the organization (Thompson & Glasø, 2018). Situational leaders must be able and willing to adapt their styles based on each individual situation and the dual set of responsibilities which are directive and supportive towards the level of development of the followers (Mulders, 2019). Tsolka (2020) examined situational leaders as being able to use many different leadership styles throughout the day based on situations encountered. The key is having structured tasks, for example, women in healthcare disinfecting equipment after patient treatment sessions is a structured task that creates a process to improve patient care in a particular unit (Thompson & Glasø, 2018). Additionally, situational leaders have positional power based on the dynamic of who the individual reports to base on the organizational structure of the company (Thompson & Glasø, 2018). For example, in the healthcare industry, a physician has authority over their medical students, while a case manager has less positional power over the nurses who are part of a treatment team, since each member reports to different units in the organization (Thompson & Glasø, 2018). Positional power is important as 76% of female leaders have experienced gender discrimination, primarily in the form of inappropriate language or offensive words from colleagues (Masril, 2020). Masril (2020) also concluded that discrimination is due to the belief that women are inadequate to lead because doctors and physicians are linked to masculine traits and assertive-type characteristics, including intelligence and courage. The most successful outcomes occur when the leader's preferred style matches the situational requirements because the leader is then able to incorporate task-oriented behaviors and form relationships based on the developmental needs of the group (Mulders, 2019). The level of engagement, participation, autonomy, and maturity that is achieved by the group is in part, due to the degree in which decision-making is handled between the leader and group members (Mulders, 2019). Masril (2020) further stated that situational leaders tend to direct, coach, participate, delegate, and

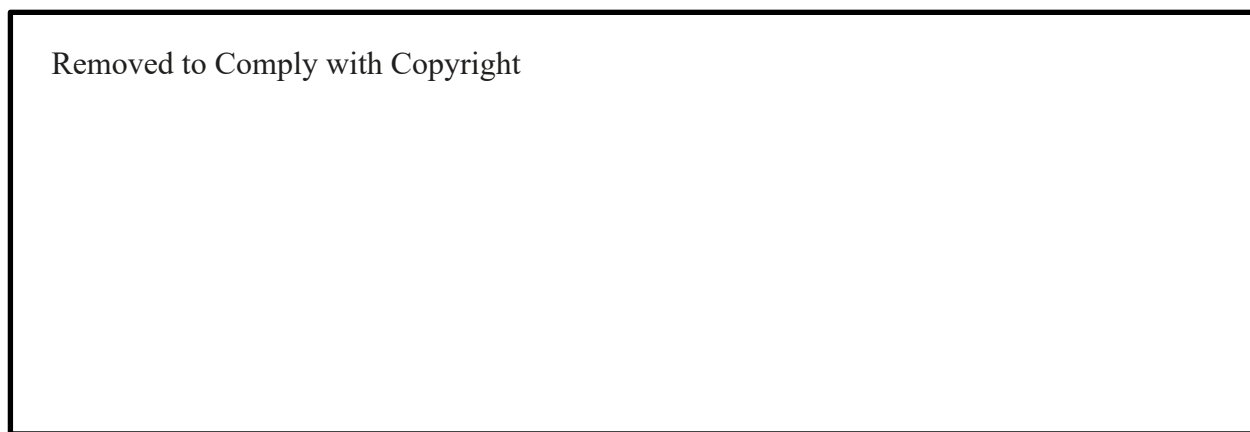
observe, as each type of leader possesses its own set of skills, strengths, and weaknesses. Wilson (2020) demonstrated leadership behaviors in a model known as the situational leadership model, which focused on the follower's readiness, as shown in Figure 3 below.

The situational leadership model asserted that leaders should change their behavior according to the personality and characteristics of the follower, and proposes the continuous adaptation of its leadership style in response to the development of its followers (Bosse et al., 2017). Zigarmi and Roberts (2017) concluded that the term *follower* is applied to an entire group for situations in which members pose similar levels of capability and experience, which classifies individuals based on ability and willingness. Bosse et al. (2017) stated that there are four follower-type situations, known as (a) able and willing, (b) able but unwilling, (c) unable but willing, (d) and unable and unwilling. Bosse et al. (2017) further explained that a high-task emphasis is something that equates to providing clear guidance to followers regarding goals and methods, while a low-task emphasis equates to giving followers the freedom to decide which method to use. Zigarmi and Roberts (2017) stated that a high-relationship emphasis consists of working closely and sensitively with followers, while a low-relationship emphasis equates to being detached from people's emotional vigor, and disregard for emotional reasons. Zigarmi and Roberts (2017) provided further insight by stating that high-tasks are for followers with low ability, and low-tasks are for followers with high ability, while high relationships are followers who are willing and low relationships followers are unwilling. Mulders (2019) explained how the follower and the leadership style emphasis determines if an individual is categorized as (a) delegating, (b) participating, (c) selling, or (d) directing, as shown in Figure 3 below. Being in an *able and willing* situation emphasizes a high-task / low-relationship falls under delegating, which means there is a high-level of maturity; there is trust, empowerment, and responsibility among

followers (Mulders, 2019). Second, a participating classification is having a follower in an *able but unwilling* situation, with emphasis on a low-task / high-relationship leadership style, which means being involved, consulted, and working in teams (Mulders, 2019). Third, Zigarmi and Roberts (2017) further stated that being classified as selling, is having a follower in an *unable but willing* situation, with emphasis on a low-task / high relationship leadership style, which involves persuasion, encouragement, and incentives. Finally, a directing classification is being *unable and unwilling*, with emphasis on a high-task / low-relationship leadership style, which means providing instruction, direction, and is autocratic (Bosse et al., 2017).

Figure 3

Situational Leadership Model



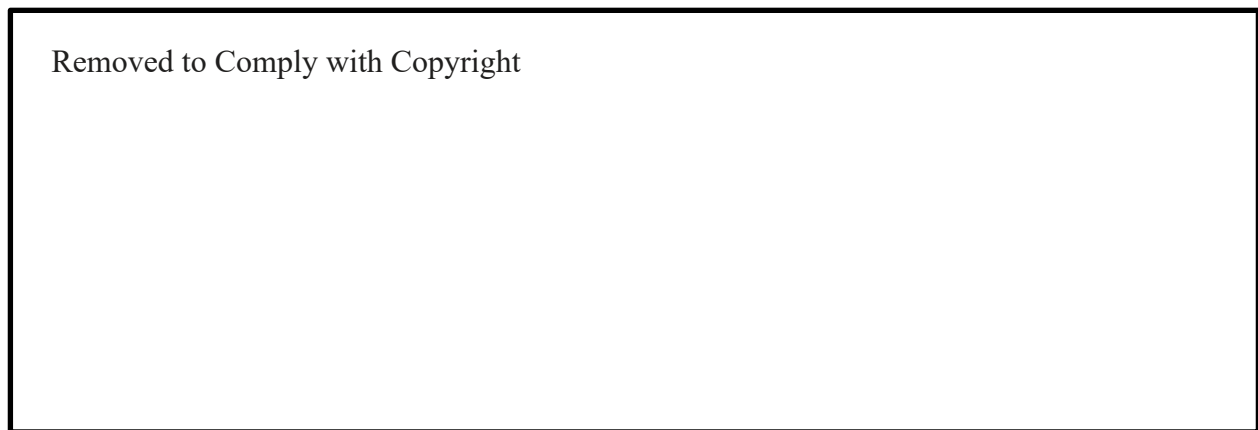
Situational leadership model. Adapted from *The Nature of Contingency Journal*, by Wilson, 2020, p. 18.

Contingency theory stated that the leader's effectiveness is based on how well the leadership style matches the situation (Scotus, 2018; Wilson, 2020). Scotus (2018) and Wilson (2020) explained that there is no one-best style of leadership; instead, a leaders' effectiveness is based on the preferred leadership style that is most appropriate to their personality. To examine personality types of individuals, a test was designed called the Least Preferred Coworker Scale

(LPC) consisting of a list of questions designed to determine the characteristics of an employee based on the skill-set managers' desire in terms of leadership styles (Masril, 2020). Wilson (2020) further stated that contingency theory leadership styles are categorized as either task-oriented or relationship-oriented. The LPC model begins with identifying the leader, who one least enjoys working with, and rates the individual's specific traits on a scale from one to eight (Masril, 2020). Masril (2020) further explained that if the final score is high, the individual is more-likely to be a relationship-oriented leader and if the score is low, the person is more-likely to be task-oriented leader (Masril, 2020).

Figure 4

Least-Preferred Co-Worker Scale



Least-preferred co-worker scale. Adapted from *The Nature of Contingency Journal*, by Wilson, 2020, p. 20.

Mulders (2019) stated that there is no ideal way to influence people. Mulders (2019) further concluded that an effective leader adapts his or her leadership style as needed to achieve congruency with the organizational goals and objectives required. Contingency thinking emphasizes the importance of contextual factors, while situational theory is rooted in the belief that tasks are different and each one requires a different leadership style (Harrison, 2020b). The

contingency theory involves deciding which leadership style the leader prefers to complement the situation (Thompson & Glasø, 2018). Thompson and Glasø (2018) stated that this style of leadership is meant to be adopted by the leader, and not molded to the situation, as the style is fixed and should not be modified. Contingency theories link the leadership style to the situation, by characterizing three factors (a) leader-member relations, (b) task structure, and (c) the position-of-power (Morrison, 2016). Morrison (2016) stated that leader-member relations deal with the general atmosphere of the group and feelings such as trust, loyalty, and confidence that the group possesses for the leader. While task structure is related to the clarity of the task and the way-forward to task accomplishment, and position-of-power relates to the amount of reward-punishment authority the leader has over members of the group (Morrison, 2016). The key motivational factors to interpersonal relationships to accomplish situational-tasks that are highly-rated, include (a) having good leader-follower relations, (b) having defined tasks, and (c) possessing strong leader-position power (Tsolka, 2020). Tsolka (2020) stated that contingency theory means there is no single way or best practice to leadership; instead, there are internal and external forces that are combined to influence the way a leader adapts his or her leadership style. In the healthcare industry, there is no single approach to leadership that will have a universal applicability due to the complexity of the health industry (Harrison, 2020b).

Strategic-Thinking and Decision-Making Relating to Leadership

Strategic-thinking is a process that defines the way an organization carries itself, and the manner in which people think, assess, view, and create future opportunities for themselves and the organization (Chevallier, 2016). Strategic-thinking and decision-making employ mental processes known as conceptual, systematic, imaginative, and opportunistic (Maccoby, 2017). Maccoby (2017) further defined these mental processes by stating (a) conceptual processes deal

with abstractions consisting of analogies used to translate across contexts, (b) systematic processes are composed of different components with interfaces that interact to produce intended or emergent behaviors, such as pattern-finding, and connecting situations that show no obvious relation, (c) imaginative deals with creative and visual, and (d) opportunistic is searching for and grasping new information and valued propositions. The strategic thinker applies all of these cognitive processes in the orientation towards future success (Maccoby, 2017). Prosser (2018) stated that decision-making in medical leadership is a key component to developing a successful and qualitative priority setting process in healthcare. Phillips and Moutinho (2018) stated that strategic-thinking and decision-making have two distinct processes of planning and thinking. The planning involves establishing and formalizing systems and procedures; whereas, thinking involves encouraging, innovating, and creative thinking at all levels of the organization (Phillips & Moutinho, 2018).

Process of Strategic-Thinking and Decision-Making

When examining the organizational decision-making process of a business, key principles to keep in mind, include factors such as (a) the culture of the organization, (b) the individual values, and (c) internal and external factors, such as technology, the environment, legislation, and politics (Tsoukas, 2018). The decision-making model is divided into three main stages, including (a) reviewing the situation, (b) identifying the problem, and (c) developing actions (Rainey & Jung, 2015). In comparison, the role of the strategic thinker is to understand both the internal and external factors and their impact on the future of the organization (Maccoby, 2017). Approaches to strategic-thinking involve both planning and thinking, as planning involves establishing and formalizing systems and procedures and thinking involves the encouragement of intuitive, innovative, and creative thinking at all levels of the firm (Tsoukas,

2018). Phillips and Moutinho (2018) explained that thinking about possible scenarios and strategy in a creative manner is relatively free from existing boundaries, meaning that strategic-thinking is viewed in a way of solving strategic problems by combining a rational and convergent approach with creative and divergent thought-processes. The seven-step decision-making model illustrates the importance of strategic-thinking and decision-making, which is discussed in detail below (Wieland & Wolters, 2013).

Characteristics of Strategic-Thinking and Decision Making

Learning how to appreciate different points-of-view regarding how these views influence the organization and the ultimate decision, is not influenced by internal or external factors (Rainey & Jung, 2015). The vision of a company is a plan created to fit the existing resources of the organization, which includes people, processes, finances, and technology (Wieland & Wolters, 2013). Knowing whether or not a product or service is working for the organization, making the determination if it is not, and asking the difficult questions when it is time to remove the product (Maccoby, 2017). Also, there needs to be hypothesis testing along with implementation of the new vision of the organization so that the proper action plan can be put in place (Rainey & Jung, 2015). For strategic thinkers, is important to recognize having the ability to think strategically through opportunistic intelligence, and taking advantage of new opportunities that enable strategic-thinking (Maccoby, 2017). As detailed below, Wieland and Wolters (2013) provided insight regarding the seven-step decision-making model that provides the importance of strategic-thinking and decision-making, with the steps to include (a) defining the problem, (b) identifying and limiting the factors, (c) developing potential solutions, (d) analyzing alternatives, (e) selecting the alternative, (f) implementing the decision, and (g) establishing a control and evaluation system.

Defining the Problem

Decision-making is a process in which choices are made by identifying a decision, gathering information, and assessing alternative resolutions (Wieland & Wolters, 2013). The first step of this model helps make a more deliberate, thoughtful decision by organizing relevant information and defining the problem at-hand (Maccoby, 2017). By realizing that a decision needs to be made, the nature of the decision must be defined to clearly identify the problem (Tsoukas, 2018). The specific need is required to be identified to make a decision that is essential for paving the way to the outcome (Wieland & Wolters, 2013). Part of the first step is recognizing there is a problem and seeing opportunities that are worthwhile to customers (Tsoukas, 2018). The main interest of a manager is to make decisions; therefore, identifying the problem and foreseeing opportunities is an important part of an organization's strategy (Chletsos & Saiti, 2019). Chletsos and Saiti (2019) concluded that managers and business leaders rely on strategic-thinking and decision-making when considering which competitive environment the organization should compete, and the number of resources to allocate; specifically relating to time, employees, and capital.

Identifying and Limiting the Factors. Identifying the limiting factors of the problem within the organization allows for the collection of information needed to evaluate the company regarding its external and internal factors (Tsoukas, 2018). Managers are equipped to make scheduled routine decisions, which evolve based on company policies; however, most managerial decisions fall under the influence of external and internal environmental constraints (Chletsos & Saiti, 2019). Chletsos and Saiti (2019) stated that factors influencing decision-making include (a) past experiences, (b) cognitive bias, (c) age, (d) individual differences, (e) belief in personal significance, and (f) growth in commitment. Understanding the factors that

influence the decision-making process allows for a better understanding of how decisions are made (Moutinho & Phillips, 2018). Significant factors of critical-thinking and decision-making are the factors that influence them (Chletsos & Saiti, 2019).

Moutinho and Phillips (2018) stated that past experiences tend to influence the way decisions are made. For example, if a decision renders positive results, an individual is more likely to choose a similar approach; however, if an experience provided negative results, an individual avoids repeating past mistakes (Moutinho & Phillips, 2018). Another factor influencing decision-making is cognitive bias, which is known to be mental shortcuts designed to help individuals make decisions quickly and effectively (Smith, 2017). Smith (2017) stated that cognitive biases can often result in accurate thinking, but can have a negative result in creativity and innovative thinking; therefore, not keeping cognitive bias in-check can lead to ignoring critical flaws. Cognitive problems start to increase as one starts to age; lacking the ability to store information in-memory, and to quickly solve cognitive problems decreases (Chletsos & Saiti, 2019). Individual experience declines in working-memory and portions of long-term memory deteriorate, affecting decision-making (Chletsos & Saiti, 2019). Individual differences affect critical-thinking and decision-making by influencing every decision made based on the individualized approaches to strategies, elements, problem-solving, and one's susceptibility to bias (Petzold et al., 2018). Petzold et al. (2018) stated that belief in personal significance and growth in commitment affect an individual's ability to make decisions because decision-making competence is known to be influenced by lifestyle factors and the commitment to personal growth.

Development of Potential Solutions. Decision-making is an important area of research, which involves understanding the process by which individuals develop potential solutions

(Fadjar, 2020). After basic questions have been answered, and the information-gathering process has started, it is essential to develop potential solutions to the problem (Fadjar, 2020). Maccoby (2017) stated that defining baseline criteria for developing solutions should be taken into consideration as well as the organizational goals and culture of the business. Part of developing a potential solution to a problem involves performing fact-finding that will be utilized in the decision-making process (Gafni & Charles, 2017). Gafni and Charles (2017) stated that developing a solution includes listing all decisions that meet the criteria of the research to consider which alternative is most advantageous or if a combination of decisions would be most appropriate.

Analyzing Alternatives. Analyzing alternatives is a way of double-checking to verify that the proposed solution agrees with the organizational goals and corporate culture (Moutinho & Phillips, 2018). Fadjar (2020) stated that an analysis of alternative solutions consists of various decisions being competed against company metrics to see how they are assessed as the single, best decision to be made. Analyzing alternatives is a difficult step due to the researcher's continuous efforts to analyze and evaluate data (Spielmann, 2019). Spielmann (2019) stated that brainstorming allows for the generation of all ideas that is a vital step, along with using a cause-and-effect comparison chart, as it will help identify all the possible causes of the problem being explored. A Pareto chart is also another essential tool for prioritizing and identifying the causes with highest effect that can and should be used in this step (Moutinho & Phillips, 2018).

Selecting the Alternative. Selecting the alternative is often the most difficult part of the strategic-thinking and decision-making process (Wieland & Wolters, 2013). During this step, it is time to make a decision, but before a decision can be made, time is needed to process the alternatives discussed in the prior step (Spielmann, 2019). Understanding the processes by which

individuals make decisions are essential to recognizing the outcomes made (Moutinho & Phillips, 2018). After a decision has been made, there are several outcomes, including regret and satisfaction (Fadjar, 2020). Fadjar (2020) has determined that decisions, which are flexible, are often more desired and people are willing to pay a premium for the ability to change decisions; however, this process in decision-making may not lead to a positive or satisfactory outcome.

Implementing the Decision. Implementing a decision requires a step-by-step course of action in a reasonable time-frame since the process involves numerous details, problem-solving, and creativity for the decision to be successfully implemented (Trent & Pollard, 2019). Trent and Pollard (2019) stated that the difficult part of this stage is the implementation of the process, as making a decision is a factor, but executing the process requires more thoughtful problem-solving, creativity, and planning necessary to be fully executed. To implement a decision, one must act, stay on track, and determine the progression of the implementation process (Gafni & Charles, 2017). Implementing a decision is a complex step due to the nature of naming the decision, researching options and data, selecting a choice, and finally beginning the work (Fadjar, 2020).

Establishing a Control and Evaluation System. Strategic decision-making consists of steps, which provides guidance to make better decisions in any situation (Wieland & Wolters, 2013). When categorizing the decision-making process based on the number of the steps, Rainey and Jung (2015) defined steps or stages in various ways. This multi-step process incorporates strategies and decisions that are made, while assessing resources necessary for the implementation of the decision (Fadjar, 2020). The decision-making process looks different in each scenario; however, a vast majority of mental, emotional, and physical work is required to monitor the progress and to establish a system that works for the organization's environment

(Spielmann, 2019). Spielmann (2019) stated that establishing control comes with daily planning and monitoring the progress based on the decision achieved and implemented.

Leadership Styles in the Healthcare Industry

The difficulty of considering a leadership style in the healthcare industry is that most theories are developed for a business setting and then applied to healthcare (Al-Sawai, 2017). Key aspects of leadership involve influencing group activities and coping with change (Mulders, 2019). Since leadership theories are dynamic and ever-changing, it is important to recognize that the style of leadership plays an important role in enhancing quality measures in healthcare and nursing (Prosser, 2018). In the healthcare industry, there are leadership positions that are often regarded as highly specialized subsets of broader management areas, because of new techniques and technologies; requiring new ways of working (Mulders, 2019). Uyar (2019) stated that female healthcare leaders, who are developed spiritually, can significantly achieve more positive results for their organization. Uyar (2019) affirmed that spiritual, female leaders working in the healthcare industry can achieve positive results by challenging business practices, providing a shared vision, and motivating coworkers to work based on standard company procedures (Uyar, 2019). Mulders (2019) stated that leadership within the healthcare industry is continuously improving and changing due to shifts in organizational culture, and innovative ways of thinking and working. Prosser (2018) concluded that innovative ideas about leadership are helping to mentally shift from the one-best-way of doing things to thinking about a range of approaches and methods (Prosser, 2018).

The healthcare industry is a complex environment, which optimizes management and allows for leadership to exist as relationships are formed, encouraging a collaborative environment; promoting innovative thinking and interdependency between organizational leaders

(Herminia, 2018). Healthcare services that are provided within the healthcare industry give a strong support to transformational leadership and its relationship based on staff fulfillment, group execution, and a hierarchical atmosphere (Mulders, 2019). Transformational leadership promotes the relationship between (a) work-life balance, (b) staff achievement, (c) positive nursing results, (d) tolerant security, and (e) patient-staff fulfillment (Prosser, 2018). Prosser (2018) noted that there has been an increase in patient satisfaction in the healthcare industry due to the use of transformational, transactional, and collaborative leadership. Collaborative and distributive leadership are types of transformational leadership utilized, which empower responsibility for organizational success (Herminia, 2018). Herminia (2018) suggested that when healthcare professionals feel they have ownership of the task, quality improvement will be successful. Women in the healthcare industry face challenges, including (a) diversity, (b) changing needs, (c) increasing patient expectations, and (d) high cost of new interventions and treatment, which require decisions that provide the best use of resources and the delivery of quality care (Idelji-Tehrani & Al-Jawad, 2018). Influences of leadership in the healthcare management fall into focal points, known as: collaborative leadership, distributive leadership, shared leadership, and leadership model in the management of health care to improve quality (Mulders, 2019).

