A PHENOMENOLOGICAL STUDY OF BLACK WOMEN IN LEADERSHIP: EXPLORING THE LIVED EXPERIENCES OF WOMEN IN THE HEALTHCARE FIELD

by

Janice Hill

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Ph.D. Education: Organizational Leadership

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Abstract

The purpose of this qualitative phenomenological study was to explore the lived experiences of Black women in leadership positions in the healthcare field. The study used an intersectional lens to illustrate how gender, race, class, and spirituality contributed to the systemic structures of oppression, bias, and discrimination, limiting ascension to positions of power and authority. The theoretical framework guiding this inquiry was the great man leadership theory, which analyzed how socio-cultural identities influenced Black women's perceptions and experiences of leadership within the organizational context. Adopting a phenomenological study research design conceptualized the experiences of Black women executives working in a predominantly White and male healthcare administrative industry. The study incorporated observations, interviews, and focus groups as effective data collection. The findings indicated that participants perceived their socialization and cultural perspectives as shaped by three relevant factors, the desire to seek opportunities for themselves and others in the healthcare field, a lack of organizational support, and negative healthcare experiences for themselves or their families before their entrance into the healthcare field. The findings showed that participants faced significant challenges in their workplaces, such as race- and gender-based discrimination that impacted hiring and promotion practices to their detriment. This study contributed to the importance of inclusivity and diversity in the workplace to enhance the promotion of Black women to top leadership positions in the healthcare field.

Keywords: intersectionality, race, gender, leadership, workplace bias, inclusivity

Table of Contents

CHAPTER ONE: INTRODUCTION

Overview

The purpose of this qualitative phenomenological study was to explore how African American women describe their top leadership experiences in the healthcare sector through the great man theoretical lens. The inquiry incorporated a theoretical framework of leadership based on class, gender, and race variables to re-articulate the concept of leadership and its influence on institutional change. The above factors affected Black women's leadership experiences and contributed to the discourse about gender inclusivity in disrupting different *isms* perpetuating oppression and discrimination in the workplace (Aaron, 2020). The topic can be understood using social, historical, and theoretical contexts, building on previously published literature. The main problem was that men have primarily occupied administrative positions, establishing structured, gendered, and racialized roles in society, compelling women to develop effective and appropriate leadership styles that build consensus, collaboration, and inclusion of marginalized groups (Jordan et al., 2021). In addition, the experiences of Black women in leadership demonstrated the necessity of developing effective coping techniques given the inequality practices in the workplace (Moorosi et al., 2018). The effects of gender, racism and class have necessitated Black women in leadership positions to contextualize their hostile environment and experiences within the intersectional lens, challenging their ascension and survival in leadership positions (Aaron, 2020). This study investigated how Black women describe their top leadership lived experiences in the healthcare industry.

Background

This section is