Collaborative Leadership. Recent trends in the healthcare industry have made collaborative leadership an essential part of service delivery and patient care (Iachini et al., 2018). Collaborative leadership is a skill that individuals and teams use within a shared relationship, with clearly defined roles, for the purpose of working together in a more effective way (Wright, 2017). Collaborative leadership allows colleagues the ability to communicate information to make their own decisions (Wright, 2017). Iachini et al. (2018) stated that the

healthcare industry is a complex, rapidly-changing, and challenging environment, with external forces that are transforming the way healthcare is delivered and managed. Such a collaborative environment has led to the empowerment of individuals, and sharing knowledge and experiences, while diminishing the level of difficulty inside healthcare organizations (McCarthy, 2018). McCarthy (2018) defined collaborative leadership as a way of managing people across functional and organizational boundaries. Meaning, a leader of a department will work together with his or her employees, and in collaboration with other teams and departments, to accomplish organizational goals (McCarthy, 2018). Collaborative leadership is a vital source towards having a competitive advantage because information is shared easily and freely across departments, bridging the gap between departments, while playing a major role in preventing a lack of communication and mistakes (Lawrence, 2017). Iachini et al. (2018) further stated that new alliances and uncertain partnerships will emerge, while trust, values, and attitudes shift to creative thinking and adaptive leadership to make hospitals, health systems, and health networks sustainable during the transformation. Lawrence (2017) suggested that collaborative leadership is characterized by various attributes, including (a) shared vision and values, (b) interdependence and shared responsibility, (c) mutual respect, (d) empathy and willingness to be vulnerable, (e) ambiguity, (f) effective communication, and (g) synergy. Leaders in today's healthcare system must learn to shift from the individual expert mentality, which is most commonly used, and move towards a new model involving new collaborative groups that will allow the integration of knowledge throughout collaborative patient-care teams (Iachini et al., 2018).

A collaborative environment is an approachable, unguarded state where employees are given a voice and a way to communicate to contribute to the success of the organization (Szymanowski, 2017). Szymanowski (2017) suggested that implementing collaborative

leadership is not an easy task; however, this approachable, unguarded-type culture (a) encourages and empowers employees, (b) increases loyalty, and (c) develops an opportunity for collaboration between leaders. Iachini et al. (2018) stated that collaborative patient-care teams are used in delivering safe, quality, and compassionate care as the primary mission of the healthcare industry. Women who occupy a role within a patient-care team are (a) highly interdependent in nature, (b) possess collaboration skills, (c) promote open communication that enhances learning, enables trust, and promotes quality decision-making (Okpala, 2018).

Collaborative leadership also creates a shared sense of organizational purpose and brings teams closer together in understanding how their work intersects and influences groups across the organization (Perkins, 2019). Perkins (2019) suggested that a collaborative leadership style depends on an individual's (a) openness to new ideas, (b) perspective, (c) skill-set, and (d) greater awareness of how the current organization is functioning. Building a collaborative-type relationship within the organization helps to strengthen interpersonal relationships by creating an environment full of trust that promotes a diverse skill-set for creative problem-solving (Wright, 2017). McCarthy (2018) explained that collaborative leadership within the healthcare industry requires interactive work conditions where multiple participants are working towards the same goal and best execution of practices. Collaboration is an assertive and cooperative process that occurs when individuals work together to achieve a common goal (Al-Sawai, 2017). Al-Sawai (2017) further concluded that in collaborative leadership, communicating information to coworkers and associates is vital to making informed decisions (Al-Sawai, 2017). Al-Sawai (2017) also stated that collaborative communication enhances healthcare management by (a) encouraging dialogue between multiple stakeholders, (b) sharing knowledge and experiences, and (c) reducing the level of complexity within the healthcare industry. Hargett et al. (2017)

stated that collaborative healthcare within the healthcare industry requires an environment that is cooperative where multiple parties are encouraged to work together to implement effective practices and processes to understand different cultures and facilitate the integration and interdependency among stakeholders. By implementing collaborative leadership, the leader will be (a) collectively setting direction, (b) seeking alignment, and (c) building commitment within the organization (Hargett et al., 2017).

Distributive Leadership. Distributive leadership is defined as the sharing of innate leadership tasks that influence resource availability, decision-making, and goal-setting within the perspective of the organization (Lumby, 2017). Lumby (2017) stated that distributive leadership leads to job satisfaction and organizational empowerment, which increases organizational effectiveness, but leaders must ensure that role-responsibility is distributed among members of the organization. Distributive leadership consists of four characteristics that are interdependent and is used to create a system where workers can complement each other's strengths and offset weaknesses, including (a) sense-making, (b) relating, (c) visioning, and (d) inventing (Sfantou et al., 2017). Sfantou et al. (2017) stated that leaders identify with their own characteristics by (a) instilling the ability to build trusting relationships, (b) visioning compelling images of a credible desired future for workers, and (c) inventing tasks and new ways of overcoming seemingly insurmountable problems. In the healthcare industry, distributive leadership is used, as the complexity of professional and policy institutions may be a barrier to distributing leadership, as well as taking on leadership tasks (Lumby, 2017). Sfantou et al. (2017) recognized that distributive leadership is primarily used to analyze and distinguish the effects of processes, within formal and informal groups, as leadership is an important aspect of the daily tasks and interactions of all employees within the organization. Distributive leadership is a dynamic,

relational, inclusive, collaborative, and contextually-situated approach where basic leadership tasks are shared and influenced by the availability of resources, decision-making, and goal-setting from the organization's perspective (Torres, 2019). Torres (2019) stated that distributive leadership is implemented by individuals within an organization under shared-management and is created and shaped by the way leaders and followers interact together.

The healthcare industry is characterized by constant change based on delivering efficient, safe, effective, and high-quality care (Ayeleke et al., 2018). In recent years, the healthcare industry has identified key mediating factors, and their importance in enabling distributive leadership processes, because women without formal leadership titles are inspiring change and driving improvements (Gunzel-Jensen et al., 2018). Gunzel-Jensen et al. (2018) stated that distributive leadership increases employees' autonomy and empowers them to take on leadership roles by working collaboratively together and being inclusive, while aligning to organizational goals. Ayeleke et al. (2018) stated that distributive leadership is required to lead and drive changes in the healthcare industry within all levels to understand company goals and ongoing improvements. Ayeleke et al. (2018) further stated that problems of leadership within the healthcare industry include (a) internal pressures arising from increased demands for transparency, (b) accountability, and (c) influence from stakeholders, such as political and social groups and shortages of healthcare professionals, due to the effect of an aging workforce. Distributive leadership offers an analytical framework for female leaders to assess and articulate how leadership is distributed among the organization (Farzipour, 2018). Distributive leadership engages and empowers women so that there is a vertical flow of power, while creating a more structural sense where leadership roles and responsibilities are formally devolved to clinical units and teams functioning at operational levels (Chreim & MacNaughton, 2016). Chreim and

MacNaughton (2016) suggested that in distributive leadership one does not need to have a formal position of managerial authority to be a leader. Instead, increasing involvement of clinicians in the planning, management, and organizational care should be align with the concept of ensuring safe, effective, and high-quality care (Chreim & MacNaughton, 2016).

Shared Leadership. Shared leadership originates from the collective responsibility designed for the leader of a group and other group members (Torres, 2019). Leadership focuses on the development of effective shared relationship through support and task-delegation, which is the basis for widespread implementation of shared leadership within the healthcare industry (Hargett et al., 2017). Hargett et al. (2017) stated that shared leadership is a system where team-management and leadership empower employees to participate in the decision-making process. Offering opportunities for individuals to manage and develop a team to increase job satisfaction and provide a more productive work environment is essential regarding shared leadership (Hargett et al., 2017). Belrhiti et al. (2018) further stated that the key to shared-leadership is effective teamwork, with focus on identifying the values of the team, and optimizing team-efficiency, by adopting leadership behaviors, greater autonomy, and improved patient-care outcomes. Shared leadership is an ongoing, fluid process that requires continuous evaluation to be responsive in the ever-changing healthcare industry to maintain a positive, working relationship between leaders and followers (Belrhiti et al., 2018). In shared leadership, members of the group share ideas and the collective influence of the team is more relevant than the framework of a team (Torres, 2019).

Summary of the Literature Review

The literature review has a comprehensive online approach in which scholarly texts, such as peer-reviewed journal articles, dissertations, e-books, and traditional books are collected to

provide valuable information on current research sources, as well as historical information vital to the underrepresentation of women in senior leadership roles. The literature review reinforces the theoretical, conceptual, and contextual framework of this study. It also touches base on the strategic thinking and decision-making model which businesses use to find opportunities and methods that align the company's objectives with the overall plan of the organization. The strategic thinking and decision-making models consists of gathering information about the problem at hand, clearly defining the problem from a strategic point of view, brainstorming possible solutions, overcoming challenges and delegating parts of the strategy to associate in order to have agility and decisiveness when choosing a plan of action. In Section 2, the role of the researcher is explained, the participants and its procedures are noted, and further information on the research method and design is presented. There are many theories, cases, and models that have influenced the leadership strategies that can be applied to the healthcare industry; therefore, guidance is necessary for effective leadership in order for leaders to focus on the dynamic relationships between leadership values, culture, capabilities, and organizational context.

Transition and Summary of Section 1

The purpose of this section is to provide a detailed description regarding the underrepresentation of women in senior leadership positions within the healthcare industry. This section provides insight to (a) bias, (b) prejudice, (c) stereotyping, and (d) outcome expectations women face in the workforce. This section also presented information from scholarly literature regarding the underrepresentation of women as it is necessary for the transitioning into the research process of the study. Meanwhile, the assumptions, limitations, and delimitation shape the boundaries of the study, and the Christian worldview forms the basis for all research.

Section 2: The Project

This qualitative research involved an interpretive, naturalistic approach to the underrepresentation of women in senior leadership positions that affect women who are currently in high-ranking leadership positions (Mayoux, 2018). The aim is to understand reality of individuals, cultures, and groups as closely as the participants live it and/or feel it by asking open-ended questions, observation and documentation (Yurtoğlu, 2018). Yurtoğlu (2018) stated that qualitative research methods are employed to answer the whys and how's of human behavior, opinion, and experience. Qualitative methods are also used to answer questions about individual ways of relating to and interacting with the world to understand the meaning people have constructed in how they make sense of their own world based on experiences (Mead, 2018). Mead (2018) stated that obtaining detailed descriptions and explanations of experiences, behaviors, and beliefs, is how researchers answer the why and how, in collaboration with the participant, as the interviewer will create a rich narrative that has depth, and informs the overall objective. Surveys yield useful information regarding prevalence, but they are not suited to building a deep, more personal knowledge of participants experiences (Mayoux, 2018).

Section 2 will begin with restating the purpose statement and explaining the role of the researcher, along with a discussion of the participants and the research method and design used. This section goes more in-depth with the population and sampling being used. Section 2 also covered data collection, data analysis, reliability, and validity.

Purpose Statement

The purpose of this qualitative case study is to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations

inability to leverage their skill-sets. This may be achieved by understanding the reasons behind the underrepresentation of women in senior leadership positions which affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry. This larger problem is explored as a means to better understand women's experiences, with regards to gender bias and role stereotyping. The research study examined individual experiences of 30 to 40 women who currently work in high-ranking leadership roles within the healthcare industry in Winter Haven, Florida. A semi-structured interview approach is used to explore the lived-experiences of the participants and their involvement in (a) creativity, (b) innovation, and (c) organizational performance. Pre-prepared, open-ended questions are used to gather more in-depth knowledge of women's experiences. These questions assisted in better understanding the decision-making strategies from participants in the healthcare industry.

Role of the Researcher

The researcher is considered an instrument for data collection; therefore, he or she needs to describe relevant aspects of self, including any biases and assumptions, expectations, or experiences to be able to conduct research (Bashir, 2019). Simon (2019) stated that a good qualitative researcher asks probing questions, listens, thinks, and then asks more probing questions to get to deeper levels of the conversation. An effective qualitative researcher seeks to build a picture using ideas and theories from a wide variety of sources (Simon, 2019). The researcher can conduct unstructured interviews to generate qualitative data as the respondent will have the chance to talk in-depth and choose his or her own words (Mead, 2019). Mead (2019) further concluded that unstructured interviews ultimately help the researcher develop a real sense

of a participant's understanding of the situation at-hand, and by using a recording device; the open-ended questions can be analyzed as needed.

Specifically, relating to the study, the researcher obtained permission from the Human Resources and Team Member Relations Manager to use the premises and interview participants one-to-one at Luna Memorial Hospital, along with conducting meetings virtually via Zoom (see Appendix A). Next, each respondent received a letter of invitation to participate in the study, along with a brief explanation about the study (see Appendices C and D). Thirty to 40 participants were selected for the open-ended interviews based on job title, consisting of women between the ages of 35 and 55, who are working in administrative and leadership positions at Luna Memorial Hospital. Prior to interviewing participants, it is vital that a written consent form is given to each participant to ensure their willingness to be part of the study (see Appendix C). The consent form allowed the interviewee to feel at-ease about their participation, as it clarifies that the research study is on a volunteer basis and their involvement can be declined at any point during the interview process (Simon, 2019). The consent form was signed by the researcher and the participant. A follow-up interview was conducted to make sure the information was recorded as the participant intended and a copy of the signed consent form was given back to each participant before the interview is conducted, and sent via email to those interviewing online, along with the reassurance of complete confidentiality (Simon, 2019). Qualitative researchers want participants to speak freely, while providing their perspectives in actions and words, which is an integral part of the data by informing the researcher about their lives (Mead, 2019). Mead (2019) stated that coding interviews is done by categorizing the actual sequence of events and keeping a record of what is coded, what is the participant's experiences, and other information to keep the interview confidential. The names of the participants remained confidential during the

interview process. Each participant received a code consisting of an alpha character, along with the date of the interview (e.g., Participant A, June 20, 2020).

It is evident that the interview environment can be tense and can cause participants to be uneasy and give unsubstantiated responses; therefore, structured interviews, lasting 60 to 90 minutes, were audio-taped using a Smart phone and have a set of guidelines, which were clearly observed by the researcher (Simon, 2019). Simon (2019) asserted that the researcher is mandated to provide the participant with topics reflecting the issue under study; whereby, one is to explore the subject where the interviewee is comfortable (Simon, 2019). Semi-structured interviews allowed the researcher to clarify where necessary and ensure that the participants understand the topic or question under examination (Mayoux, 2018). Mead (2019) stated that qualitative researchers study the phenomenon in their natural setting, and various methods to get a deeper understanding of how participants perceive their social realities and how they act within the social world. Ultimately, the role of the researcher is to ensure that the information provided by each participant remain confidential, bias-free, and is analyzed and categorized by coding (Bashir, 2019).

Research Design and Method

Research methodology refers to how a researcher designs a study to ensure the results are valid, reliable and that they address the goal of the research (Ghauri, 2020). A research methodology is a strategy used to implement a plan, while the research design is a plan used to answer a research question (Ghauri, 2020). The research method and design used for this qualitative study enabled the researcher to observe first-hand the lived experiences of underrepresented women in the healthcare industry. The design selected in this study was case study in order to explore the lived-experiences of women in high-ranking leadership positions

within the healthcare industry. The case study design is powerful in terms of its findings as it allows more in-depth, multi-faceted explorations of complex issues in their real-life settings (Ghauri, 2020). This current research study related to this study as it showcases patterns and behaviors managers have had against the upward movement of women in leadership positions. Lincoln (2019) stated that findings and interpretations are the most critical techniques in the verification process as they involve (a) taking data, (b) analyses, (c) interpretations, and (d) conclusions back to the participants, so the accuracy and credibility of the account can be judged. Ghauri (2020) stated that an individual is best understood when his/her actions, thoughts and reflections are viewed in regards to the environmental, social, cultural, and institutional context in which the participant operates.

Discussion of Design

Research design related to the choice of strategy chosen to collect the data to understand the phenomenon at-hand (Ghauri, 2020). The types of qualitative research designs include: (a) narrative, (b) phenomenology, (c) grounded theory and (d) ethnology (Baran, 2020). Narrative design was used to examine a single individual's perceptions of a given experience, and data were gathered in story format (Creswell & Poth, 2018). This is not the best option for this study, as the study is not looking to create a shared meaning with the results gathered. The phenomenological researcher studies a group's perceptions of a given static event, attempting to discern the core aspects or shared meaning of the experience (Creswell & Poth, 2018) by observing and reporting on a variety of perspectives to fully understand the phenomenon, resulting in the phenomenological approach not appropriate for this study. A grounded theory researcher seeks to develop theories explaining a specific experience and the ethnographer examines specific cultural group to develop a holistic view of how the people group lives their

daily lives (Creswell & Poth, 2018) since this study is not looking to develop a theory or to focus on the culture of given group of people, both grounded theory and ethnography are not suitable for this study. Case study allows in-depth examination of the complex issues being studied in real-life settings (Palmer, 2018).

The case study design was selected to explore the lived-experiences of women in high-ranking leadership positions within the healthcare industry. The case study design is powerful in terms of its findings as it allows more in-depth, multi-faceted explorations of complex issues in their real-life settings (Ghauri, 2020). According to Ghauri (2020), a case study design is often referred to as a naturalistic design due to the exploration of the event or phenomenon, occurring in its natural context. Case study design allowed the exploration of a given process to maintain within a specific context or bounded situation (Palmer, 2018). The goal of the case study researcher is to obtain descriptive content to better understand the phenomenon of interest (Creswell & Poth, 2018). Creswell (2016) suggested the case study design is used for exploration of a specific issue, which is why the most appropriate for this study is.

Discussion of Method

Research methods are tools used to deal with rules and procedures, as they play several roles when it comes to ways of reasoning to achieve a solution, dealing with rules of communication and examining and evaluating findings (Elg & Ghauri, 2019). A research method is mainly used to implement a plan depending on the goal of the research (Ghauri, 2020). For this flexible qualitative research study, the interviewer will use semi-structured interviews. An interview is a conversation in which information is gathered, and people's opinions, thoughts, experiences, and feelings are documented (Ghauri, 2020). When it comes to interviews, there are three types: structured, semi-structured, and unstructured interviews. In a structured interview,

the interviewer focuses on asking a set of standards, pre-determined questions that follow a specific order (Elg & Ghauri, 2019). Semi-structured interviews are a set of pre-determined questions with a topic guide that serves as a checklist to ensure that all participants provide information about the same topics (Lincoln, 2019). Unstructured interviews have no specific guidelines, restrictions, or pre-determined questions; the interviewer focuses on broad questions to engage with the participants in an open, informal, and spontaneous way (Elg & Ghauri, 2019). The researcher will use semi-structured interviews for this qualitative research study.

Before conducting an interview, the objectives need to be identified, the researcher needs to know what he or she hopes to achieve, and what type of information is needed to gather (Lincoln, 2019). Lincoln (2019) stated that the required information, budget, time, and potential participants are the determining factors of choosing to do a structured, semi-structured, or unstructured interview. The recruitment process of the participants is also an important part of the interview process, as obtaining contact information such as phone, email, or personal conversation is necessary to introduce the study, oneself, the importance of their participation and to setup an appointment (Elg & Ghauri, 2019). Interview recording depends on the type of interview; it can be done in form, written notes, or voice-recorded (Zarinpoush, 2017). During the interview, the interviewer will introduce him or herself, the study, the importance of the participant's participation along with the expected duration of the interview (Rodriguez, 2019). During the interview process, the interviewer will remain as neutral as possible when asking questions and probing on the issues at-hand. When coming to completion of the interview, the chosen format is properly examined to determine that it was properly recorded, as responses from unstructured and semi-structured interviews need to be transcribed and responses from structured interviews need to be entered into a data analysis program (Rodriguez, 2019).

Summary of Research Method and Design

The research method and design is a systematic plan for conducting research and observing first-hand the lived experiences of the underrepresentation of women in senior leadership positions in the healthcare industry. Qualitative methods aim for a complete, detailed description of observations, such as context of events and circumstances such as people's judgements, feelings of comfort, emotions, ideas, and beliefs (Elg & Ghauri, 2019). The purpose of this qualitative case study is to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations inability to leverage their skill-sets. According to Yin (2014), case studies were used to explain, describe, or explore events in the everyday context in which they occur, making this research method design perfect for this study. Case study was chosen for this study to focus on the research activity required to complete it. The main focus of case study is the stages of defining the case, selecting the case, collecting, and analyzing the data, interpreting the data and reporting its findings (Elg & Ghauri, 2019).

Participants

Adhabi and Anozie (2017) stated that the scope of a qualitative study is linked to the agenda of exploring and justifying why a particular phenomenon is the way it is. Adhabi and Anozie (2017) further stated that interviews form the backbone of primary data collection for qualitative research design approaches. Majumder (2018) stated that the role of the participants enhances the collective involvement in governance, with a specifying leadership role. Thirty to 40 participants, consisting of women between the ages of 35 and 55, were selected for the open-ended interviews based on their job title. Interviews require a personal commitment of both the

participant and researcher because it requires time and resource allocation for the interview to provide the necessary results (Adhabi & Anozie, 2017). Once participants were selected from administrative and leadership positions working at Luna Memorial Hospital, each respondent received an email with a letter of invitation to participate in the study, along with a brief explanation about the study (see Appendix D). Prior to the interview, participants were given a written consent form to sign to ensure their willingness to be part of the study (see Appendix C). The consent form allows the participant to feel at-ease about their participation, as it makes it clear that the research study is on a volunteer basis and their involvement can be declined at any point during the interview process (Majumder, 2018). The consent form was sent via email and will be signed by the researcher and the participant. A copy of the signed consent form was given back to each participant before the interview takes place, along with the reassurance of complete confidentiality (see Appendix E; Austin & Sutton, 2017). The interview included pre-approved open-ended questions asking participants to describe relevant aspects of their experiences regarding the underrepresentation of women in senior leadership positions within the healthcare industry (see Appendix G). The researcher also used an interview guide, which helped to layout the format for the questions (see Appendix H).

Qualitative data are obtained when open-ended questions are answered, as it allows the participant to elaborate on his or her answers and the researcher can have an in-depth understanding regarding the respondent's perception of the problem (Landrum & Slater, 2020). Thirty to 40 participants, consisting of women between the ages of 35 and 55, were selected for the open-ended interviews. Participants were informed the interviews lasted 60 to 90 minutes and were being audio-taped using a Smart phone, with audio being transcribed after interviews are conducted (Simon, 2019). During the interview process, the names of the participants were kept

confidential by the researcher, and any recordings, memos, and notes were securely stored in a locked cabinet for three years, in addition a follow-up interview was conducted to make sure the information was recorded as the participant intended. The interviewer used interpersonal skills to explore significant issues raised by the participant, and aspects that are central to comprehensive data collection (Adhabi & Anozie, 2017). Participant observation is a research method in which investigators systematically observe people, while joining them in their routine activities (Ghauri, 2020).

Population and Sampling

The population and sampling of this study brings awareness regarding the low percentages of women being represented in leadership roles (Shields, 2017). Today, only 24 women are CEOs within S&P Fortune 500 companies, and two years ago, the number was 32 (Linehan, 2019). Choosing a study sample in a research project is practical, efficient, and ethical to study (Daniel, 2019). Daniel (2019) stated the selection of an appropriate method depends upon the aim of the study. According to Shields (2017), the objective of population and sampling in qualitative research involves the characteristics of the study's population, such as size and diversity, to determine the number of people to select. Ames et al. (2019) stated that qualitative approaches are valuable as they are suited to assessing the validity of standardized measures and analytic techniques that permit researchers to explore diversities in cultural and personal beliefs, values, ideals, and experiences. The method used in this qualitative research is purpose sampling, which is discussed later in this section.

Discussion of Population

Population in a research method is a large collection of individuals or objects that is the main focus of a research question (Sparks & Joyner, 2019). Sparks and Joyner (2019) stated that

population is composed of two groups known as target population (the entire group) and accessible population (a portion of the group). A special population is a particular group of people within the population that a researcher wants to study, such as those who work in the same company and/or industry (Pope & Mays, 2018). Pope and Mays (2018) stated that recruitment strategies are determined by the type and number of data collection activities in the study and the characteristics of the study population. All individuals or objects within a population have common, binding characteristics that are well-defined groups of individuals considered the population (Sparks & Joyner, 2019). Sparks and Joyner (2019) stated that when a researcher selects participants from their sampling frame, it is because they have characteristics the researcher desires, making it part of purpose sampling.

For this study, the population includes 30 to 40 participants selected for the open-ended interviews based on job title, consisting of women between the ages of 35 and 55, who are working in administrative and leadership positions at Luna Memorial Hospital. The target population of this study was carefully selected among female professionals who are in leadership and non-leadership positions. The purposive part of this study comes from the selection of women who were selected due to the characteristics needed for this sample (Sparks & Joyner, 2019). Prior to the study, information about the participants was gathered based on their perspectives and experiences in their leadership and non-leadership positions. Sparks and Joyner (2019) stated that including participants who represent a broad range of perspectives, is a representation of purposive sampling, but selecting participants who only meet a narrow or specific criteria is also part of purposive sampling, which is why this sampling approach is being used for this study.

Discussion of Sampling

Sampling is the process in which small groups of people or sample who represent a larger group or population are chosen (Gelman, 2017). Determining an adequate sample size in any research project is essential as it influences the quality of the research outcome (Daniel, 2019). Shields (2017) stated that qualitative methods are often criticized for not justifying the rationale for determining the sample in research projects. The concept of sampling rises from the ability of researchers to assess all individuals in a given population (Shields, 2017). According to Gelman (2017), the sample must be an accurate representation of the population from which it is drawn and must have a good size to acquire statistical analysis. Any value which is identified or measured from the characteristics of entire population is known as a parameter (Rubio et al., 2019). The sample should clearly represent the characteristics of the intended group (Rubio et al., 2019).

For this study, purposive sampling was used. Purposive sampling is one of the most common sampling strategies, group's participants according to preselected criteria relevant to a particular research question (Rubio et al., 2019). Rubio et al. (2019) stated that purposive sampling is determined by the point-in-data collection when new data no longer brings insight, also known as saturation. This type of sampling is a practice where subjects are intentionally selected to represent some explicit predetermined trait and/or condition (Daniel, 2019). Daniel (2019) stated that sampling is the process whereby a researcher chooses the sample by identifying the population of interest, in this study, it refers to the 30 to 40 women who currently work in high-ranking leadership and non-leadership roles within the healthcare industry. Gelman (2017) stated that sampling can produce more accurate results than studying an entire population. Sampling provided researchers with more control over the subjects than larger studies. With

smaller data sets, the statistical manipulations are much easier to avoid human error when inputting and analyzing data (Gelman, 2017).

Snowball sampling is considered a type of purposive sampling in which participants with whom contact has already been made using social networks, refer to the researcher, other potential participants that can contribute to the study (Shields, 2017). Snowball sampling techniques are useful when a researcher wishes to include more people in the study but relies on the participants to help identify additional study participants (Ames et al., 2019). Ames et al. (2019) stated that snowball sampling is a strategy used when the researcher wishes to study a stigmatized group or behavior. Asking participants to refer others to participate in a study they have participated in helps new potential participants feel more comfortable about being included in the study (Rubio et al., 2019).

Summary of Population and Sampling

Population is based on the entire group or a portion of a group, better known as target population and accessible population consecutively (Sparks & Joyner, 2019). Sampling is a technique researcher's use to select individuals or a subset of a population to aid the study (Shields, 2017). Purposive sampling is when a researcher seeks out participants with specific characteristics wanted for the study (Ames et al., 2019). Snowball sampling is when a researcher relies on participants' referrals to recruit new potential participants (Ames et al., 2019). Snowball sampling is a type of purposive sampling in which participants refer other potential participants that can contribute to the study (Shields, 2017). Snowball sampling techniques are useful when a researcher wishes to include more people in the study but relies on the participants to help identify additional study participants (Ames et al., 2019). For this study, the population being used is 30 to 40 participants selected based on job title, consisting of women between the ages of

35 and 55, who are working in administrative and leadership positions at Luna Memorial Hospital. Among these women, snowball sampling techniques was used to rely on participants to identify other women who will participate in the study. In conclusion, a population includes elements from a data set, while a sample consists of one or more observations drawn from the population (Pope & Mays, 2018).

Data Collection

Data collection is described as the process of gathering and measuring data on variables of interest to answer the research questions (Bashir, 2019). In qualitative research, the data collected deals more with descriptive rather than numeral information (Bashir, 2019). Without the right data, there is nothing that can be converted into useful information that will provide the basis for decisions (Ganesh & Galetta, 2019). Yurtoğlu (2018) explained that through data, decision –making processes become smoother and the success rate of decisions made, based on data gathered increased by 79% more than those using intuition alone. The quality of the results is also improved by the data gathered (Yurtoğlu, 2018).

Data collection for this study, consists of an intense, semi-structured interview that is conducted to foster elicited interpretation of each participant's experience (Ganesh & Galetta, 2019). Data collection requires careful design to who will do what, where, when and how at the different stages of the research process (Yurtoğlu, 2018). Ganesh and Galetta (2019) stated that interpretations are grounded in the data collected with the intention of being as accurate as possible of the representation of the individual. Data collection establishes human experiences that establish core elements such as behaviors, attitudes, emotions, knowledge, and environmental context (Bashir, 2019). Bashir (2019) stated that data collection is essential to maintaining the integrity of the research by making an informed decision. This qualitative

research will result in a narrative, descriptive account of women between the ages of 35 and 55, who are working in administrative and leadership positions at Luna Memorial Hospital.

Instruments

Belyh (2020) stated that surveys, interviews, and focus groups are primary instruments for collecting information. A survey is a tool for gaining in-depth information about people's underlying reasoning and motivation (Belyh, 2020). Collecting data through interviews with participants is a characteristic of many qualitative studies (Hyers, 2018). Hyers (2018) stated that interviews give the most direct and straightforward approach to gathering detailed and rich data. Interviews can be tailored to the research questions, to the characteristics of participants and the preferred approach of the researcher (Belyh, 2020). Focus groups can be done in person and online, a focus group asks a small group of people to discuss their thoughts on a given subject (Skinner et al., 2018).

For this study, semi-structured interviews were conducted to explore the lived-experiences of the participants. Pre-prepared, open-ended questions were used to gather more in-depth knowledge of women's experiences, with the face-to-face interviews consisting of seven open-ended questions. These questions assisted in better understanding the decision-making strategies from participants in the healthcare industry and to reduce the current gap within the underrepresentation of women in senior leadership positions within the healthcare industry. The interviews lasted 60 to 90 minutes and were audio-taped using a Smart phone, with audio being transcribed after interviews were conducted (Simon, 2019). Additionally, a follow-up interview was conducted to make sure the information was recorded as the participant intended. The target population of this study was carefully selected among female professionals who are in leadership and non-leadership positions. The purposive part of this study comes from the selection of

women who were selected due to the characteristics needed for this sample (Sparks & Joyner, 2019).

Data Collection Techniques

Data collection methods are mainly concerned at gaining insight and understanding regarding the underlying reasons and motivations, to dig deeper (Hyers, 2018). Hyers (2018) stated that research requires data which is holistic and rich to allow the researcher to better understand the experiences of participants. Data collection is a systematic approach to gathering information from participants to get an accurate picture of the phenomenon being studied (Belyh, 2020). Data collection is done by including field notes, interviews, conversations, photographs, recordings, and memos (Mayoux, 2018). Data collection allows the exploration of participants decisions made and insight on how the data should be collected and recorded (Hyers, 2018). Hyers (2018) stated that when data are collected through focus groups or one-to-one interviews, there will be notes, videos and voice recordings of the session.

For this study, structured interviews, lasting 60 to 90 minutes, were audio-taped using a Smart phone, along with a set of guidelines for conducting the interviews, which must be clearly observed by the researcher (Simon, 2019). Qualitative data are obtained when open-ended questions are answered, as it allows the participant to elaborate on his or her answers and the researcher can have an in-depth understanding regarding the respondent's perception of the problem (Landrum & Slater, 2020). Mead (2019) stated that coding interviews is done by categorizing the actual sequence of events and keeping a record of what is coded, what are the participant's experiences, and other information to keep the interview confidential.

Data Organization Techniques

Data organization techniques require concentration and can be classified based on (a) location, (b) alphabetical organization, (c) time, (d) hierarchy, and (e) category (Cvrčková, 2019). Cvrčková (2018) stated that data can be organized by showing a visual place or area in a map or an illustration that gives the reader a mental image of where a particular place is located in relation to another. Alphabetical organization is the first option people consider due to sounding easy and fast (Bhat, 2018). Bhat (2018) stated that organizing the data alphabetically is easy, however, accessing information should be equally as easy and therefore, topics should be categorized correctly. Time is another organizational technique in which the organizing is based on the time it was created (Valcheva, 2020). Valcheva (2020) stated that hierarchies are data organizational techniques that is beneficial when showing how one piece of information is related to another based on order of importance or ranking. Finally, categorizing data is the most tiring but can be organized in any way imaginable, (e.g., by color, gender, price, shape, model, etc.; Bhat, 2018).

For this study, an inductive approach was taken to generate substantive codes from the data, later the developing theory suggested to the researcher where to go next to collect data and which, more-focused, questions to ask (Scott, 2014). Mead (2019) stated that coding interviews is done by categorizing the actual sequence of events and keeping a record of what is coded, what are the participant's experiences, and other information to keep the interview confidential. The names of the participants remained confidential during the interview process. Each participant received a code consisting of an alpha character, along with the date of the interview (e.g., Participant A, June 20, 2020). During the interview process, the names of the participants

were kept confidential by the researcher, and any recordings, memos, and notes were securely stored in a locked cabinet for three years.

Summary of Data Collection

Data are gathered by instruments in the form of surveys, interviews and focus groups (Belyh, 2020). The instruments being used to collect data is mainly in the form of interviews. Collecting data through interviews with participants is a characteristic of many qualitative studies, as it's the most direct and straightforward approach to data collection (Hyers, 2018). For this study, semi-structured interviews will be conducted to explore the lived-experiences of the participants. Pre-prepared, open-ended questions will be used to gather more in-depth knowledge of women's experiences, with the face-to-face interviews consisting of seven open-ended questions. Data collection allows the exploration of participants' decisions made and insight on how the data should be collected and recorded (Hyers, 2018).

For this study, structured interviews, lasting 60 to 90 minutes, were audio-taped using a Smart phone, along with a set of guidelines for conducting the interviews, which was clearly observed by the researcher (Simon, 2019). During the interview process, the names of the participants were kept confidential by the researcher, and any recordings, memos, and notes were securely stored in a locked cabinet for three years. The interviewer used interpersonal skills to explore significant issues raised by the participant, and aspects that are central to comprehensive data collection (Adhabi & Anozie, 2017). For this study, an inductive approach was taken to generate substantive codes from the data, later the developing theory suggested to the researcher where to go next to collect data and which, more-focused, questions to ask (Scott, 2014).

Valcheva (2020) stated that hierarchies are data organizational techniques that is beneficial when

showing how one piece of information is related to another based on order of importance or ranking.

Data Analysis

Data analysis is defined as the process a researcher uses to reduce data to a story and its interpretation (Ganesh & Galetta, 2019). For qualitative data collection and analysis, it is important to establish conformability, credibility, and trustworthiness (Raskind et al., 2018). Raskind et al. (2018) stated that data analysis consists of conversations, performance, narratives, and grammatical structures of individuals. Such conversations and narratives are to be systematic and transparent as they happen simultaneously with the data collection process of coding, memo writing and refining interview questions (Mayoux, 2018). The data to be analyzed will include audio recordings for the interviews, transcriptions, and journals of the observations (Strange, 2020). Strange (2020) stated that analysis qualitative data involves immersing oneself in the data to become familiar with it, then looking for patterns and themes, searching for various relationships between data that helps the researcher understand what they have, then visually displaying the information and writing it up. Data analysis procedures involve only statistical analysis according to the sample frame (Ganesh & Galetta, 2019).

Coding Process

In qualitative research, coding is comprised of processes that enable data that has been collected to be categorized, assembled, and thematically sorted to provide the researcher with an organized platform for the construction of the meaning (Adu, 2019). Adu (2019) stated that coding is a key structural operation which enables data analysis and successive steps to serve the purpose of the study. Codifying the experience of the phenomenon is meant to those involved and determined if the experience created a theoretical frame or conceptual understanding

associated with the phenomenon (Linneberg & Korsgaard, 2019). Linneberg and Korsgaard (2019) defined coding in qualitative research as a word or short phrase that symbolically assigns a summative, salient, and essence-capturing and/or evocate attribute for a portion of language-based or visual data. Coding is a way of analyzing qualitative data and breaking it down, to see what can be yield back together in a meaningful way and make something new (Ogden, 2018). Ogden (2018) stated that assigning labels to words or phrases that represent recurring themes among participant's responses are a way to code information. The information coded is best to keep it short and organized, so it's easier to remember (Adu, 2019).

Summary of Data Analysis

The data to be analyzed in this study included audio recordings for interviews, transcriptions, and journals of the observations (Strange, 2020). Strange (2020) stated that analysis qualitative data involved immersing oneself in the data to become familiar with it, then looking for patterns and themes, searching for various relationships between data. These relationships were then categorized and coded to facilitate information finding. Codifying the experience of the phenomenon is meant to those involved and determined if the experience created a theoretical frame or conceptual understanding associated with the phenomenon (Linneberg & Korsgaard, 2019). In this study, the information was coded in a short and organized way, so the information can be easily remembered. In summary, semi-structured interviews were conducted to explore the lived-experiences of the participants. Pre-prepared, open-ended questions were used to gather more in-depth knowledge of women's experiences, the face-to-face interview consisted of seven open-ended questions. Responses were be coded because coding is a way of analyzing qualitative data and breaking it down, to see what can be yield back together in a meaningful way and make something new (Ogden, 2018).

Reliability and Validity

Reliability refers to the degree in which measurement produces consistent outcomes, in accordance with three attributes, (a) stability, (b) equivalence, (c) internal consistency, while validity refers to the extent to which an operation measures the concept at-hand (Mead, 2019). Mead (2019) stated that stability is obtaining the same responses from similar circumstances, with equivalence being a level of consistency required across respondents so measured values are not influenced by the views of others. Mead (2019) further concluded that internal consistency requires that the variables used are measured similarly and should be highly correlated. When collecting primary data through studies, the attributes of stability and equivalence are important (St-Onge et al., 2017). In qualitative research, validity can be emphasized in a (a) descriptive, (b) interpretative, (c) theoretical, or (d) generalizable manner (St-Onge et al., 2017). Mead (2019) stated that descriptive validity refers to the degree in which the actual description holds true, interpretative validity is how good the interpretation is, theoretical validity refers to the adequacy of suggested theories or explanations, and generalized validity, is the extent the findings from a story can be generalized to other settings. Validity cannot just be talked about, it must be demonstrated, as validity claims are responses to the question ‘how can I trust you?’ (St-Onge et al., 2017). As a means to maintain validity, member checking takes place by creating trustworthiness among participants while conducting the interview and follow up interviews (Candela, 2019).

Member checking is the process of continuous, informal testing of information by solidifying reactions of respondents (Candela, 2019). This tool is used as a technique for eliminating bias while collecting data and exploring credibility of results (McGrath et al., 2018). Member-checking can take place in the form of (a) framed experiences, (b) values, (c) contextual

information, and (d) expert insights that provided a framework for evaluating and incorporating new experiences and information (Birt et al., 2016). Member-checking was conducted by having a follow up interview and not only audiotaping it, but also code it, in order to analyze the interview coded transcripts and looking for themes and patterns fitting the original framework. McGrath et al. (2018) stated, that engaging participants in the member checking process will affect them and prepare them for an experience that supports participants' own development. Participants will reflect on their participation in the study and how their participation affected their thoughts and behaviors (Candela, 2019).

Reliability

In qualitative research, reliability is a matter of being thorough, careful, and honest in carrying out the research or study (Mead, 2019). Wright (2020) defined reliability as a measurement for consistency, with the difficult part having the ability to maintain consistency. Reliability can be measured in terms of content testing and comparison of data, use of tables to record data and other techniques that help support the data sourcing, data validation, and data presentation process of the study (Wright, 2020). Anything that is not stable or causes inconsistency within the measurement is a potential threat to the generalizability of the research (Mead, 2019). A method used to establish reliability is data source triangulation (St-Onge et al., 2017). Triangulation is done by collecting information using more than one method to collect data on the given study (Wright, 2020). A type of triangulation includes data source triangulation, in which in-depth individual interviews are conducted (Natow, 2019). Another way to describe reliability is the stability of a measurement over time and the similarity of measurements within a given time period (Patten & Newhart, 2018). Natow (2019) stated that to

test validity through the convergence of information from different sources, data source triangulation is a good qualitative research strategy to use.

Data triangulation involves different sources of information to increase the reliability of the study (Natow, 2019). Natow (2019) stated, data triangulation involves gathering data through differing sampling strategies, in order to make sense of certain form of behavior and experiences. Gathering data from the experiences is understanding of what it meant for the participant to live the moment and gather a more complete, fully rounded picture of the phenomenon being studied (Patten & Newhart, 2018). Patten and Newhart (2018) stated that surveys can off-set weaknesses in observational methods while collecting data in reliability methods. Data triangulation will be used in the approach of surveys, to align perspectives and lead to a more comprehensive understanding of the phenomenon at hand. .

Validity

Validity consists of making sure the appropriate tools and techniques are used in the study, along with processes including data collection and validation (Mead, 2019). Mead (2019) stated that validity is often addressed regarding three common threats known as researcher bias, reactivity, and respondent bias. Researcher bias is the negative influence the researcher can bring to the study due to knowledge, assumptions of the analysis, and sampling strategy (Court et al., 2017). Court et al. (2017) stated that reactivity refers to influence the researcher has on the research study. Respondent bias is a situation where respondents are not being honest in their responses because they see the topic as threatening or respond with what they think the researcher wants to hear (Bashir & Marudhar, 2018). Bashir and Marudhar (2018) explained validity ensures that the results of the research are used for the purposes intended. A credible study is one that adopts reliability within the data, resulting from the experiences and ideas of

participants, along with the evaluation of the findings being solid evidence (Court et al., 2017).

Member checking is a fluid mix of (a) framed experiences, (b) values, (c) contextual information, and (d) expert insights that provided a framework for evaluating and incorporating new experiences and information (Birt et al., 2016).

By incorporating new experiences and information, member checking ensures trustworthiness by creating respondent validation and/or participant validation (McGrath et al., 2018). Member checking is an important part of making sure one has understood the reported responses, especially when trying to pick up irony, emotion, silences and/or other gestures (Candela, 2019). McGrath et al. (2018) stated, member checking is a method of returning an interview transcript or debriefing the analytical results with participants for agreement. In doing so, triangulation will occur and will reduce the risk that conclusions can reflect only the systematic biases or limitations (McGrath et al., 2018). McGrath et al. (2018) stated that member checking is essential when trying to deeply understand lived experiences, the significance of the experiences, and a potential phenomenon that experiences illustrate.

Summary of Reliability and Validity

Reliability and validity in qualitative research meant to generate an understanding of the study (Court et al., 2017). Reliability refers to the consistency shown in the results of the research, while validity refers to the extent to which an operation measures the concept at-hand (Mead, 2019). Reliability is all about being able to maintain consistency (Wright, 2020). Validity establishes the soundness of the methodology, data analysis, and the conclusion of the study (Mead, 2019). Validity consists of the measures taken to ensure the analysis conducted in the study is intended for the right purpose (Bashir & Marudhar, 2018). Court et al. (2017) simplified reliability as the way of ensuring the measurement is reproducible, and likely to provide the same

answer when the measurement is applied twice, while validity is the extent to which the measure agrees with its intended purpose.

Transition and Summary of Section 2

The purpose of this section is to get a closer look into the reality of individuals, cultures, and groups as closely as the participants live it and/or feel it by asking open-ended questions, observation, and documentation (Yurtoğlu, 2018). This section provided insight to (a) the role of the researcher, (b) research method and design, (c) population and sampling, (d) data collection and analysis, and (e) reliability and validity.

Section 3: Application to Professional Practice and Implication for Change

The following section is the conclusion of this research study. Section 3 provides the overview of the study, presentation of the findings, application to professional practice, recommendations for future study, reflections of the study, and the summary of section 3. An overview of the study shows the processes used and the findings of the research. The findings from this study will allow organizations to view the underrepresentation of women in a different light and will provide them with insight into improving business practices. The reflections from this study are provided below, and the perception of the researcher is presented along with a biblical worldview. Concluding the research, the relationship of the findings is presented along with the research questions to include the application to professional practice and implication for change in future study.

Overview of the Study

The purpose of this qualitative case study is to add to the existing research regarding the underrepresentation of women in senior leadership positions. The objective of this study is to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations inability to leverage their skill-sets. Through this case study, best practices and solutions regarding decision-making strategies were discovered. This was achieved by understanding the reasons behind the underrepresentation of women in senior leadership positions which affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry. This larger problem is explored as a means to better understand women's experiences, with regards to

gender bias and role stereotyping. The target population of this study was carefully selected among female professionals who are in leadership and non-leadership positions.

Presentation of the Findings

Semi-structured interviews are used in this study as the primary instrument and source of data. Semi-structured interviews were conducted to explore the lived-experiences of the participants. Pre-prepared, open-ended questions were used to gather more in-depth knowledge of women's experiences, during the virtual interviews that consisted of seven open-ended questions. These questions assisted in better understanding the decision-making strategies from participants in the healthcare industry and will reduce the current gap within the underrepresentation of women in senior leadership positions within the healthcare industry. The interview questions correlated with the research questions of this study. Most interviews were conducted via email due to COVID regulations in the healthcare field and time constraints. The interviews were transcribed, and themes began to emerge.

The purpose of this section is to present the findings of the research conducted. A permission letter was first sent to gain approval for the interviews to take place via email. The permission letter included a brief overview of the study, prior to the letter of invitation sent to participants. All participants were eligible to participate in the study, as they are all women working in leadership positions and non-leadership positions. All participants were given a consent form prior to the interviews, and their responses were evaluated and transcribed to find common themes and perceptions. Through this section, the research questions were answered, and each participant was given a random pseudonym to ensure confidentiality.

Themes Discovered

Themes began to emerge during the interview process and became evident during transcription and coding. The discovered themes after coding, transcribing, and reviewing the results in NVivo, include (a) transformational leadership style, (b) gender-role stereotyping, (c) decision-making, and (d) education. Brians (2017) concluded that successful leadership is the result of the interaction between the traits of the leader and the situation, which are essential to understanding leadership, along with the specification of important trait and situational variables. Transformational leadership styles are imbedded within every organization from strategy to personnel, serving the organizational culture (Creswell & Poth, 2018). When it comes to gender-role stereotyping, the technique damages the image of women and shapes them into being seen as less than males. According to Creswell and Poth (2018), decision-making is a critical component of value-added applied in business inquiries along with the outcome of factual, evidence-based research. Meanwhile, education is a complex and dynamic process which involves talking about leadership and accessing content knowledge recall. Traits of a leader include (a) drive, (b) leadership motivation, (c) honesty and integrity, (d) self-confidence, (e) cognitive ability, and (f) knowledge of business (Collins, 2019). A discussion of each theme is provided below.

Theme 1: Transformational Leadership Style

The first theme that emerged was transformational leadership style (see Appendix G, Table 1). Leadership has many definitions which makes leadership styles and theories consist of applying different levels of confidence, sensitivity, and care based on the situation at-hand (Broome & Marshall, 2020). Leadership is a process of dynamic collaboration, where individuals and organizational members authorize themselves and others to interact in ways that test new

forms of intellectual and emotional meaning (Northouse, 2016). Despite its many definitions, leadership is used in terms of (a) traits, (b) behaviors, (c) influences, (d) interaction patterns, (e) role relationships, and (f) occupation of an administrative position (Bhattacharyya & Jha, 2018). In the healthcare industry, people will follow a leader who inspires them through vision, passion, and enthusiasm. Broome and Marshall (2020) defined transformational leadership as the process of influencing major changes in the attitudes, beliefs, and values of followers to a point where the goals of the organization and the vision of the leader are adequately communicated. A transformational leader appeals to positive moral values and aspires to uplift its follower's needs and raise motivation and sense of purpose (Peck & Whitlow, 2019). The transformational style of leadership identifies the needed change to create a vision that guides inspiration, as the approach positively correlates with job satisfaction, job performance, organizational commitment, and survivability (Broome & Marshall, 2020). In a transformational leadership style, leaders have an individualized consideration for their followers where they act as mentors and listen to the concerns and needs of each follower, while providing support and being empathic.

When participants were asked about the style of leadership used within the organization being the appropriate one, 15 participants (57.6%) responded positively. Additionally, 23 participants (88.4%) recognized that a leadership problem was present among the organization, and it needed to be addressed for better employee satisfaction and growth. Table 1 shows some of the comments made towards transformational leadership and how it can affect the outcome of the organization as a whole (see Appendix G). The majority of responses discussed how leadership cannot be a one style fits all type of leadership, 26 participants (100%) agreed on leadership in the healthcare industry having to be supportive, communicative, but most

importantly, flexible towards the industry standards. The healthcare industry is rapidly changing, and it demands lots of flexibility in day-to-day activities, therefore, having one particular leadership style was not the favorable choice when talking among participants.

Employee satisfaction is a great concern for healthcare managers, P1 supports this notion by stating that it “directly affects the outcome of the organization,” which goes hand-in-hand with Peck and Whitlow (2019). Peck and Whitlow (2019) stated that employee satisfaction, directly impacts it has in organizational commitment. P1 also states that “managers need to adapt and be flexible to leadership styles so it can be favorable to its employees.” The insights of P2 align with Peck and Whitlow (2019), views on a leader having positive moral values that aspires to uplift its follower’s needs, as P2 stated that “each leader may have their own one particular style as we all do not have the same. Each leader performs with their own unique style, and this helps others grow and work well together.” Healthcare is a challenging profession, in which managers need to keep up with guidelines, workflow, best practices, and outstanding care for all patients and team members. P4 stated that “a leader is someone who surrounds themselves with a supporting team that shares his or her vision. And will help protect their back while helping her team grow at the same time,” which is supported by what was discovered in the literature by Broome and Marshall (2020).

Transformational leaders increase organizational culture and structural empowerment based on the healthcare professional’s perspective, which directly impacts organizational commitment, resulting in a higher return on job satisfaction, higher productivity, nursing retention, patient safety, and positive health outcomes (Peck & Whitlow, 2019).

Transformational leaders lead by example, in the healthcare industry, leaders must be role

models for their teams to gain authority and create a culture that supports organizational goals, even during uncertain times or stressful events.

P1 stated “transformational leadership style is best suited for women in leadership positions in the healthcare industry.” Which supports what was discovered in literature by Kibbe and Varsilescu (2019), in which he stated that people will follow a leader who inspires them through vision, passion, and enthusiasm. P4 stated “roles that have an open-door policy in place. Team focused leadership. Paternalistic, Visionary. Authoritarian.” supports what was discovered in literature. P7 believes that “a woman who values and respects mid management opinions and suggestions” will be a successful leader which supports what was discovered in literature by Peck and Whitlow (2019), which states that positive moral values and aspires to uplift its follower’s needs and raise motivation and sense of purpose. As P8 stated “in reality all leadership styles play a role in success. Each leader may have their own one particular style as we all do not have the same. Each leader performs with their own unique style, and this helps others grow and work well together.” This adds on to Yin (2014) findings, which suggested that qualitative case studies are appropriate for the exploration of social phenomena along with behavioral events.

Theme 2: Gender-Role Stereotyping

The second theme that emerged was gender-role stereotyping (see Appendix G, Table 2). Stereotyping is ubiquitous, widely-held, but fixed and oversimplified images or ideas of a particular type of person or thing, which includes (a) racial groups, (b) political groups, (c) genders, (d) demographic groups, and (e) activities (Bordalo et al., 2019). Chin (2018) asserted this bias makes it difficult for women to be selected for leadership roles and to achieve success in their performance as leaders. Stereotyping was noticeable in the participants responses because

participants had recurring themes of tasks being culturally associated with one gender, and the expectations that members form from one's behavior were present towards women. Among the participants, gender-role stereotyping was one of the most common themes. Participants felt that physical characteristics, self-assertion, concern for others, and domestic duties were obstacles faced when seeking top roles as leaders.

As shown in Table 2, gender-role stereotyping is an area which participants feel needs to be addressed (see Appendix G). Gender-role stereotyping involves the feeling of being overlooked by male counterparts. In this study, 22 participants (84.6%) personally felt overlooked, judged, and felt the need to work harder when compared to male workers, simply because they were female employed (P4- P10). Majority of the participants also felt that their advancement in the company had to do with their sexuality and not their work expertise and knowledge. In the interviews conducted, 4 participants (15%) felt that the opportunities given to them were the same as their male counterparts (P21, P22, P23, and P26). These participants felt like men and women were respected equality because they were given the same opportunities, however, even this 15% of participants, felt that women had to demonstrate a higher level of significance and reliability towards leadership if given the opportunity to achieve a higher placement within the company. Participants consistently mentioned the need to level up to males and having to mask emotions to be considered for a position of power. It was often mentioned by participants, that the overall perception of a women in the workplace, had to reflect that of a man. Meaning that despite having the same opportunities as men, women had to be seen as assertive, and comfortable as any person in a leadership role would, regardless of gender.

Chin (2018) asserted that it is difficult for women to be accepted in leadership roles, P4 supports this notion by stating "women are often overlooked for leadership position. They are

viewed as weak and emotional. In many states race also plays significant role minority women are often passed over positions of power.” P6 stated that “in climbing the corporate ladder often times men got the administrative roles over women” which goes hand-in-hand with Masrol (2020) view on bias towards masculine leadership. Masril (2020) concluded that discrimination is due to the belief that women are inadequate to lead because doctors and physicians are linked to masculine traits and assertive-type characteristics, including intelligence and courage. The most successful outcomes occur when the leader’s preferred style matches the situational requirements because the leader is then able to incorporate task-oriented behaviors and form relationships based on the developmental needs of the group (Mulders, 2019). P11 supports Masril’s (2020) view on masculine leadership bias when stating “males are predominantly in leadership positions, and they exhibit an authoritative leadership style which promotes one-directional hierarchical flow of commands and information.” Scalambrino and Lowery (2017) believed that men and women still act slightly different due to their gender-differentiated skills and P19 supports this notion by stating,

men are viewed higher [more important] than women and are more than likely offered leadership positions. Women who want to be in the same position often have to work harder to get there and present a similar leadership style that is expected of men.

Bias in favor of masculine leadership styles, makes it difficult for women to be selected for leadership roles (Chin, 2018). When managers and employees interact, social roles are more tightly linked to the context rather than gender, gender stereotyping does not control the behavior of managers and employees (Phelan & Rudman, 2017). Even in situations where gender stereotyping does not control behavior, men and women may still act slightly different due to their gender-differentiated skills (Scalambrino & Lowery, 2017). Gender stereotyping is

noticeable in the healthcare industry because women are expected to act in a more caring way when compared to men. When a woman tries to show that they are problem-solvers and they have the ability to take charge, they are seen as too aggressive. A leadership role in this field should be based on the ability to be empathetic, and confident in decision-making. However, as stated by P4, “women come off as unsure and indecisive because they have a nicer and sweeter way of being.” All women need to be proactive and follow their dreams regardless of any bias encountered, with the right education, and by being experience-driven, women can achieve anything men can.

Theme 3: Decision-Making

The third theme that emerged was decision-making (see Appendix G, Table 3). Decision-making is a team effort, across the healthcare system where participants were interviewed, there are 13 hospitals which took part in collaborating important topics that drive success and high-quality patient care. Meetings in which decision-making strategies rise are driven by leaders from all roles to make everyone feel included in the decision and workflow. Each leader must pose skill-sets to help make positive decisions that will have a positive impact on patient care and team member workflow. Chletsos and Saiti (2019) stated that factors influencing decision-making include (a) past experiences, (b) cognitive bias, (c) age, (d) individual differences, (e) belief in personal significance, and (f) growth in commitment. Understanding the process by which decision-making takes place, is important in any area of research because it involves understanding the process by which individuals develop solutions. Understanding the factors that influence the decision-making process allows for a better understanding of how decisions are made (Moutinho & Phillips, 2018). Significant factors of critical-thinking and decision-making are the factors that influence them (Chletsos & Saiti, 2019). Decision-making consists of

gathering information about the problem at-hand, clearly defining the problem from a strategic point-of-view, brainstorming possible solutions, overcoming challenges, and delegating parts of the strategy to associate to have agility and decisiveness when choosing a plan of action.

The decision-making theme provided insight into the career development and the organizational goals of the company. As shown in Table 3, the majority of participants (P5, P9, P10, P12, and P17) rated their workplace as one driven by decision-making and team effort. Improvements to be made in decision-making come from the results achieved by the organization and how participants react towards those decisions (see Appendix G). Based on interviews conducted, 26 participants (100%) felt that decision-making was a team effort and lead to positively enforcing leadership skills. Whereas, 13 participants (50%; P5-P7) stated that decision-making promoted creativity, innovation, and it allowed the organization to involve participants into making a decision for the organization which directly impacts them in a positive way. Twenty-four (92%) participants (P1-P8, P15-23) stated that having the ability to be heard and to provide feedback that will be taken into consideration for future company changes, made them gain a sense of belonging which directly translated into motivation for wanting to improve the overall organization.

P5 stated, “leadership styles that promote creativity, value, accountability, fluid information sharing, a team approach, innovation, and shared input in decision making are best suited for women in healthcare,” which is supported by Chletsos and Saiti (2019). P9 stated, “outcomes are driven by results.” Decision-making is a team effort, which supports what was discovered in literature in which each leader must poses skill-sets to help make positive decisions that will have a positive impact on patient care and team member workflow (Chletsos & Saiti, 2019). P10 stated, “effectively implementing leadership skills in the decision-making process

means we can be successful at meeting our organizational goals,” which supports what was discovered in literature by Chletsos and Saiti (2019), in which significant factors of critical-thinking and decision-making are the factors that influence them. P12 findings of “An effective leader fosters multidirectional flow of information and exchange of ideas” add to Hargett et al.’s (2017) view of effective leadership; in which leadership focuses on the development of effective shared relationship through support and task-delegation, which is the basis for widespread implementation of shared leadership within the healthcare industry (Hargett et al., 2017). As stated by P13 “effective leadership values the input & ideas of team members and his or her goal should not be power struggles. Goals of the healthcare organization should be placed at the forefront.” This adds to Torres’s (2019) view of effective leadership in which, members of the group share ideas and the collective influence of the team is more relevant than the framework of a team. P15’s input adds to Chletsos and Saiti’s (2019) view of effective leadership of the key to shared-leadership is effective teamwork, with focus on identifying the values of the team, and optimizing team-efficiency, by adopting leadership behaviors, greater autonomy, and improved patient-care outcomes, by P15 stating that “effectively implementing leadership skills in the decision-making process means we can be successful at meeting our organizational goals. By effectively communicating, our managers understand our expectations and we all work together to meet the needs of our customers.” P17 supports Chletsos and Saiti’s (2019) notion on decision-making strategies by stating that “leadership experiences that promote accountability, values each employee and everyone’s input, and credible knowledge and experience are important components in effective decision-making strategies for women.”

Chletsos and Saiti (2019) believed that part of developing a solution involves gathering information, and P21 adds to his findings by stating “decision making is about following the

mission and values on the daily. At BayCare, everyone deserves the chance to apply, interview and grow within our healthcare organization, regardless of race, religion or ethical dilemma.”

P22 adds to decision-making themes found in literature by stating “BayCare believes in high quality compassionate care for patients and the team every single day, every shift.” P23 stated “decision making on reviewing our healthcare organization as a whole was taken and we survey our team members to make sure we are being equal, fair and following our values” which adds to findings in literature. P26 brings light to the decision-making theme by stating “decision making is a team effort in BayCare. Across the system, all 13 hospitals, we have collaborations around important healthcare topics that drive success and high-quality patient care. Sometimes we feel there are too many meetings but in reality, these meetings are driven by leaders from all roles so all feel like we are included in the decisions and workflow.”

Part of developing a potential solution to a problem involves gathering information and assessing possible solutions for a decision to be made (Chletsos & Saiti, 2019). By realizing that a decision needs to be made, the problem is clearly identified which is essential for paving the way to the outcome. The main interest of a manager is to make decisions; therefore, identifying the problem and foreseeing opportunities is an important part of an organization’s strategy (Chletsos & Saiti, 2019). The author further concluded that managers and business leaders rely on strategic-thinking and decision-making when considering which competitive environment the organization should compete, and the number of resources to allocate; specifically relating to time, employees, and capital. Before a decision can be made, time is needed to process the alternatives discussed by individuals.

Theme 4: Education

The fourth theme that emerged was the importance of education (see Appendix G, Table 4). Education is an important factor in the healthcare industry, it can lead to better job placement, more money, and many other benefits and a higher quality of life (Bashir, 2019). The healthcare system is massive, and for the industry to grow, and provide quality patient care, educated individuals should be the one obtaining leadership positions. Almost all healthcare jobs require a bachelor's degree, but for higher-level-jobs, a master's degree and above is preferred. Having administrative and leadership skills is essential in healthcare because understanding insurance-based questions, government regulations, medical ethics, and health informatics is part of an everyday thing.

One of the most significant themes repeated throughout the interviews in various questions by most participants was the impact of education in placement of leadership roles. As shown in Table 4, this theme is prominent during transcribing and coding (see Appendix G). The theme was identified, established, and was ready to be reviewed and categorized by the answers given in the interviews. Participants often mentioned the theme of education, so much so, that 26 participants (100%) believed education was necessary for growth. Education allows customers to feel a higher sense of trust with workers. To better understand the participant-responses towards education, it is shown in Table 4 how education is a main factor for the healthcare industry and its success (see Appendix G). Participants expressed the importance of education, as 19 participants (73%; P1, P3-P6, P10-P12, P15-P20, and P22-P26) agreed that education supersedes experience in an administrative way, as the healthcare industry is one that requires specializations, certifications, and very precise and detailed skills to practice certain roles. Bashir (2019) stated that education is an important factor and P1 supports this notion by stating “in a

higher dynamic company, individuals must have the education and experience to grow.” P3 supports what was discovered in literature by Collins (2019), which stated that education is a complex and dynamic process which involves talking about leadership and accessing content knowledge recall, by stating “this industry is strictly experience and education driven.” P12 stated that “being knowledgeable on bullying, and harassment by other leaders in healthcare when punitive consequences were inhibited by policy/laws and reporting, is part of the job.” This statement supports what was discovered in literature by Brians (2017), which concluded that successful leadership is the result of the interaction between the traits of the leader and the situation, which are essential to understanding leadership, along with the specification of important trait and situational variables.

P15 adds to Bashir (2019) findings by stating “leaders must be educated to provide great care, by making less mistakes and avoid negligence/wrongful deaths.” P23 adds to Bashir (2019) findings of education by stating “all must have the education and experience to grow, again BayCare does not believe in not all fair. This is my personal opinion as a leader within the company myself.” As stated by P5 “each leader has the skill-set to help make positive decisions that will have a positive impact on patient care and team member workflow” this was supported by literature findings of Chletsos and Saiti (2019), who stated that understanding the process by which decision-making takes place, is important in any area of research because it involves understanding the process by which individuals develop solutions. As stated by P7, “communication, authoritativeness and education are needed in order to achieve a leadership role within the healthcare industry” this was supported by literature findings of decision making. As stated by P9, “all skills are not the same, every role and position are different. Each require certain education, certification, and experience criteria to meet the needs of the role” this was

supported by literature findings of Chletsos and Saiti (2019) in which each leader must pose skill-sets to help make positive decisions that will have a positive impact on patient care and team member workflow. P15 believed that “the goal of leadership should not consist of a power struggle or one of ‘I have all the knowledge.’ Leadership styles that promote creativity, value, accountability, fluid information sharing, a team approach, innovation, and shared input in decision-making are best suited for women in healthcare,” which adds to Brians’ (2017) findings of successful leadership resulting of the interaction between the traits of the leader and the situation, which are essential to understanding leadership, along with the specification of important trait and situational variables.

Data collection establishes human experiences that establish core elements, such as behaviors, attitudes, emotions, knowledge, and environmental context (Bashir, 2019). Healthcare department managers oversee specific department and teams within an organization, as they have different responsibilities based on their specialty. Education is necessary to improve patient quality care as managers are responsible for ensuring that organizations and teams comply with current standards of patient care. Leaders in this field also oversee the evaluation of current processes and determine which areas need improvement. To make such administrative decisions, the leader must be educated on the subject to keep up with care standards. Leaders are also in charge of accurately leading workshops, training seminars, and daily meetings in which they help healthcare team members stay abreast of best practices.

Interpretation of Themes

A review of literature relating to understanding the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry when compared to population demographics resulting in the organizations inability to leverage their skill-set was

thoroughly conducted, followed by a qualitative study. The interpretations of the literature review and the qualitative case study led the researcher to formulate a set of recommendations for further study. Through this case study, best practices and solutions regarding decision-making strategies were discovered. Understanding the reasons behind the underrepresentation of women in senior leadership positions which affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry is essential. This larger problem is explored as a means to better understand women's experiences, with regards to gender bias and role stereotyping. The target population of this study was carefully selected among female professionals who are in leadership and non-leadership positions.

As stated by P3, “poor leadership, poor management, poor staffing ratios, and allowing staff to be treated poorly for profit” are barriers that add to Harper (2016) findings which provided evidence that various research paradigms substantiate that the attitudes are less positive towards female leaders than male leaders in situations that heighten perceptions of incongruity between the female gender and leadership roles. P4 and P5 added on by stating that “poor management and families” are barriers that add to Harper (2016) findings of “potential for prejudice exists when social perceivers hold a stereotype about social groups that are incongruent with the attributes that are thought to be required for success. P5 stated,

as a female the biggest barrier I have faced is remaining confident in myself when others did not think I was capable of doing my job. What helped me is by just doing what I know is right and proving by my actions and results that I am more than capable.

P6 added on to literature findings of Harper (2016) by stating “prejudice and inequality “are part of barriers. Lack of senior management willing to change the way “we’ve always done it,” is a

barrier mentioned by P7 and P8 brings light to the theme by stating “fear of teaching others how to do their job for fear of losing theirs instead of empowering the overall team to be more successful.” P9 brings light to the literature findings of barriers previously stated by Hill et al. (2016) by stating “COVID has been the biggest barrier for all healthcare organizations. The unknown has been the biggest challenge and daily changes to guidelines and CDC recommendations.” P10 also brings light to Hill et al. (2016) literature findings by stating “COVID-19 has changed the way we look at healthcare and we are still dealing with the outcome from 2020.” P10 also stated “effectively implementing leadership skills in the decision-making process means we can be successful at meeting our organizational goals,” which supports what was discovered in literature by Chletsos and Saiti (2019), in which significant factors of critical-thinking and decision-making are the factors that influence them.

Representation and Visualization of the Data

The following section focused on the representation of the data as they relate to the research questions, conceptual framework, anticipated themes, literature review, and problem of the study. The validity of a research study refers to how well the results among the study participants represent true findings among similar individuals outside the study (Creswell & Poth, 2018). Creswell and Poth (2018) defined validity as the correctness or credibility of a description, conclusion, explanation, interpretation, or other sort of account. Validity may be aided by expanding the use of matrices and other visual displays, diverse methods for coding, and techniques. Interview questions were constructed for participants to answer the research questions presented by this study. The first approach was creating the research questions and interview guide, then reading through the transcripts to generate initial codes and patterns. The

initial codes were simultaneously identified by emerging codes and modifying code definitions as needed.

Relationship of the Findings

The following section focused on the findings of this study as they relate to the research questions, conceptual framework, anticipated themes, literature review, and problem of the study. The conceptual framework showcased major concepts of this study and how they related to one another. Through the interview process, all concepts were addressed, and the relationships were validated. Understanding the data as a whole starts by logically building a chain of evidence that describes how the themes are casually linked to one another, and by finding alignments to these themes, that can be generalized and placed in a boarder conceptual framework (Creswell & Poth, 2018). The anticipated themes derived from the literature review, and the findings were then compared to all the information gathered. All information gathered is based on the problem that has been identified in the study, and then, the findings from the research are discussed in relation to the problem.

The Research Questions

The central research questions proposed are designed to increase the body of current literature regarding stereotypical views of female behavior affecting women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry. More specifically, the research questions include the following: RQ1: What role do women's lived experiences, with regards to gender bias and role stereotyping and prejudice, affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry in Winter Haven, Florida? RQ2: What decision-making strategies are used to attain high-ranking positions, and what factors play

a role in implementing senior leadership skills to leverage skill-sets along with women's involvement in (a) creativity, (b) innovation, and (c) organizational performance? The lived experiences from each participant varied, but they all experienced gender-stereotyping.

The following describes how the research questions were answered through the interview process (see Appendix G, Table 5). RQ1 provided information regarding the lived experiences of women who are currently in leadership positions or aspiring to achieve such positions, and have dealt with gender bias, stereotyping and prejudice, which was answered by participants as part of interview questions 1, 2, 4, 5, 6, and 7. Twenty-six participants (100%) answered this question by sharing insight on what gender-role meant to them and how leadership-styles along with what characteristics were needed to succeed in a healthcare leadership role. The first interview question asked about factors that lead to leveraging skills-sets, with 26 participants (100%) responding by describing the significance of the lived experiences in regards to bias, stereotyping, and prejudice, which directly relate to attaining a high-ranking position in an organization. Interview question 6 provided the most insight towards the lived experiences of participants based on bias, stereotyping, and prejudice. Question 6 asked about the barriers encountered in the healthcare industry, with 26 participants (100%) having experienced barriers. The barriers experienced varied between being a female, lack of experience, and the prejudice previously experience from male coworkers.

RQ2 asked, what decision-making strategies are used to attain high-ranking positions and what factors play a role in implementing senior leadership skills to leverage skill-sets along with women's involvement in (a) creativity, (b) innovation, and (c) organizational performance. RQ2 was answered through participant-responses as part of interview questions 2, 3, 5, and 7. In addition, participants were asked about the outcomes that led to effectively implementing senior

leadership skills towards the decision-making process, with 26 participants (100%) relating it back to their lived experiences. Twenty participants (76%) concluded that it has been difficult to advance in leadership roles within the organization because they often feel overlooked or as if their work was inferior just because they are female, no matter how much knowledge they have on the subject, there was always a surprised reaction when responses came with a knowledgeable answer, as if being a female and having knowledge is surprising. It is the biggest barrier women face, and is remaining confident and knowing that women are capable of doing any job that can help participants to gain confidence to demonstrate decision-making capabilities that can help achieve a high-ranking position.

In addition, participants were asked to effectively implement senior leadership skills towards the decision-making process in the healthcare industry. Twenty-two participants (84%) expressed the need for excellent decision-making when taking on the responsibility of leading an organization. Twenty-two participants (84%) also expressed that the burden of having to achieve organizational performance within the organization lies directly on the leadership of the organization, because they are required to make and implement decisions and strategies that will result in achieving goals and objectives for the organization. The research questions answered the central question regarding stereotypical views of female behavior affecting women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry.

The Conceptual Framework

The conceptual framework of this study evolves in a narrative form, regarding the research questions and key factors. Relationships between the experiences women face bring unique challenges in leadership that help with the development of strategies needed to fulfil

specific needs. The (a) Eagly and Karau's (2002) theory of congruity and prejudice towards women, brings awareness to gender-role stereotyping, (b) the key concepts of Lewin's three-step model, helps with shifting the balance of change in a planned direction, and (c) the social role concept, addresses the idea that men and women are socialized to behave in particular ways (Eagly & Karau, 2002). These concepts formed part of the interview questions posed to participants. The research questions directly correlated to the theories and the components in the conceptual framework.

Concept 1- The Role of Congruity

The findings of this study relate to the role of congruity in regards to the stereotypical views of female behavior affecting women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry by having a pre-determined and stereotypical expectation of abilities of the job-at-hand, which leads to participants encountering greater bias and stereo-typing. Gender-role stereotyping regarding stereotypical views of female behavior affecting women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry aligns with Eagly and Karau's (2002) theory "based on an analysis of the descriptive and injunctive aspects of gender roles" which is used to explore the inconsistency between woman and leader roles leads to prejudicial evaluations against women leaders while underlining preference for men (Chin, 2018, p. 11). The role congruity theory provided awareness regarding the persistence of gender-role stereotyping of women seeking to achieve senior management positions in the healthcare industry. Eagly and Karau (2002) stated that bias, in favor of masculine leadership styles, makes it difficult for women to be selected for leadership roles; and once they do, their behavior as leaders is regularly assessed in a less-than positive view. These

concepts were part of the interview questions posed to participants. Relating the research to the research questions, this study correlated with the component in the conceptual framework.

Twenty participants (76%) reported that the overall traits were commonly associated with traditional, heroic leadership are closely aligned with stereotypical images of masculinity. Twenty-three participants (88%) participants also argued that the contradictions between typical female roles which involved staying at home and taking care of kids, and typical employee role which involved spending time outside the home, had an adverse affect on their career advancement. Chin (2018) has found that when the candidate is female, and the industry is not role-congruent with her gender role, decision-makers manifest prejudice in selection. Bottom-line among participants was the general belief that typically masculine skills and leadership success are the main causes leading to negative prejudicial evaluation of women's abilities to hold leadership positions.

Concept 2- Kurt Lewin's Three Step Model

To change the way female roles are viewed in the healthcare environment, a three-change model process developed by Kurt Lewin in 1951 was presented (Ames et al., 2019). The model represents views of dynamic-balanced forces, which push employees in a desired direction. When interviewing the participants, the researcher created awareness that the status quo was no longer functional in the industry, which is known as the unfrozen stage. This stage aims to destabilize a group, institution, or larger social system for there to be room for a new way of thinking and working. After creating awareness, the participants experienced moving, which for Lewin involved an iterative process of engaging action research (Ames et al., 2019). This process took place in the form of evaluating, diagnosing, and planning. While interviewing the participants, it was important to evaluate them by collecting information about the lived

experiences on the stereotypical views of female behavior affecting women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry. After evaluating each situation individually, the knowledge attained regarding the situation at-hand, helped determine and identify potential barriers and opportunities to improve overall experiences.

Once barriers and opportunities are identified, it is time for the participant to create a plan of action on how to move forward, and execute it. It is in this stage where the participant has to continually iterate the process of adjusting the plan accordingly, until improvement is noticed. Finally, when the system is in a new, functional, and in a thriving state, step 3, refreezing, occurs, which includes adopting the systems' newer culture, policies, and practices and new norms and roles (Ames et al., 2019). The key is to see that human change, whether at the individual or group level, is a profound psychological dynamic process that involves painful unlearning without loss of ego identity and difficult relearning as one cognitively attempts to restructure one's (a) thoughts, (b) perceptions, (c) feelings, and (d) attitudes (Roberts, 2006).

Concept 3- Social Roles

Relevant to the underrepresentation of women in senior leadership positions, the argument can be made that the internalized meanings and expectations associated with the leader-role can influence how leaders carry out the ethical decision-making process (Gelman, 2017). Saint-Michel (2018) defined leadership in terms of gender-identity by explaining that men are expected to display characteristics of assertiveness, striving for achievement and competitiveness, while women are expected to display such characteristics, as (a) nurturing, (b) generosity, and (c) personal caring for others. Culturally defined norms or standards for behavior

shape one's position in society and other statuses, such as gender that influences a person's behavior (Turner, 2000).

Twenty-three participants (88%) described women stereotypes as being caring and relational which puts them in risk with industries that are typically masculine. Twenty-six participants (100%) faced challenges that were encountered because of the inconsistency between female features, such as caring, sensitive, and warm, while masculine traits such as assertive, forceful and self-reliant were seen as leadership traits. Twenty-three participants (88%) stated that assertiveness and dominance, advantages men over women in leadership evaluations. Stereotypes may result in bias, an inaccurate assessment reflecting a generalization rather than an individual's true skills and abilities (Saint-Michel, 2018).

Anticipated Themes

Scholarly and peer-reviewed literature are used to identify common themes regarding the underrepresentation of women leaders in the healthcare industry. Leadership is a process of dynamic collaboration, where individuals and organizational members authorize themselves and others to interact in ways that test new forms of intellectual and emotional meaning (Northouse, 2016). In the healthcare industry, it is essential to provide effective leadership to bring the necessary changes regarding quality improvement to the organization. Equally as important is understanding that leadership styles and approaches are open to interpretation making it harder for leaders to find solutions. The interview process allowed for concepts and themes to be identified appropriately and provided a clear picture on how to adapt them to complex health environment. The factual representations captured themes in the experiences of women who have faced the stereotyping of female behavior. The discovered themes after coding, transcribing, and reviewing the results in NVivo, included (a) transformational leadership style,

(b) gender-role stereotyping, (c) decision-making, and (d) education. This part of the analysis focused on matching patterns and analyzing the anticipated themes mentioned above to the findings of the study. From the research study, several themes matched to the anticipated themes through the literature review. According to Yin (2014), when themes established from analyzing research correspond with the anticipated themes discovered during researching the problem of the study, the internal validity of the study is strengthened.

Transformational Leadership. The anticipated theme of transformational leadership highlighted multiple benefits for the underrepresentation of women in senior leadership positions (see Appendix G, Table 6). Through the interpretation of the data and discovered themes, it became apparent that most participants exhibited optimism and excitement about future goals when attributed of respect were demonstrated by upper management. Twenty participants (76%) used transformational leadership as a means for going beyond the call of duty, by fostering creative solutions to discriminatory problems and by serving as mentors in the industry. Twenty participants (76%) showed the potential to articulate plans and achieve visions that encompass several inspirational motivation of idealized behavior. Intellectual stimulation and individualized consideration.

Gender-Role Stereotyping. There was also focus in this anticipated theme on the various types of barriers due to gender role stereotyping (see Appendix G, Table 7). Such barriers hinder the advancement of women leadership and non-leadership positions. Twenty-three participants (88%) accurately believe that women displaying more feminine attributes, struggle to achieve the same level of respect as men. Twenty-four participants (92%) reported assessments in which gender-related personality attributes, achievement motivation, and attributes towards the rights and roles of women were correlated to the career aspirations they

had. The leader-role can overpower other important influences in social behavior and regulates gender-roles (Eagly & Karau, 2002). Relevant to the underrepresentation of women in senior leadership positions, the argument can be made that the internalized meanings and expectations associated with the leader-role can influence how leaders carry out the ethical decision-making process (Gelman, 2017).

Decision-Making. There was a focus on this anticipated theme as decision-making is a mental, reflective problem-oriented strategy that has the ability of solving problems by combining a rational and convergent approach, while being creative and divergent in the process (White, 2018; see Appendix G, Table 8). The author further stated that decision-making is handled between the leader and group members. Twenty-four participants (92%) believed that the level of engagement, participation, autonomy, and maturity that is achieved by the group is in part, due to the degree in which they handle decision-making processes. The anticipated theme showed that participants feels as if decision-making processes are for employees to be considered when there is a competitive environment, along with resources that need to be allocated, such as time, employees, and capital.

Education. The final anticipated theme comes from the transformational leadership, the gender-role stereotyping and the decision-making process (see Appendix G, Table 9). Brians' (2017) stated that successful leadership is the result of the interaction between the traits of the leader and the situation, which are essential to understanding leadership, along with the specification of important trait and situational variables. The fourth theme, education, was stressed by 26 participants (100%) as education is a main factor in the healthcare industry. Education is a theme that 26 participants (100%) felt it should be incorporated in the

development of leadership to enforce knowledge and skills. Twenty-six participants (100%) felt as if management should prioritize education in order to enhance the level of leadership.

Literature Review

The goal of a literature review is to identify a cohesive, delimited body of research and analyze and critique that literature in a manner that identifies limitations and gaps that can be filled by the current study examined (Rich et al., 2018). The relationship between the findings from the literature review and the discoveries made during this study were taken into account by strategic-thinking and decision-making. The strategic-thinking and decision-making models are what businesses use to find opportunities and methods that align the company's objectives with the overall plan of the organization. The strategic-thinking and decision-making models consists of gathering information about the problem at-hand, clearly defining the problem from a strategic point-of-view, brainstorming possible solutions, overcoming challenges and delegating parts of the strategy to associate to have agility and decisiveness when choosing a plan of action. In this study, the interview process gave insight on how current employees think and analyze their situation at work, which allows for a deeper understanding of the underrepresentation of women in the healthcare industry.

Transformational Leadership. Throughout the literature review transformational leadership is seen in the form of (a) traits, (b) behaviors, (c) influences, (d) interaction patterns, (e) role relationships, and (f) occupation of an administrative position (Bhattacharyya & Jha, 2018). In the healthcare industry, people will follow a leader who inspires them through vision, passion, and enthusiasm. Transformational leadership in the literature review is seen as the process of influencing major changes in the attitudes, beliefs, and values of followers to a point where the goals of the organization and the vision of the leader are adequately communicated.

Transformational leaders lead by example, in the healthcare industry, leaders must be role models for their teams to gain authority and create a culture that supports organizational goals, even during uncertain times or stressful events. In the healthcare industry, female leaders have to focus on delivering service to patients, communities, and societies; regardless of the perception others have placed on them, due to the responsibility their workforce has implied, such as meeting expectations, and being credible and responsible (Koburtay et al., 2019). Women in the healthcare industry will require their leadership roles and styles to match stringent requirements based on capability and credibility, resulting in the delivery of excellence and transformation in times of volatility, uncertainty, complexity, and ambiguity (Idelji-Tehrani & Al-Jawad, 2018). Through the research, there was the majority of support for transformational leadership techniques when relating to the higher placement of women in the healthcare industry. As stated by P2,

all leadership styles play a role in success. Each leader may have their own one particular style as we all do not have the same. Each leader performs with their own unique style, and this helps others grow and work well together. Healthcare is a challenging profession, and we must keep up with guidelines, workflow, best practice, and outstanding care for all we serve, patients and team members.

Gender-Role Stereotyping. Gender role stereotyping is well documented throughout the literature review. In the healthcare industry, there are many gender-roles that are associated with masculine traits which put women at a disadvantage. Table 2 shows how P11 and P15 express their thoughts on gender-role stereotyping. Participant 11 stated “Males are predominantly in leadership positions, and they exhibit an authoritative leadership style which promotes one-directional hierarchical flow of commands and information” while P15 stated “men can be more

assertive without being called aggressive. However, I have heard women referred to as a “bull-dog” or “aggressive” when they are opinionated.”

Gender stereotyping is noticeable in the healthcare industry because women are expected to act in a more caring way when compared to men. When a woman tries to show that they are problem solvers and they have the ability to take charge, they are seen as too aggressive. Stereotyping was noticeable in the participants responses because participants had recurring themes of tasks being culturally associated with one gender, and the expectations that members form from one’s behavior were present towards women. Among the participants gender-role stereotyping was one of the most common themes.

Decision-Making. According to Chin (2018), many of dominate personality traits play a role in decision-making. A dominant woman doing the neutral task is highly likely to make the decision to appoint their male partner as leader (Chin, 2018). Kuhlmann et al. (2017) stated that employee-involvement is necessary as it seeks to increase members’ input into decisions that affect organizational performance and employee well-being, while leading high-quality change and prevail over resistance in the implementing stage based on their participation. The most important thing a leader can do to promote collaboration within a team is enhance team trust to deliver a high-quality experience. Reaffirming and enhancing the trust of an employee’s involvement deals with a leader’s transparency as it reaffirms and enhances the trust needed during the change process (Zeffane, 2003).

Education. The findings in this study correlate with the information gathered from the literature review. Greater involvement of women in leadership and management positions is not only an issue of equality and human rights, but also an important strategy towards (a) effective utilization of women’s qualifications, (b) greater creativity and innovation, and (c) improved

organizational performance (Kuhlmann et al., 2017). According to a national survey of top law firms, women in leadership positions in the last 12 years have increased by 5% (Linehan, 2019). The results of the national survey show that in 2018, 20% of equity partners at these firms were women (Linehan, 2019). These increases can be directly correlated to the level of education women are achieving. Almost all healthcare jobs require a bachelor's degree, but for higher-level-jobs, a master's degree and above is best. Having administrative and leadership skills is essential in healthcare because understanding insurance-based questions, government regulations, medical ethics, and health informatics is part of an everyday thing. This is highlighted by P3 as stated, "this industry is strictly experience and education driven." Followed by P7, stating "communication, authoritativeness and education are needed in order to achieve a leadership role within the healthcare industry" and finally P9, "all skills are not the same, every role and position are different. Each require certain education, certification, and experience criteria to meet the needs of the role."

The Problem

The general problem to be addressed is the underrepresentation of women in senior leadership positions when compared to population demographics resulting in the organizations inability to leverage their skill-sets. Hoobler (2016) evidenced that although women compose 46% of the workforce, only 4% hold CEO positions and 16% hold director seats among Fortune 500 firms. Kuhlmann et al. (2017) stated that the importance of strategy towards effective utilization of women's qualifications leads to (a) creativity, (b) innovation, and (c) organizational performance. This research addressed the problem by conducting interviews which show characteristics regarding organizational performance, employee job satisfaction, and commitment to the leader's vision for the future. The findings from this study include

diversifying its member's expertise and skills for decision-making to be effective as part of the solution in regards to this study.

Transformational Leadership. Transformational leaders lead by example, in the healthcare industry, leaders must be role models for their teams to gain authority and create a culture that supports organizational goals, even during uncertain times or stressful events (Bhattacharyya & Jha, 2018). The theme of transformational leadership obtained from the research conducted addressed the problem posed in Section 1. The data from this study came from interviews in which participants expressed their lived experiences in the underrepresentation of women in leadership and non-leadership roles.

Gender-Role Stereotyping. The theme of gender-role stereotyping addressed the problem of the study by examining the individual concepts discussed in previous sections. This study provided support for this problem by identifying the importance of key concepts throughout the participants' responses on the key concepts.

Decision-Making. The theme of decision-making addressed the problem related to when a women try to show that they are problem-solvers and they have the ability to take charge, they are seen as too aggressive. A leadership role in this field should be based on the ability to be empathetic, and confident in decision making. However, as stated by one of the participants, "women come off as unsure and indecisive because they have a nicer and sweeter way of being."

Education. The theme of education addressed the problem related to the underrepresentation of women in senior leadership positions when compared to population demographics resulting in the organizations inability to leverage their skill-sets. This larger problem is explored as a means to better understand women's experiences, with regards to gender bias and role stereotyping.

Ayeleke et al. (2018) further stated that problems of leadership within the healthcare industry include (a) internal pressures arising from increased demands for transparency, (b) accountability, and (c) influence from stakeholders, such as political and social groups and shortages of healthcare professionals, due to the effect of an aging workforce.

Summary of the Findings

This section addressed the significance of this study in terms of the practical implications discovered that can be applied to understanding the causes behind the underrepresentation of women in senior leadership positions. Through this case study, best practices and solutions regarding decision-making strategies were discovered and understanding the reasons behind the underrepresentation of women in senior leadership positions was achieved. The objective of this study was to gather more in-depth knowledge of the experiences of women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry.

Application to Professional Practice

The content of this study provided the opportunity for better understanding regarding the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry when compared to population demographics resulting in the organizations inability to leverage their skill-set. The findings of the literature review and the qualitative case study led the researcher to formulate a set of recommendations for further study. Through this case study, best practices and solutions regarding decision-making strategies were discovered. Understanding the reasons behind the underrepresentation of women in senior leadership positions which affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry is essential. This larger problem

is explored as a means to better understand women's experiences, with regards to gender bias and role stereotyping. The target population of this study was carefully selected among female professionals who are in leadership and non-leadership positions. The resulting study provided evidence to address the business need in alignment to the leadership styles that best provided insight into leadership and non-leadership roles of management. Research findings indicated that reduction in performance outcomes were due to the varying leadership styles and clear guidance of women in leadership roles.

Improving General Business Practice

Men and women have distinctive leadership styles, men tend to view leadership as a means for outcome of transactions with others (Eagly & Carli, 2018). While women, are more transformational, they use their interpersonal skills and hard work to motivate their coworkers rather than focusing on positional power. Creswell and Poth (2018) stated that women who have broken the glass ceiling and progressed to the top management have shown that using the command-and-control style of managing others, a style often associated with men in large traditional organizations is not the only way to succeed. As a women, the use of interactive leadership is essential when relational skills are necessary to encourage participation, influence others, and share power and information, which boosts the self-esteem of others. Creswell and Poth (2018) stated that women leaders try to make people feel like they are part of the organization because they tend to encourage others to have a say so in work aspects, and get everyone to participate by using conversational style leadership to make people feel at ease and invite people to get involved in tasks.

General business can be improved by enhancing self-esteem (Eagly & Carli, 2018). Leaders who focus on sharing information and encouraging people to participate will make

employees feel important. Women leaders enhance the self-esteem of employees by giving praise and credit, when credit is due, and also by showing small signs of recognition. Women leaders who have experienced being less favorable than men in certain circumstances have been known to mark down to their male counterparts in contexts where leadership was carried out in stereotypically masculine style (Eagly & Carli, 2018). The author further stated that the perception of women's leadership differs in the effectiveness of socialization, gender stereotypes, and confounding variables that do not adequately control for perceived power.

For general business practice to improve, successful leadership needs to take place, meaning that women have to demonstrate the preconditions of talent, desire to lead, tolerance to change and to enact the following characteristics at any given time. The first characteristic includes understanding the self-purpose, happiness, and core strength that fuels them to lead and perform. Women need to have sufficient self-awareness to view situations clearly and be able to adapt. Also, women leaders need to possess the ability to develop collaborative relationships among the organization, and finally, female leaders should be comfortable with taking risks to increase progress. According to Eagly and Carli (2018), women who believe that acting out on masculine behaviors is the way to lead, will lead to a great disadvantage within the organization (Chin, 2018). Additionally, when inconsistency exists between women and their leadership roles, it causes prejudice, which directly contributes to women finding it more difficult to become leaders and access growth and success.

Potential Application Strategies

Women in the workforce need more support when it comes to building their confidence, and feeling like they can be leaders (Creswell & Poth, 2018). A potential application strategy involves, helping women develop their confidence and grooming them to be future leaders by

creating forums where women can engage and contribute. Forums of leadership, gives women empowerment by giving them the opportunity to be creative, to build a strong network, and to pursue their interests outside of work. Another strategy involves promoting mobility opportunities for the development and retention of talent. Internal mobility programs within an organization allows women to explore various opportunities among the organization, while building a platform where they can perform better, forcing them to come out of their comfort zone and leaving room for new perspectives.

Other potential application strategies involve identifying the most valued leadership attributes and creating specific leadership training opportunities that sharpen the skills of women and builds up their confidence. As women rise in their positions of leadership, they will be faced with having to manage large teams and organizations, it is essential that managerial skills are present (Chin, 2018). Therefore, managerial skill-type training programs can be implemented to make an overall impact on how women leaders, lead. Managerial skill training programs are necessary as every organization has its own culture, core values, and management styles (Creswell & Poth, 2018). Career successes come from building relationships with peers, higher level management, and mentors Creswell and Poth (2018). Human resource specialists are available for employees; talking to them allows leaders to create a clear career path and set out goals and steps to follow for a higher career development.

An additional potential application strategy includes providing constant feedback to women leaders to ensure career development. Feedback allows for an effective system to be put in place, and for individuals to take a pause and do an introspection on their career and how others perceive them (Creswell & Poth, 2018). The perception others have on an individual is hard to change, however, based on feedback, one can change to fit the style and culture of the

organization. Finally, equal pay for men and women. Male leaders should be made aware of the biases that women face, they should be trained on the subject so they know how to properly identify bias, and how to deal with it such bias. Salaries should have a number set in stone, rather than being up for debate depending on the candidates' ability to negotiate a salary (Chin, 2018).

Summary of Application to Professional Practice

Through this case study, best practices and solutions regarding decision-making strategies were discovered. The general problem involved understanding the reasons behind the underrepresentation of women in senior leadership positions which affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry when compare to population demographics. General business can be improved by enhancing self-esteem of our women. Leaders who focus on sharing information and encouraging people to participate will make employees feel important. Women leaders enhance self-esteem of employees by giving praise and credit, when credit is do, and also by showing small signs of recognition. A potential application strategy involves, helping women develop their confidence and grooming them to be future leaders by creating forums where women can engage and contribute. Forums of leadership, gives women empowerment by giving them the opportunity to be creative, to build a strong network, and to pursue their interests outside of their work.

Recommendations for Further Study

There are significant opportunities to expand the current body of knowledge to aid with scholarly research providing business guidance and knowledge on understanding the underrepresentation of women in leadership and non-leadership positions. The study focused as explicitly on qualitative outcomes within the defined area of focus, given the extensive benefits

of acquiring qualitative data elements that build upon themes discussed and add a practical approach to the findings. The researcher conducted a thorough review of literature to provide further recommendations for study. The findings of the literature review and the qualitative case study led the researcher to formulate a set of recommendations for further study. The recommendations identified the need for positive role model, to inspire, and motivate. They also shed light on the need for conflict management, team building exercises, diversity inclusion programs and policies, and mentoring programs to help disperse information to new hires or novice healthcare members.

Reflections

A reflection of the researcher's experience with the research process includes the personal biases and the gender-role stereotyping among females in the healthcare industry. The need for wisdom, a cohesively functioning team, high accountability, formulating innovative ideas by learning from the past and/or mature leadership is necessary in this field. The researcher will discuss how this research has affected personal and professional growth. This growth will be described from perceptions and experiences the researcher encountered. Finally, the researcher will discuss the applicability to biblical integration within this study.

Personal and Professional Growth

Conducting this research study and analyzing the findings has touched the researcher both personally and professionally. This process has emphasized the importance of knowing a women's worth and the reality of the underrepresentation of women across the board. The researcher experienced obstacles while conducting this research that had to be overcome and undoubtedly helped build and strengthen everyday skills. Through this process, the researcher has been able to learn to adapt to a world-wide pandemic and how to be flexible in these times of

change. The results expected from the researcher were strengthened as the underrepresentation of women was evident in the study. Participants opened up about the mistreatment faced in the workplace because of their gender and it allowed the researcher to learn about their personal experiences.

Personally, the researcher has grown to view underrepresentation as a common issue among women. Having the respondents shed some light into the issues they have experienced as leaders in the healthcare industry goes to show that women will always have to work harder, be smarter and play by the rules in a man's world. Knowing this information has allowed the researcher to be a stronger leader and have a level of confidence when walking into a man's world that was not there before. It has allowed the researcher to expand the level of comfort amongst men and women when speaking and presenting new ideas. Professionally, the researcher's ability to write have significantly improved from conducting this study. The researcher has taken away many professional skills that are significant in the business world. The confidence level of writing and speaking amongst leaders has also improved significantly for the researcher. This confidence level is due to the interviewing, transcribing, coding, and software programs used to conduct this research. Being a confident speaker in any industry is important, as it determines how serious your peers take what is being said and/or presented by the researcher. These skills helped the researcher in future professional endeavors and in everyday life.

Biblical Perspective

Leadership is significant in the marketplace and in business today. It is essential to successful change from strategy to execution, leaders are the crucial guides aiding the information of the very rails in which business outcomes are realized. It is through leadership

that organizations are able to find unity within change and even sustain operating environments to come. Historical evidence can be found with the Bible, providing thousands of cases of change and influential outcomes of leadership. In today's ever-changing marketplace, the Bible has relevant applications, where Gospel aligns this dynamic marketplace with leadership readiness for change. Today's leaders are in search of equality, and pursuing organizational transformation which can be seen in 1 Corinthians, the unity of one body is aligned through Jesus Christ and among the unity of the church, many members are the body, each having an essential part in the operation of the body as one.

Jacobsen (2017) stated that women are often superior to men in (a) talent, (b) intellect, and (c) ability. Galatians 3:23–29 relates to guarding mankind until the arrival of Christ, there is no law intended to be final. There is a freedom in scripture from the captivity of any law and barriers relating to race, gender, wealth, health, and culture. These barriers are all irrelevant to our relationship with the Savior. Anyone who belongs to Christ, by faith, is promised to be an heir. Scripture also shows that no one is a slave or subordinate, holds a place of (a) superiority, (b) leadership, or (c) hierarchy over another in Christ, no matter ethnicity or gender. God's original design for the human race entails the creation of the male-first, as an indication of the man's responsibility to be the spiritual leader of the home and the church (Sharvit, 2018). A woman, on the other hand, is specifically created for the purpose of being a subordinate assistant (Sharvit, 2018).

Today, challenges do rise, as the church has flourished for over two thousand years, and failures arise where reports indicate the leading problem facing a church is unity dysfunction. Combating challenges of unity breakdown are seen when Paul provided leadership instruction in Ephesians by bearing a connection with transformational leadership behaviors. He calls for the

unity to be modeled by living humbly, gentle, and patient, a life “worthy of the calling – received “and by “accepting one another in love, making every effort to keep the unity of the Spirit through the bond of peace” (Sharvit, 2018, p. 133). Change is a scary thing for many, because most are afraid of failure, but failure itself is seen as a sign that the organization is attempting new things, and that there is room for growth, that the initiative to operate at a level the organization and leadership are not quite mature enough to handle. Sharvit (2018) stated that “employees have positive attitudes toward the change being implemented if they feel as though organizational leaders understand the potential challenges and have confidence that employees can overcome them and successfully implement the practice” (p. 142). The benefit to failure is that there is opportunity for redemption and growth, and with provided leadership, it forges leaders not to give up and learn from the situation.

Summary of Reflections

The reflections of this research had a personal and professional growth for the researcher. Before conducting the study, the researcher had some perspective from personal experience with the underrepresentation of women. After the study, it allowed the researcher to learn both personally and professionally, the skills and lessons that will continue to stay with the researcher throughout life. These skills and lessons learned are applied in areas of the researcher’s life both personally and professionally. The biblical perspective given in correlation to the findings and applications of this study show these findings and applications relevant in the decision making of the day-to-day business world, and also relevant for a Christian worldview.

Summary of Section 3

The purpose of this qualitative case study was to add to the existing research by discussing lived-experiences in regards to bias, stereotyping or prejudice, what decision-making

strategies are used to attain high-ranking positions, and what factors play a role in implementing senior leadership skills to leverage skill-sets. Section 3 concludes this research study through providing an overview of the study, presentation of the findings, applications to professional practice, recommendation for further study, reflections, and a biblical worldview. An overview of this study shows the processes used and the findings of this research. The findings from this study allowed organizations to view the underrepresentation of women in a different light and provided them with insight into improving business practices. Concluding the research, the relationship of the findings is presented along with the research questions to include the application to professional practice and implication for change in future study.

Summary and Study Conclusions

The purpose of this qualitative case study is to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry when compared to population demographics resulting in the organizations inability to leverage their skill-sets. This is achieved by understanding the reasons behind the underrepresentation of women in senior leadership positions which affect women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry. This larger problem is explored as a means to better understand women's experiences, with regards to gender bias and role stereotyping. The research study examined individual experiences of women currently working in a high-ranking leadership role within the healthcare industry. A semi-structured interview approach was used to explore the lived-experiences of the participants and their involvement in (a) creativity, (b) innovation, and (c) organizational performance. In-depth knowledge of women's experiences was collected to better assist in understanding the decision-making strategies from participants in the healthcare industry. The best practices and

solutions regarding decision-making strategies were discovered to increase the body of current literature regarding stereotypical views of female behavior affecting women who are currently in high-ranking leadership positions. The objectives of this study were identified, the researcher knew what she hoped to achieve, and what type of information was needed for the study. By obtaining detailed descriptions and explanations of experiences, behaviors, and beliefs, the researchers answered the why and how, in collaboration with the participant, the overall objective was addressed.

References

- Adhabi, E. A. R., & Anozie, C. B. L. (2017). Literature review for the type of interview in qualitative research. *International Journal of Education*, 9(3), 86–87.
<https://doi.org/10.5296/ije.v9i3.11483>
- Adu, P. (2019). Understanding the art of coding qualitative data. *A Step-by-Step Guide to Qualitative Data Coding*, 3(1), 23–58. <https://doi.org/10.4324/9781351044516-3>
- Al-Sawai, A. (2017). Leadership of healthcare professionals: Where do we stand? *Oman Medical Journal*, 28(4), 285–287. <https://doi.org/10.5001/omj.2013.79>
- Alloubani, A., & Akhu-Zaheya, L. (2018). Healthcare quality. *Leadership Styles and Nursing Care Management*, 4(2), 54–66. <https://doi.org/10.2174/9781681087450118010006>
- Ames, H., Glenton, C., & Lewin, S. (2019). Purposive sampling in a qualitative evidence synthesis: A worked example from a synthesis on parental perceptions of vaccination communication. *BMC Medical Research Methodology*, 19(1), 154–189.
<https://doi.org/10.1186/s12874-019-0665-4>
- Anglin, A. H., Wolfe, M. T., Short, J. C., Mckenny, A. F., & Pidduck, R. J. (2018). Narcissistic rhetoric and crowdfunding performance: A social role theory perspective. *Journal of Business Venturing*, 33(6), 780–812. <https://doi.org/10.1016/j.jbusvent.2018.04.004>
- Arenas, F. J. (2019). Corporate leaders. *A Casebook of Transformational and Transactional Leadership*, 4(2), 107–122. <https://doi.org/10.4324/9781315178707-6>
- Austin, Z., & Sutton, J. (2017). Qualitative research: Getting started. *The Canadian Journal of Hospital Pharmacy*, 67(6), 55–68. <https://doi.org/10.4212/cjhp.v67i6.1406>
- Ayeleke, R. O., Dunham, A., North, N., & Wallis, K. (2018). The concept of leadership in the health care sector. *Leadership*, 83. <https://doi.org/10.5772/intechopen.76133>

- Bakari, H., Hunjra, A. I., & Niazi, G. S. K. (2017). How does authentic leadership influence planned organizational change? The role of employees' perceptions: Integration of theory of planned behavior and Lewins Three Step Model. *Journal of Change Management*, 17(2), 155–187. <https://doi.org/10.1080/14697017.2017.1299370>
- Baran, M. L. (2020). Mixed methods research design. *Advances in Library and Information Science Applied Social Science Approaches to Mixed Methods Research*, 1(2), 26–52. <https://doi.org/10.4018/978-1-7998-1025-4.ch002>
- Bashir, J., & Marudhar, M. (2018). Reliability & validity of the research. *Scientific Journal of India*, 3(1), 66–69. <https://doi.org/10.21276/24565644/2018.v3.i1.23>
- Bashir, N. (2019). The role of the researcher in the qualitative research process. *Qualitative Research*, 3(1), 25–32. <https://doi.org/10.1177/1468794119884805>
- Belrhiti, Z., Giralt, A. N., & Marchal, B. (2018). Complex leadership in healthcare: A scoping review. *International Journal of Health Policy and Management*, 7(12), 1073–1084. <https://doi.org/10.15171/ijhpm.2018.75>
- Belyh, A. (2020). Data collection for qualitative research. *Research Methods in Business Studies*, 5(2), 95–128. <https://doi.org/10.1017/9781108762427.011>
- Bhandarker, A., & Rai, S. (2019). Toxic leadership: Emotional distress and coping strategy. *International Journal of Organization Theory and Behavior*, 22(1), 65–78. <https://doi.org/10.1108/ijotb-03-2018-0027>
- Bhat, A. (2018). Data collection. *Quantitative and Statistical Data in Education*, 63(5), 1–13. <https://doi.org/10.1002/9781119451457.ch1>

- Bhattacharyya, S. S., & Jha, S. (2018). Literature review of leadership theories. *Strategic Leadership Models and Theories: Indian Perspectives*, 1(2), 7–18.
<https://doi.org/10.1108/978-1-78756-259-220181003>
- Birt, L., Scott, S., & Cavers, D. (2016). Avoiding traps in member checking. *The Qualitative Report*, 15(5), 81–110. <https://doi.org/10.1102-1113>
- Bolden, R., & Gosling, J. (2013). A review of leadership theory and competency frameworks. *Center for Leadership Studies*, 10(6), 49–70.
<https://doi.org/10.1057/9780230361720.0009>
- Bonner, J. (2018). Women in the workplace. *BSAVA Companion*, 2018(1), 11–11.
<https://doi.org/10.22233/20412495.0118.11>
- Bordalo, P., Coffman, K., & Gennaioli, N. (2019). Stereotypes. *Journal of Memory and Cognition*, 3(1), 11–39. <https://doi.org/10.4159/9780674240162-003>
- Bosse, T., Duell, R., Memon, Z. A., Treur, J., & Wal, C. N. V. D. (2017). Computational model-based design of leadership support based on situational leadership theory. *Simulation*, 93(7), 605–617. <https://doi.org/10.1177/0037549717693324>
- Boykins, C., & Khalil, A. H. A. (2016). The impact of leadership styles on organizations. *International Journal of Academic Research in Business and Social Sciences*, 6(5), 75–96. <https://doi.org/10.6007/ijarbss/v6-i5/2126>
- Brians, L. (2017). Trait approach to leadership. *The SAGE Encyclopedia of Industrial and Organizational Psychology*, 2(1), 8–23. <https://doi.org/10.4135/9781483386874.n566>
- Broome, M. E., & Marshall, E. S. (2020). *Transformational leadership in nursing: From expert clinician to influential leader*. Springer.

- Burnes, B., & Bargal, D. (2017). Kurt Lewin: 70 years on. *Journal of Change Management*, 17(2), 91–100. <https://doi.org/10.1080/14697017.2017.1299371>
- Burton, L. J. (2015). Underrepresentation of women in leadership: A review of research. *Management Review*, 18(2), 155–165. <https://doi.org/10.1016/j.smr.2014.02.004>
- Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report*, 24(3), 619–628. <https://doi.org/10.4301/3ecc3381>
- Cappellaro, G. (2017). Ethnography in public management research: A systematic review and future directions. *International Public Management Journal*, 20(1), 14–48. <https://doi.org/10.1080/10967494.2016.1143423>
- Carbonell, J. L. (1984). Sex roles and leadership revisited. *Journal of Applied Psychology*, 69, 44–49. <https://doi.org/10.1037/0021-9010.69.1.44>
- Chevallier, A. (2016). An overview of strategic thinking in complex problem solving. *Strategic Thinking in Complex Problem Solving*, 1(2), 1–20. <https://doi.org/10.1093/acprof:oso/9780190463908.003.0001>
- Chin, J. L. (2018). Overview: Women and leadership: Transforming visions and diverse voices. *Women and Leadership*, 6(4), 1–17. <https://doi.org/10.1002/9780470692332.ch>
- Chletsos, M., & Saiti, A. (2019). Process of strategic management. *Strategic Management and Economics in Healthcare*, 5(3), 53–67. https://doi.org/10.1007/978-3-030-35370-4_3
- Chreim, S., & MacNaughton, K. (2016). Distributed leadership in health care teams: Constellation role distribution and leadership practices. *Health Care Management Review*, 41(3), 200–212. <https://doi.org/10.1097/HMR.0000000000000073>
- Coffin, J. W. (2017). Crafting phenomenological research. *Qualitative Research*, 18(6), 757–758. <https://doi.org/10.1177/1468794117720974>

- Collins, R. T. (2019). Leadership in medicine. *The American Journal of Cardiology*, 124(4), 650–651. <https://doi.org/10.1016/j.amjcard.2019.05.016>
- Court, D., Abbas, R., Riecken, T., Seymour, J., & Tran, M. L. (2017). Validity and reliability. *Qualitative Research and Intercultural Understanding*, 15(3), 29–37. <https://doi.org/10.4324/9781315113685-4>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods*. Sage.
- Creswell, J. W. (2016). *30 essential skills for the qualitative researcher*. Sage.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. Sage.
- Cummings, T. (2003). Organization development and change. *Dynamics of Organizational Change and Learning*, 5(8), 25–42. <https://doi.org/10.1002/9780470753408.ch2>
- Cvrčková, F. (2019). From data to illustrations: Common (free) tools for proper image data handling and processing. *Methods in Molecular Biology Plant Cell Morphogenesis*, 6(2), 121–133. https://doi.org/10.1007/978-1-4939-9469-4_8
- Daniel, B. K. (2019). Determining sample size in qualitative research. *European Conference on Research Methods in Business*, 48(2), 306–610. <https://doi.org/10.34190/rm.19.075>
- Domínguez, M. (2017). Qualitative design research methods. *Oxford Research Encyclopedia of Education*, 1(3), 55–71. <https://doi.org/10.1093/acrefore/9780190264093.013.170>
- Dunbar, J. (2018). Minimizing threats to internal validity. *Intervention Research and Evidence-Based Quality Improvement*, 9(2), 96–140. <https://doi.org/10.1891/9780826155719.0008>
- Dziadosz, G. (2018). Role analysis. *Personality in Social Theory*, 2(3), 90–132. <https://doi.org/10.4324/9781315126241-7>

- Eagly, A. H., & Carli, L. L. (2018). Women and the labyrinth of leadership. *Contemporary Issues in Leadership*, 2(3), 147–162. <https://doi.org/10.4324/9780429494000-17>
- Eagly, A. H., & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Review*, 109(3), 573–598. <https://doi.org/10.1037//0033-295x.109.3.573>
- Elg, U., & Ghauri, P. (2019). Research methods in business studies. *Cambridge University Journal*, 101(1), 45–53. <https://doi.org/10.4135/9781526486967>
- Fadjar, A. (2020). Factors that influence decision making. *International Journal of Psychosocial Rehabilitation*, 24(2), 2689–2697. <https://doi.org/10.37200/ijpr/v24i2/pr200565>
- Farzipour, V. (2018). Distributed leadership and its applications in healthcare settings. *Advances in Marketing, Customer Relationship Management, and e-services Handbook*, 6(3), 303–323. <https://doi.org/10.4018/978-1-4666-8353-2.ch018>
- Ferguson, T. W. (2017). Female leadership and role congruity within the clergy: Communal leaders experience no gender differences yet agentic women continue to suffer backlash. *Sex Roles*, 78(5-6), 409–422. <https://doi.org/10.1007/s11199-017-0803-6>
- Fitzgerald, L., & Dopson, S. (2017). Comparative case study designs: Their utility and development in organizational research. In D. A. Buchanan & A. Bryman (Eds.), *The SAGE handbook of organizational research methods* (pp. 465–485). Los Angeles: Sage.
- Foot, C., & Hickson, L. (2016). Leadership skills in the ICU. *Oxford Medicine Online*. <https://doi.org/10.1093/med/9780199600830.003.0015>
- Frankl, M. (2018). Female executives in healthcare management in the context of the upper echelon theory. *Journal of Business Diversity*, 18(2), 98–112. <https://doi.org/10.33423/jbd.v18i2.529>

- Gafni, A., & Charles, C. (2017). Shared decision-making, decision aids, and the role of values in treatment decision-making. *Oxford Medicine Online*, 10(5), 55–73.
<https://doi.org/10.1093/med/9780198736134.003.0004>
- Ganesh, A., & Galetta, S. (2019). Women physicians underrepresented in American Academy of Neurology recognition awards. *Neurology*, 92(19), 426–506.
<https://doi.org/10.1212/wnl.00000000000007461>
- Gelman, A. (2017). Learning about sampling. *Journal of Survey Statistics and Methodology*, 5(1), 22–28. <https://doi.org/10.1093/jssam/smw030>
- Ghauri, P. (2020). Additional methods of quantitative analysis. *Research Methods in Business Studies*, 4(8), 243–261. <https://doi.org/10.1017/9781108762427.016>
- Ghiara, V. (2019). Disambiguating the role of paradigms in mixed methods research. *Journal of Mixed Methods Research*, 14(1), 11–25. <https://doi.org/10.1177/1558689818819928>
- Gipson, A. N., & Pfaff, D. L. (2017). Women and leadership: Selection, development, leadership style, and performance. *The Journal of Applied Behavioral Science*, 53(1), 35–65.
<https://doi.org/10.1177/0021886316687247>
- Günzel-Jensen, F., Jain, A. K., & Kjeldsen, A. M. (2018). Distributed leadership in health care: the role of formal leadership styles and organizational efficacy. *Leadership*, 14(1), 110–133. <https://doi.org/10.1177/1742715016646441>
- Hagger, M. S., & Chatzisarantis, N. L. D. (2019). Assumptions in research in sport and exercise psychology. *Psychology of Sport and Exercise*, 10, 511–519.
<https://doi.org/10.1016/j.psychsport.2009.01.004>
- Halaychik, C. S. (2016). Leadership theories. *Lessons in Library Leadership*, 1(2), 1–56.
<https://doi.org/10.1016/b978-0-08-100565-1.00001-7>

- Hargett, C., Doty, J., Hauck, J., Webb, A., Cook, S., Tsipis, N., & Taylor, D. (2017). Developing a model for effective leadership in healthcare: A concept mapping approach. *Journal of Healthcare Leadership*, 6(3), 69–78. <https://doi.org/10.2147/jhl.s141664>
- Harper, A. (2016). An authenticity approach to role congruity theory, leader effectiveness, and team performance. *Advancing Leadership and Organizations*, 2(1), 45–62. <https://doi.org/10.5703/1288284316072>
- Harrison, C. (2020a). Trait leadership theory. *Traditional Paradigms of Leadership*, 4(2), 10–37. https://doi.org/10.1007/978-3-030-40805-3_1
- Harrison, C. (2020b). Transactional leadership theory. *Modern Paradigms of Leadership*, 5(3), 12–22. https://doi.org/10.1007/978-3-030-39775-3_4
- Hategan, A., Bourgeois, J. A., Cheng, T., & Young, J. (2018). Physicians as leaders in improving healthcare. *Geriatric Psychiatry Study Guide*, 30(4), 443–452. https://doi.org/10.1007/978-3-319-77128-1_20
- Herminia, I. (2018). Developing collaborative leadership: Enabling structures and creative spaces. *Collaborative School Leadership: A critical Guide*, 1(2), 94–105. <https://doi.org/10.4135/9781529715095.n8>
- Hideg, I., & Shen, W. (2019). Why Still so Few? A theoretical model of the role of benevolent sexism and career Support in the continued underrepresentation of women in leadership positions. *Journal of Leadership & Organizational Studies*, 26(3), 287–303. <https://doi.org/10.1177/1548051819849006>
- Hill, C., Miller, K., Benson, K., & Handley, G. (2016). *Barriers and bias: The status of women in leadership*. American Association of University Women. <https://files.eric.ed.gov/fulltext/ED585546.pdf>

- Hodder, M., & Marples, S. (2019). Strategic leadership for healthcare management. *Effective Healthcare Leadership*, 3(2), 48–57. <https://doi.org/10.1002/9780470774984.ch4>
- Hoobler, J. M. (2016). The business case for women leaders: Meta-analysis, research critique, and path forward. *Advancing Leadership and Organizations*, 44(6), 2473–2499. <https://doi.org/10.5703/1288284316077>
- Hussain, S. (2019). Group decision and social change. *The Complete Social Scientist: A Kurt Lewin Reader*, 4(1), 265–284. <https://doi.org/10.1037/10319-010>
- Hussain, S. T., Lei, S., Akram, T., Haider, M. J., Hussain, S. H., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. *Journal of Innovation & Knowledge*, 3(3), 123–127. <https://doi.org/10.1016/j.jik.2016.07.002>
- Hyers, L. L. (2018). Diary data collection as a qualitative research method. *Oxford Scholarship Online*, 56(2), 152–210. <https://doi.org/10.1093/oso/9780190256692.003.0002>
- Iachini, A. L., Dehart, D. D., Browne, T., Dunn, B. L., Blake, E. W., & Blake, C. (2018). Examining collaborative leadership through interprofessional education: Findings from a mixed methods study. *Journal of Interprofessional Care*, 33(2), 235–242. <https://doi.org/10.1080/13561820.2018.1516635>
- Idelji-Tehrani, S., & Al-Jawad, M. (2018). Exploring gendered leadership stereotypes in a shared leadership model in healthcare: A case study. *Medical Humanities*, 45(4), 388–398. <https://doi.org/10.1136/medhum-2018-011517>
- Jacobsen, D. S. (2017). Introduction to textual history of the Bible. *Interpretation: A Journal of Bible and Theology*, 70(2), 194–196. <https://doi.org/10.1177/0020964315623002>

- Johnson, S. K., Murphy, S. E., Zewdie, S., & Reichard, R. J. (2008). The strong, sensitive type: Effects of gender stereotypes and leadership prototypes on the evaluation of male and female leaders. *Organizational Behavior and Human Decision Processes*, 106(1), 39–60.
<https://doi.org/10.1016/j.obhdp.2007.12.002>
- Kellogg Insight. (2016). *Leaders do matter—But when does their gender matter, too?*. Sage.
- Kets de Vries, M. F. R. (2016). Leadership in organizations, sociology of. *International Encyclopedia of the Social & Behavioral Sciences*, 8573–8578.
<https://doi.org/10.1016/b0-08-043076-7/04233-9>
- Kibbe, M. R., & Varsilescu, M. (2019). Leadership styles and leadership in effective management activity. *Leadership in surgery success in academic Surgery*, 1(2), 49–57.
https://doi.org/10.1007/978-3-319-11107-0_4
- Kittikunchotiwut, P. (2019). Role of transformational leadership and transactional leadership on organization innovation. *Business & IT*, 11(2), 2–17.
<https://doi.org/10.14311/bit.2019.02.01>
- Koburtay, T., Syed, J., & Haloub, R. (2019). Congruity between the female gender role and the leader role: A literature review. *European Business Review*, 31(6), 831–848.
<https://doi.org/10.1108/eb-05-2018-0095>
- Kraemer, S. (2018). What is narrative research? *Multiple Voices*, 1(2), 41–63.
<https://doi.org/10.4324/9780429477393-3>
- Kritsonis, A. (2005). Comparison of change theories. *International Journal of Management, Business, and Administration*, 8(1), 55–80.
<https://doi.org/10.4337/9780857932891.00005>

- Kuhlmann, E., Ovseiko, P. V., Kurmeyer, C., Gutiérrez-Lobos, K., Steinböck, S., Knorrning, M. V., & Brommels, M. (2017). Closing the gender leadership gap: A multi-center cross-country comparison of women in management and leadership in academic health centers in the European Union. *Human Resources for Health, 15*(1), 1–7.
<https://doi.org/10.1186/s12960-016-0175-y>
- Landrum, A. R., & Slater, M. H. (2020). Open-ended questions research. *Generation of Women Leaders: Mapping the Challenges, Antecedents, and Consequences, 2*(3), 140–165.
<https://doi.org/10.31219/osf.io/7cjvn>
- Landrum, B., & Garza, G. (2015). Mending fences: Defining the domains and approaches of quantitative and qualitative research. *Qualitative Psychology, 2*(2), 199–209.
<https://doi.org/10.1037/qup0000030>
- Lapan, S. D., Quartaroli, M. T., & Riemer, F. J. (2011). *Qualitative research: An introduction to methods and designs* [eBook version]. Retrieved from <https://ebookcentral-proquest-com.ezproxy.liberty.edu>
- Larson, C. (2019). Understanding brain function, cognition, and emotion in psychopathology. *Scientia, 7*(3), 40–65. <https://doi.org/10.33548/scientia406>
- Lawrence, D. (2017). What is collaborative leadership? *Teacher Leadership, 2*(3), 54–78.
<https://doi.org/10.3726/978-1-4539-1799-2/41>
- Lehmann, H. P. (2011). *A grounded theory of international information systems* (Doctoral dissertation, ResearchSpace@ Auckland). Available from University of Auckland database.

- Lennon, T., & Mitchell, M. (2016). Benchmarking women's leadership in the United States. *Colorado Women's College Journal*, 4(1), 41–63.
<https://doi.org/10.1080/15363759.2011.559874>
- Levasseur, R. E. (2001). People skills: Change management tools-Lewin's Change Model. *Interfaces*, 31(4), 71–73. <https://doi.org/10.1287/inte.31.5.71.9674>
- Lincoln, Y. (2019). Narrative authority vs. perjured testimony: Courage, vulnerability and truth. *Qualitative Studies in Education*, 13(2), 131–138.
<https://doi.org/10.1080/095183900235654>
- Linehan, M. (2019). Why it's so important to close the female leadership gap. *Senior Female Managers*, 6(3), 105–162. <https://doi.org/10.4324/9781315211411-4>
- Linneberg, M. S., & Korsgaard, S. (2019). Coding qualitative data: A synthesis guiding the novice. *Qualitative Research Journal*, 19(3), 259–270. <https://doi.org/10.1108/qrj-12-2018-0012>
- Lippke, S. (2017). Outcome expectation. *Encyclopedia of Personality and Individual Differences*, 1(2), 1–2. https://doi.org/10.1007/978-3-319-28099-8_1145-1
- Lowe, K. B., & Bathula, H. (2019). Charismatic and transformational leadership. *Management*, 10(5), 152–194. <https://doi.org/10.1093/obo/9780199846740-0160>
- Lumby, J. (2017). Distributed leadership and bureaucracy. *Educational Management Administration & Leadership*, 47(1), 5–19. <https://doi.org/10.1177/1741143217711190>
- Maccoby, M. (2017). Strategic intelligence. *Strategic Intelligence*, 1(3), 19–35.
<https://doi.org/10.1093/acprof:oso/9780199682386.003.0002>
- Majumder, M. A. (2018). The role of participants. *The Journal of Law, Medicine & Ethics*, 1(2), 51–61. <https://doi.org/10.1177/1073110519840484>

- Mallett, R. K., & Monteith, M. J. (2019). Confronting prejudice and discrimination: Historical influences and contemporary approaches. *Confronting Prejudice and Discrimination*, 2(1), 13–27. <https://doi.org/10.1016/b978-0-12-814715-3.00025-4>
- Masril, B. (2020). Effect transformational leadership style, work motivation, and job satisfaction. *The Researcher*, 10(6), 614–752. <https://doi.org/10.31219/osf.io/zueq51>
- Mayoux, L. (2018). Quantitative or qualitative method, for what and when? *Doing Development Research*, 2(1), 115–129. <https://doi.org/10.4135/9781849208925.n13>
- McCarthy, F. (2018). Developing collaborative leadership. *Collaborative Leadership: A Critical Guide*, 6(2), 106–115. <https://doi.org/10.4135/9781529715095.n9>
- McCleskey, J. A. (2014). Situational, transformational, and transactional leadership and leadership development. *Journal of Business Studies Quarterly*, 5(4), 117–130. http://jbsq.org/wp-content/uploads/2014/06/June_2014_9.pdf
- McEldowney, R. P., Bobrowski, P., & Gramberg, A. (2019). Factors affecting the next effective leadership. *Journal of Leadership Studies*, 3(2), 24–30. <https://doi.org/10.1002/jls.20105>
- McGrath, C., Palmgren, P. J., & Liljedahl, M. (2018). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, 41(9), 1002–1006. <https://doi.org/10.1080/0142159x.2018.1497149>
- McGregor, J. (2017, January 16). Why this Wall Street powerhouse says women shouldn't try to be like men at work. *The Washington Post*. https://www.washingtonpost.com/news/on-leadership/wp/2017/01/16/why-the-once-highest-ranking-woman-on-wall-street-says-women-shouldnt-try-to-be-like-men-at-work/?utm_term=.4122f389c8c5
- McNabb, D. E. (2020). Research methods for quantitative, qualitative and mixed method approaches. *Journal of Research Methods*, 3(1), 230–257.

- <https://doi.org/10.4324/978100313141>
- Mead, A. D. (2019). *Psychometric reliability: Definition, estimation, and application*. John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781118445112.stat06409.pub2>
- Mead, M. (2018). Methods of collecting and presenting empirical data. *The Mountain Arapesh*, 1(1), 213–226. <https://doi.org/10.4324/9781351319928-9>
- Middleton, K., Turnbull, S., & Oliveira, M. J. D. (2019). Female stereotypes: A retrospective analysis. *International Journal of Advertising*, 5(4), 1–20. <https://doi.org/10.1080/02650487.2019.1658428>
- Miller, S. (2013). Role theory. *Entrepreneurship Theory and Practice*, 37(6), 1391–1397. <https://doi.org/10.1111/etap.12072>
- Mills, K. (2019). Challenges of big data for qualitative researchers. *Big Data for Qualitative Research*, 3(2), 22–33. <https://doi.org/10.4324/9780429056413-4>
- Moen, T. (2006). Reflections on the narrative research approach. *International Journal of Qualitative Methods*, 5(4), 56–69. <https://doi.org/10.1177/160940690600500405>
- Moore, K. K., & Ghilarducci, T. (2018). Intersectionality and stratification in the labor market. *Generations*, 42(2), 34–40. <https://www.jstor.org/stable/26556358>
- Morgan, A., & Brightman, J. (2015). The theories of change. *Effective Organizational Change*, 1(2), 11–46. <https://doi.org/10.4324/9781315796888-2>
- Morris, M., Wood, F., & Dang, D. (2020). Development and evaluation of a nurse leadership succession planning strategy in an academic medical center. *The Journal of Nursing Administration*, 50(7-8), 378–384. <https://doi.org/10.1097/NNA.0000000000000904>
- Morrison, L. D. (2016). Measuring and assessing organizational performance for non-profits, contextually sensitive standards and measures. *Contingency, Behavioral and*

- Evolutionary Perspectives on Public and Nonprofit Governance Studies in Public and Non-profit Governance*, 2(1), 233–256. <https://doi.org/10.1108/s2051-663020160000005010>
- Moss, G. (2019). Transactional leadership and its impacts. *Inclusive Leadership*, 5(3), 47–77. <https://doi.org/10.4324/9781315108575-3>
- Moutinho, P., & Phillips, L. (2018). Components of strategic thinking. *Contemporary Issues in Strategic Management*, 5(2), 251–267. <https://doi.org/10.4324/9781315674827-13>
- Mulders, M. (2019). Situational leadership theory. *101 Management Models*, 4(2), 312–314. <https://doi.org/10.4324/9781003022022-86>
- Muldoon, J. (2018). Kurt Lewin: Organizational change. *The Palgrave Handbook of Management History*, 3(1), 1–18. https://doi.org/10.1007/978-3-319-62348-1_32-1
- Natow, R. S. (2019). The use of triangulation in qualitative studies employing elite interviews. *Qualitative Research*, 20(2), 160–173. <https://doi.org/10.1177/1468794119830077>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
- Newman, C., Chama, P., Mugisha, M., Matsiko, C., & Oketcho, V. (2017). Reasons behind current gender imbalances in senior global health roles and the practice and policy changes that can catalyze organizational change. *Global health, Epidemiology and Genomics*, 2(1), 254–267. <https://doi.org/10.1017/gheg.2017.11>
- Northouse, P. G. (2016). *Leadership: Theory and practice*. Sage.

- Nyika, A. (2018). What is research? Research questions, research designs and types of variables. *Postgraduate Handbook: A Comprehensive Guide for PhD and Masters Students and Their Supervisors*, 3(1), 19–31. <https://doi.org/10.21775/9781910190753.04>
- Ocon, R., & Mcfarlane, O. (2019). Women and leadership: Preparing (female) students for the leadership challenge. *Conference & Exposition Proceedings*, 4(1), 378–402. <https://doi.org/10.18260/1-2--15986>
- Ogden, J. (2018). Thinking critically about data analysis. *Thinking Critically About Research*, 5(3), 91–96. <https://doi.org/10.4324/9780429444968-9>
- Okpala, P. (2018). Increasing access to quality healthcare through collaborative leadership. *International Journal of Healthcare Management*, 13(3), 229–235. <https://doi.org/10.1080/20479700.2017.1401276>
- Oliver, D. (2018). Women in healthcare underrepresented in leadership roles. *BMJ*, 10, 56–87. <https://doi.org/10.1136/bmj.h4510>
- Olsson, M., & Martiny, S. E. (2018). Does exposure to counter stereotypical role models influence girls' and women's gender stereotypes and career choices? A review of social psychological research. *Frontiers in Psychology*, 9(1), 47–66. <https://doi.org/10.3389/fpsyg.2018.02264>
- Ong, Y. H., Koh, M. Y. H., & Lim, W. S. (2019). Shared leadership in interprofessional teams: Beyond team characteristics to team conditions. *Journal of Interprofessional Care*, 1(2), 1–9. <https://doi.org/10.1080/13561820.2019.1653834>
- Orwan, D. (2020). Leadership and personality: Trait perspectives and great man theory. *Leadership Lessons*, 2(1), 41–57. <https://doi.org/10.4135/9781529724929>

- Padgett, D. (2004). The qualitative research experience. *Administrative Issues Journal: Education, Practice, and Research*, 5(1), 3–14. <https://doi.org/10.1021/ed100854b>
- Paglis, L. L., & Green, S. G. (2002). Leadership self-efficacy and managers motivation for leading change. *Journal of Organizational Behavior*, 23(2), 215–235. <https://doi.org/10.1002/job.137>
- Palmer, T. (2018). Case study design. *Oxford Scholarship Online*, 9(13), 15–37. <https://doi.org/10.1093/oso/9780198816652.003.0008>
- Patten, M. L., & Newhart, M. (2018). Reliability and its relationship to validity. *Understanding Research Methods*, 5(1), 136–140. <https://doi.org/10.4324/9781315213033-44>
- Peck, D., & Whitlow, D. (2019). Type and trait theories. *Approaches to Personality Theory*, 3(1), 56–78. <https://doi.org/10.4324/9780429027345-4>
- Perez, R. (2018). Transformational and transactional leadership. *Dictionary of Strategy: Strategic Management A-Z*, 4(2), 14–23. <https://doi.org/10.4135/9781452229805.n661>
- Perkins, K. M. (2019). Internal organizational culture. *Leadership and Purpose*, 6(2), 79–93. <https://doi.org/10.4324/9780429265952-8>
- Petzold, J., Smolka, M., & Lee, Y. (2018). Individual differences in impulsivity moderate L-DOPA effects on value-based decision-making. *Acta Informatica Medica*, 4(2), 85–93. <https://doi.org/10.26226/morressier.5b681761b56e9b005965c6db>
- Phelan, J. E., & Rudman, L. A. (2017). Prejudice toward female leaders: Backlash effects and women's impression management dilemma. *Social and Personality Psychology Compass*, 4(10), 807–820. <https://doi.org/10.1111/j.1751-9004.2010.00306.x>
- Phillips, P., & Moutinho, L. (2018). Strategic thinking. *Contemporary Issues in Strategic Management*, 1(2), 251–267. <https://doi.org/10.4324/9781315674827-13>

- Phillips, T., & Grandy, G. (2018). Women leader/ship development: mindfulness and well-being. *Gender in Management*, 33(5), 367–384. <https://doi.org/10.1108/GM-11-2016-0178>
- Phipps, S. T. A., & Prieto, L. C. (2020). Leaning in: A historical perspective on influencing women's leadership. *Journal of Business Ethics*, 173(2), 245–259. <https://doi.org/10.1007/s10551-020-04566-6>
- Pierce, J. L. (2002). Management and organizational behavior: An integrated perspective. *South-Western College Publishing*, 1(18), 627–657. <https://doi.org/10.1177/009539978701900101>
- Pope, C., & Mays, N. (2018). Qualitative methods in health research. *Qualitative Research in Health Care*, 1(2), 1–11. <https://doi.org/10.1002/9780470750841.ch1>
- Prosser, S. (2018). Healthcare leadership. *Effective People*, 5(4), 3–30. <https://doi.org/10.1201/b21772-1>
- Rainey, H. G., & Jung, C. S. (2015). A conceptual framework for analysis of goal ambiguity in public organizations. *Journal of Public Administration Research and Theory*, 25(1), 71–99. <https://doi.org/10.1093/jopart/muu040>
- Raskind, I. G., Shelton, R. C., Comeau, D. L., Cooper, H. L. F., Griffith, D. M., & Kegler, M. C. (2018). A review of qualitative data analysis practices in health education and health behavior research. *Health Education & Behavior*, 46(1), 32–39. <https://doi.org/10.1177/1090198118795019>
- Ready, A. D., Conger, J. A., & Hill, A. L. (2016). Are you a high potential? *Harvard Business Review*, 10, 414–432. <https://doi.org/10.15185/izawol.252>
- Reeves, S. (2018). Qualitative research methodologies: Ethnography. *BMJ*, 10, 337–410. <https://doi.org/10.1136/bmj.a1020>

- Rich, R. C., Brians, C. L., Manheim, J. B., & Willnat, L. (2018). Developing your literature review. *Empirical Political Analysis*, 3(1), 36–68.
<https://doi.org/10.4324/9781315109664-3>
- Ritter, B. A., & Yoder, J. D. (2004). Gender differences in leader emergence persist even for dominant women: An updated confirmation of role congruity theory. *Psychology of Women Quarterly*, 28(3), 187–193. <https://doi.org/10.1111/j.1471-6402.2004.00135.x>
- Roberts, B. W. (2006). Organizational behavior. *Research in Organizational Behavior*, 27, 1–40.
[https://doi.org/10.1016/s0191-3085\(06\)27001-1](https://doi.org/10.1016/s0191-3085(06)27001-1)
- Rodgers, W., & McFarlin, T. G. (2016). Understanding the decision-making process. *Decision Making Journal*, 6(4), 11–15. https://doi.org/10.1007/978-3-319-47849-4_2
- Rodriguez, M. (2019). Interview design, interview process, and procedures. *Working from the Margins*, 2(3), 163–166. <https://doi.org/10.7591/9781501729850-014>
- Rubio, R., Sahuquillo, A., & López-Sánchez, J. F. (2019). Sampling and sample processing: Fit-for-purpose techniques. *Arsenic Speciation in Algae Comprehensive Analytical Chemistry*, 23(3), 53–88. <https://doi.org/10.1016/bs.coac.2019.03.001>
- Ruppel, P. S., & Mey, G. (2017). Grounded theory methodology. *Oxford Research Encyclopedia of Communication*, 1(2). <https://doi.org/10.1093/acrefore/9780190228613.013.522>
- Saint-Michel, S. E. (2018). Leader gender stereotypes and transformational leadership: Does leader sex make the difference? *Management*, 21(3), 944.
<https://doi.org/10.3917/mana.213.0944>
- Saunders, B. (2017). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893–1907. <https://doi.org/10.1007/s11135-017-0574-8>

- Scalambrino, F., & Lowery, R. (2017). Social role theory. *The Wiley-Blackwell Encyclopedia of Social Theory*, 1–2. <https://doi.org/10.1002/9781118430873.est0362>
- Schaumborg, R. L., & Flynn, F. J. (2017). A gender perspective on its relationship to communality and leadership evaluations. *Academy of Management Journal*, 60(5), 1859–1881. <https://doi.org/10.5465/amj.2015.0018>
- Schein, S. (2017). Human development. *A New Psychology for Sustainability Leadership*, 5(3), 197–108. <https://doi.org/10.4324/9781351286046-12>
- Scott, H. (2014). What is grounded theory? *Grounded Theory*, 5(1), 97–111. https://doi.org/10.1007/978-3-531-19897-2_7
- Scotus, J. D. (2018). Scotus' theory of contingency. *Contingency and Freedom*, 23–33. https://doi.org/10.1007/978-94-015-8275-9_6
- Sfantou, D., Laliotis, A., Patelarou, A., Pistolla, D. S., Matalliotakis, M., & Patelarou, E. (2017). Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. *Healthcare*, 5(4), 73. <https://doi.org/10.3390/healthcare5040073>
- Sharvit, G. (2018). Leadership and potentiality in the Bible. *Freud and Monotheism*, 3(2), 125–155. <https://doi.org/10.5422/fordham/9780823280025.003.0010>
- Shields, J. D. (2017). Sampling, special population. *The SAGE Encyclopedia of Communication Research Methods*, 3(1), 102–129. <https://doi.org/10.4135/9781483381411.n541>
- Simon, M. (2019). The role of the researcher. *The Landscape of Qualitative Research*, 2. <https://portal.regenesys.net/course/discussions/editors/kcfinder/upload/files/The%20roles%20of%20the%20researcher%2C%202011%20httpdissertationrecipes.com-wp-content-uploads-2011-04-Role-of-the-Researcher.pdf.pdf>

- Šimundić, A. (2015). Bias in research. *Biochem Med (Zagreb)*, 21(1), 12–15.
<https://doi.org/10.11613/BM.2013.003>
- Skinner, D., Franz, B., Taylor, M., Shaw, C., & Kelleher, K. J. (2018). How U.S. children's hospitals define population health: A qualitative, interview-based study. *BMC Health Services Research*, 18(1), 125–210. <https://doi.org/10.1186/s12913-018-3303-7>
- Smith, J. R. (2017). Cognitive bias. *The Journal of Nursing*, 31(4), 294–296.
<https://doi.org/10.1097/jpn.0000000000000289>
- Smith, W. D. (2018). Phenomenology. *The Stanford Encyclopedia of Philosophy* (Summer 2018 Edition). Edward N. Zalta (ed.)
- Sparks, C. S., & Joyner, K. (2019). Population research briefs in population research and policy review. *Population Research and Policy Review*, 38(2), 153–155.
<https://doi.org/10.1007/s11113-019-09522-5>
- Spector, B. A. (2016). Carlyle, Freud, and the great man theory more fully considered. *Leadership*, 12(2), 250–260. <https://doi.org/10.1177/1742715015571392>
- Spielmann, K. F. (2019). Strategic decision making. *Analyzing Strategic Decisions*, 5(3), 19–27.
<https://doi.org/10.4324/9780429047374-2>
- St-Onge, C., Young, M., Eva, K. W., & Hodges, B. (2017). Validity: One word with a plurality of meanings. *Advances in Health Sciences Education*, 22(4), 853–867.
<https://doi.org/10.1007/s10459-016-9716-3>
- Stamarski, C. S., & Hing, L. S. S. (2015). Gender inequalities in the workplace: The effects of organizational structures, processes, practices, and decision makers' sexism. *Frontiers in Psychology*, 6, 3–24. <https://doi.org/10.3389/fpsyg.2015.01400>

- Stanley, D. (2017). Leadership theories and styles. *Clinical Leadership in Nursing and Healthcare*, 4(3), 25–46. <https://doi.org/10.1002/9781119253785.ch2>
- Starman, A. B. (2015). Qualitative analysis in case study. *Encyclopedia of Case Study Research*, 13, 28–43. <https://doi.org/10.4135/9781412957397.n277>
- Stets, J. E., & Burke, P. J. (2003). Handbook of self and identity. *A Sociological Approach to Self and Identity*, 9(2), 1–18. <https://doi.org/10.4324/9781315565217-1>
- Strange, R. (2020). Research in business studies. *Research Methods in Business Studies*, 9(3), 8–30. <https://doi.org/10.1017/9781108762427.004>
- Stumbo, C., & McWalters, P. (2012). Measuring effectiveness: What will it take? *Educational Leadership*, 68(4), 10–15. <https://doi.org/10.1080/0924345900010106>
- Szymanowski, K. (2017). Collaborative leadership. *California Artist Management*. <https://doi.org/10.4324/9781315092195>
- Takacs, I. (2018). Women at the top leadership positions. Obstacles and possibilities. *International Journal of Pedagogy, Innovation and New Technologies*, 5(1), 74–84. <https://doi.org/10.5604/01.3001.0012.2142>
- Tamene, E. H. (2016). Theorizing conceptual framework. *The Journal of Education Research*, 4(2), 185–195. <https://doi.org/10.1080/09718923.2014.11893249>
- Thompson, G., & Glasø, L. (2018). Situational leadership theory: A test from a leader-follower congruence approach. *Leadership & Organization Development Journal*, 39(5), 574–591. <https://doi.org/10.1108/lodj-01-2018-0050>
- Torres, D. G. (2019). Distributed leadership, professional collaboration, and teachers' job satisfaction in U.S. schools. *Teaching and Teacher Education*, 79, 111–123. <https://doi.org/10.1016/j.tate.2018.12.001>

- Trent, M. P., & Pollard, D. P. (2019). Implementing ethical decision-making: Strategies for today. *New Directions for Community Colleges*, 2019(185), 65–74.
<https://doi.org/10.1002/cc.20339>
- Tsolka, A. (2020). Contingency and situational approaches to educational leadership. *Oxford Research Encyclopedia of Education*.
<https://doi.org/10.1093/acrefore/9780190264093.013.637>
- Tsoukas, H. (2018). Strategic decision making and knowledge. *Philosophical Organization Theory*, 2(3), 131–158. <https://doi.org/10.1093/oso/9780198794547.003.0005>
- Turner, R. H. (2000). Social role theory. *Encyclopedia of Psychology*, 7, 112–113.
<https://doi.org/10.1037/10522-044>
- Uyar, S. (2019). Spiritual leadership. *Journal of Healthcare Management and Leadership*, (1), 22–26. <https://doi.org/10.35345/johmal.529712>
- Valcheva, S. (2020). Qualitative techniques. *Handbook of Research Methods and Applications in Comparative Policy Analysis*, 4(1), 296–296.
<https://doi.org/10.4337/9781788111195.00025>
- Wentworth, D. K., & Anderson, L. R. (1984). Emergent leadership as a function of sex and task type. *Sex Roles*, 11(5), 513–524. <https://doi.org/10.1007/BF00287475>
- White, M. (2018). Critical thinking: History, definitions, issues. *Critical Thinking and Language: The Challenge of Generic Skills and Disciplinary Discourses*, 1(2), 15–33.
<https://doi.org/10.5040/9781474211819.ch-002>
- Wieland, V., & Wolters, M. (2013). Forecasting and policy making. *Handbook of Economic Forecasting*, 239–325. <https://doi.org/10.1016/b978-0-444-53683-9.00005-0>

- Wilson, A. (2020). Introduction: Explaining contingency. *The Nature of Contingency*, 2(4), 1–21. <https://doi.org/10.1093/oso/9780198846215.003.0001>
- Wright, C. F. (2020). Addressing power differentials and managing egos: How to collect reliable qualitative data when researching elites. *How to Keep Your Doctorate on Track*, 10(5), 228–237. <https://doi.org/10.4337/9781788975636.00038>
- Wright, J. (2017). Authentic dialogue: The communication of collaborative leadership. *Advances in Social Sciences Research Journal*, 4(2), 22–39. <https://doi.org/10.14738/assrj.17.2660>
- Yakaboski, T., & Reinert, L. (2017). Women in senior leadership: Professional strategies, personal choices. *NASPA Journal about Women in Higher Education*, 4(1), 75–96. <https://doi.org/10.2202/1940-7890.1067>
- Yin, R. (2014). *Case study research: Design and methods* (5th ed.). Sage.
- Yurtoğlu, N. (2018). Qualitative research: Defining and designing. *International Journal of History*, 10(7), 241–264. <https://doi.org/10.9737/hist.2018.658>
- Zarinpoush, F. (2017). Ethical issues with respect to interviewing. *Interviewing Children and Young People for Research*, 3(1), 129–148. <https://doi.org/10.4135/9781526419439>
- Zeffane, R. (2003). Employee involvement, organizational change and trust in management. *The International Journal of Human Resource Management*, 14(1), 55–75. <https://doi.org/10.1080/09585190210158510>
- Zenger, J., & Folkman, J. (2019). Research: Women score higher than men in most leadership skills. *Harvard Business Review Home*, 10(6), 350–410. <https://hbr.org/2019/06/research-women-score-higher-than-men-in-most-leadership-skills>

- Zigarmi, D., & Roberts, T. P. (2017). A test of three basic assumptions of situational leadership model and their implications for HRD practitioners. *European Journal of Training and Development*, 41(3), 241–260. <https://doi.org/10.1108/ejtd-05-2016-0035>
- Zwoliński, Z., Najwer, A., & Giardino, M. (2018). Methods for assessing geodiversity. *Geoheritage*, 1(2), 27–52. <https://doi.org/10.1016/b978-0-12-809531-7.00002-2>

Appendix A: Informed Consent for Permission to Use the Facility and Interview**Participants**

For a copy of the permission to use the facility and interview participants informed consent, please contact Gloria Choquette at (xxx) xxx-xxxx.

Appendix B: Signed Informed Consent for Permission to Use the Facility and Interview**Participants**

For a copy of the permission to use the facility and interview participants informed consent, please contact Gloria Choquette at (xxx) xxx-xxxx.

Appendix C: Letter of Invitation

[Date]

Name

Address

Dear xxx,

As a doctoral student in the School of Business at Liberty University, I am conducting research as part of my doctoral study project, which is entitled *The Underrepresentation of Women in Senior Leadership Positions Within the Healthcare Industry*. The purpose of my research is to understand and gather information regarding the personal experiences of the underrepresentation of women in the workforce. I am writing to invite eligible participants to join my study.

Thirty to 40 female participants will be selected for the open-ended interviews based on job title, ages between 35 and 55, who are working in administrative and leadership positions at Luna Memorial Hospital. Participants, if willing, will be asked to participate in a 60- to 90-minute, audio-recorded interview discussing lived-experiences in regards to bias, stereotyping or prejudice, what decision-making strategies are used to attain high-ranking positions, and what factors play a role in implementing senior leadership skills to leverage skill-sets. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate or for more information, please contact me at (xxx) xxx-xxxx or xxxxxx6@liberty.edu to schedule an interview. The interviews will be conducted onsite during off-duty hours, which includes before or after official work hours as well as during lunch and

official breaks. Interviews may be conducted through WebEx or in the same room depending on social distancing protocol needs due to the COVID-19 pandemic.

Upon your acceptance and agreement to participate in this study, an informed consent form and further details of the study will be emailed to you. The consent form will need to be signed and returned at the time of or prior to the interview.

Sincerely,

Gloria Choquette

DBA Student, Liberty University

(xxx) xxx-xxxx

xxxxxx6@liberty.edu

Appendix D: Consent Form

Title of the Project: Underrepresentation of Women in Senior Leadership Positions Within the Healthcare Industry

Principal Investigator: Gloria Choquette, Doctoral Student, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, 30 to 40 female participants will be selected for the open-ended interviews based on job title, ages between 35 and 55, who are working in administrative and leadership positions at Luna Memorial Hospital. This form is part of a process called informed consent so that you will understand this study before deciding whether to take part.

Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of this qualitative case study is to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations inability to leverage their skill-sets.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participant in an interview consisting of seven questions, with the possibility of additional questions. The participant will be audio-record as part of their participation in this study. The interview will last approximately 60-90 minutes.
2. Permit the research from the interviews to be published.

How could you or others benefit from this study?

The direct benefit participants should expect to receive from taking part in this study is to reduce the current gap within the underrepresentation of women in senior leadership positions within the healthcare industry.

The benefit to society includes gathering more in-depth knowledge of women's experiences which helps to assist in better understanding the decision-making strategies from participants in the healthcare industry.

What risks might you experience from being in this study?

The risks involved in this study are minimal. The risks involved in this study include risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, and becoming upset. Being in this study does not pose a risk to your safety or wellbeing.

How will personal information be protected?

Personal information related to this study will remain confidential. Research records will be stored securely for three years, and only the researcher will have access to the records.

- During the interview process, the names of the participants were kept confidential by the researcher, and any recordings, memos, and notes were securely stored in a password-locked cabinet for three years. After three years, all electronic records will be deleted, and hard copies shredded.

- For this study, an inductive approach will be taken to generate substantive codes from the data, later the developing theory suggests to the researcher where to go next to collect data and which, more-focused, questions to ask.
- Each participant will receive a code consisting of an alpha character, along with the date of the interview, for example, Participant A, June 20, 2020.

Is study participation voluntary?

Participants will not be compensated for participating in this study.

Participation in this study is voluntary. If you decide to participate, you are free to not answer any question or withdraw at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Gloria Choquette. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at (xxx) xxx-xxxx and/or xxxxxx6@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Melissa Connell at xxxxxxxxl@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher[s], **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher[s] will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study

Printed Subject Date

Signature and Date

Appendix E: Interview Questions

1. How would you describe the significance of the lived-experiences, regarding bias, stereotyping, and prejudice, as you sought a leadership position in healthcare?
2. How would you define the differences in gender-roles and leadership-style characteristics needed to succeed in a healthcare leadership role?
3. What leadership experiences are effective in decision-making strategies that women can use to obtain high-ranking management positions?
4. What factors in the healthcare industry play a role in positively implementing senior leadership skills to leverage skill-sets?
5. What are the outcomes of effectively implementing senior leadership skills towards the decision-making process in the healthcare industry?
6. What barriers have you encountered while working in the healthcare industry?
7. What leadership styles are best suited for women in leadership positions in the healthcare industry?

Appendix F: Interview Guide

Introductory Statement

First, I would like to take the time to thank you for volunteering to be a part of this study. The title of this study is *the Underrepresentation of Women in Senior Leadership Positions Within the Healthcare Industry*. The purpose of this qualitative case study is to add to the existing research regarding the underrepresentation of women in senior leadership positions. The objective of this study is to understand the causes behind the underrepresentation of women in senior leadership positions within the healthcare industry in Winter Haven, Florida when compared to population demographics resulting in the organizations inability to leverage their skill-sets. Through this case study, best practices and solutions regarding decision-making strategies will be discovered. I will be asking you seven questions. Depending on your answers, I may ask additional questions. Also, if at any time you would like to provide your perceptions on anything, I did not directly ask about but pertains to the subject of this study, please feel free to do so. Now, if you are ready, let us begin.

Main Interview

The central research questions proposed are designed to increase the body of current literature regarding stereotypical views of female behavior affecting women who are currently in high-ranking leadership positions or aspire to achieve high-ranking leadership roles in the healthcare industry. More specifically, the questions include (a) what are the lived-experiences in regards to bias, stereotyping or prejudice, (b) what decision-making strategies are used to attain high-ranking positions, and (c) what factors play a role in implementing senior leadership skills to leverage skill-sets. A semi-structured set of personal interview questions are as follows:

1. How would you describe the significance of the lived-experiences, regarding bias, stereotyping, and prejudice, as you sought a leadership position in healthcare?
2. How would you define the differences in gender-roles and leadership-style characteristics needed to succeed in a healthcare leadership role?
3. What leadership experiences are effective in decision-making strategies that women can use to obtain high-ranking management positions?
4. What factors in the healthcare industry play a role in positively implementing senior leadership skills to leverage skill-sets?
5. What are the outcomes of effectively implementing senior leadership skills towards the decision-making process in the healthcare industry?
6. What barriers have you encountered while working in the healthcare industry?
7. What leadership styles are best suited for women in leadership positions in the healthcare industry?

Closing Statement

For additional information or questions email xxxxxx6@liberty.edu. As a reminder, information is maintained confidential. Your name or any identifying information will not be used as part of this study. All information and data will be stored in a password protected file for three years. Again, thank you for your time.

Appendix G: Interview Tables

Table 1

Transformational Leadership Styles

Participant	Comment
P1	Employee satisfaction is a great concern for Healthcare managers, P1 supports this notion by stating that it “directly affects the outcome of the organization,” which goes hand in hand with Peck and Whitlow (2019). Peck and Whitlow (2019) stated that employee satisfaction, directly impact it has in organizational commitment. P1 also states that “managers need to adapt and be flexible to leadership styles so it can be favorable to its employees.”
P2	The insights of P2 align with Peck and Whitlow (2019), views on a leader having positive moral values that aspires to uplift its follower’s needs, as P2 stated that “each leader may have their own one particular style as we all do not have the same. Each leader performs with their own unique style, and this helps others grow and work well together.” Healthcare is a challenging profession, in which managers need to keep up with guidelines, workflow, best practice, and outstanding care for all patients and team members.
P4	P4 stated that “a leader is someone who surrounds themselves with a supporting team that shares his or her vision. And will help protect their back while helping her team grow at the same time,” which is supported by what was discovered in the literature by Broome and Marshall (2020).

Table 2*Gender-Role Stereotyping*

Participant	Comment
P3	Chin (2018) asserted that it is difficult for women to be accepted in leadership roles, P4 supports this notion by stating “women are often overlooked for leadership position. They are viewed as weak and emotional. In many states race also plays significant role minority women are often passed over positions of power.
P6	P6 stated that “in climbing the corporate ladder often times men got the administrative roles over women” which goes hand in hand with Masril (2020) view on bias towards masculine leadership.
P11	P11 supports Masril (2020) views on masculine leadership bias when stating “males are predominantly in leadership positions, and they exhibit an authoritative leadership style which promotes one-directional hierarchical flow of commands and information.”
P19	Scalambrino and Lowery (2017) believed that men and women still act slightly different due to their gender-differentiated skills and P19 supports this notion by stating “men are viewed higher [more important] than women and are more than likely offered leadership positions. Women who want to be in the same position often have to work harder to get there and present a similar leadership style that is expected of men.”

Table 3*Decision-Making*

Participant	Comment
P5	P5 stated that “leadership styles that promote creativity, value, accountability, fluid information sharing, a team approach, innovation, and shared input in decision making are best suited for women in healthcare,” which is supported by Chletsos and Saiti (2019).
P9	P9 stated “outcomes are driven by results. Decision making is a team effort,” which supports what was discovered in literature.
P10	P10 stated “effectively implementing leadership skills in the decision-making process means we can be successful at meeting our organizational goals,” which supports what was discovered in literature.
P12	P12 findings of “An effective leader fosters multidirectional flow of information and exchange of ideas” add to Hargett et al.’s (2017) view of effective leadership; in which leadership focuses on the development of effective shared relationship through support and task-delegation, which is the basis for widespread implementation of shared leadership within the healthcare industry (Hargett et al., 2017).
P13	As stated by P13 “effective leadership values the input and ideas of team members and his or her goal should not be power struggles. Goals of the healthcare organization should be placed at the forefront.” This adds to Torres’s (2019) view of effective leadership in which, members of the group share ideas and the collective influence of the team is more relevant than the framework of a team.
P15	P15’s input adds to Chletsos and Saiti’s (2019) view of effective leadership of the key to shared-leadership is effective teamwork, with focus on identifying the values of the team, and optimizing team-efficiency, by adopting leadership behaviors, greater autonomy, and improved patient-care outcomes, by P15 stating that “effectively implementing leadership skills in the decision-making process means we can be successful at meeting our organizational goals. By effectively communicating, our managers understand our expectations and we all work together to meet the needs of our customers.”
P17	P17 supports Chletsos and Saiti’s (2019) notion on decision making strategies by stating that “Leadership experiences that promote accountability, values each employee and everyone’s input, and credible knowledge and experience are important components in effective decision-making strategies for women.”

Table 4*Education*

Participant	Comment
P1	Bashir (2019) states that education is an important factor and P1 supports this notion by stating “In a higher dynamic company, individuals must have the education and experience to grow.”
P3	P3 supports what was discovered in literature by stating “this industry is strictly experience and education driven.”
P12	P3 supports what was discovered in literature by Collins (2019), which stated that education is a complex and dynamic process which involves talking about leadership and accessing content knowledge recall, by stating “this industry is strictly experience and education driven.”
P15	P15 adds to Bashir (2019) findings by stating “leaders must be educated to provide great care, by making less mistakes and avoid negligence/wrongful deaths.”

Table 5*Interview and Research Question Correlation*

Interview Question	Research Question
I-1	RQ1
I-2	RQ1, RQ2
I-3	RQ2
I-4	RQ1
I-5	RQ1, RQ2
I-6	RQ1
I-7	RQ1, RQ2

Table 6*Transformational Leadership Style*

Participant	Comment
P1	P1 stated “transformational leadership style is best suited for women in leadership positions in the healthcare industry.” Which supports what was discovered in literature by Kibbe (2019), in which he stated that people will follow a leader who inspires them through vision, passion, and enthusiasm.
P4	P4 stated “roles that have an open door policy in place. Team focused leadership. Paternalistic, Visionary. Authoritarian.” supports what was discovered in literature.
P7	P7 believes that “a woman who values and respects mid management opinions and suggestions” will be a successful leader which supports what was discovered in literature by Peck and Whitlow (2019), which states that positive moral values and aspires to uplift its follower’s needs and raise motivation and sense of purpose.
P8	P8 stated “in reality all leadership styles play a role in success. Each leader may have their own one particular style as we all do not have the same. Each leader performs with their own unique style and this helps others grow and work well together.” This adds on to Yin (2014) findings, which suggested that qualitative case studies are appropriate for the exploration of social phenomena along with behavioral events.

Table 7*Barriers in Healthcare Due to Gender Stereotyping*

Participant	Comment
P3	As stated by P3 “poor leadership, poor management, poor staffing ratios, and allowing staff to be treated poorly for profit” are barriers that add to Harper (2016) findings which provided evidence that various research paradigms substantiate that the attitudes are less positive towards female leaders than male leaders in situations that heighten perceptions of incongruity between the female gender and leadership roles.
P4, P5	P4 and P5 added on by stating “poor management and families” are barriers that add to Harper (2016) findings of “potential for prejudice exists when social perceivers hold a stereotype about social groups that are incongruent with the attributes that are thought to be required for success.
P5	P5 related to barriers Harper (2016) presented by stating that “as a female the biggest barrier I have faced is remaining confident in myself when others did not think I was capable of doing my job. What helped me is by just doing what I know is right and proving by my actions and results that I am more than capable.”
P6	P6 added on to literature findings of Harper (2016) by stating “prejudice and inequality” are part of barriers.
P7	Lack of senior management willing to change the way “we’ve always done it,” is a barrier mentioned by P7 that adds on to literature.
P8	P8 brings light to the theme by stating “fear of teaching others how to do their job for fear of losing theirs instead of empowering the overall team to be more successful.”
P9	P8 brings light to the theme by stating “fear of teaching others how to do their job for fear of losing theirs instead of empowering the overall team to be more successful.” P9 brings light to the literature findings of barriers previously stated by Hill and Miller (2016) by stating “COVID has been the biggest barrier for all healthcare organizations. The unknown has been the biggest challenge and daily changes to guidelines and CDC recommendations.”
P10	P10 stated “effectively implementing leadership skills in the decision-making process means we can be successful at meeting our organizational goals,” which supports what was discovered in literature by Chletsos and Saiti (2019), in which significant factors of critical-thinking and decision-making are the factors that influence them.

Table 8*Decision-Making*

Participant	Comment
P21	Chletsos and Saiti (2019) believes that part of developing a solution involves gathering information, and P21 adds to his findings by stating “decision making is about following the mission and values on the daily. At Baycare, everyone deserve the chance to apply, interview and grow within our healthcare organization, regardless of race, religion or ethical dilemma.”
P22	P22 adds to themes found in literature by stating “BayCare believes in high quality compassionate care for patients and the team every single day, every shift.”
P23	P23 stated “decision making on reviewing our healthcare organization as a whole was taken and we survey our team members to make sure we are being equal, fair and following our values” which adds to findings in literature.
P26	P26 brings light to the theme by stating “decision making is a team effort in BayCare. Across the system, all 13 hospitals, we have collaborations around important healthcare topics that drive success and high quality patient care. Sometimes we feel there are too many meetings but in reality these meetings are driven by leaders from all roles so all feel like we are included in the decisions and workflow.”

Table 9*Education*

Participant	Comment
P23	P23 adds to Bashir (2019) findings of education by stating “all must have the education and experience to grow, again BayCare does not believe in not all fair. This is my personal opinion as a leader within the company myself.”
P5	As stated by P5 “each leader has the skill-set to help make positive decisions that will have a positive impact on patient care and team member workflow” this was supported by literature findings of Chletsos and Saiti (2019) which state that understanding the process by which decision-making takes place, is important in any area of research because it involves understanding the process by which individuals develop solutions.
P7	As stated by P7, “communication, authoritativeness and education are needed in order to achieve a leadership role within the healthcare industry” this was supported by literature findings of decision making.
P9	As stated by P9, “all skills are not the same, every role and position are different. Each require certain education, certification, and experience criteria to meet the needs of the role” this was supported by literature findings of Chletsos and Saiti (2019) in which each leader must pose skill-sets to help make positive decisions that will have a positive impact on patient care and team member workflow.
P15	P15 believed that “the goal of leadership should not consist of a power struggle or one of ‘I have all the knowledge.’ Leadership styles that promote creativity, value, accountability, fluid information sharing, a team approach, innovation, and shared input in decision-making are best suited for women in healthcare,” which adds to Brians’ (2017) findings of successful leadership resulting of the interaction between the traits of the leader and the situation, which are essential to understanding leadership, along with the specification of important trait and situational variables.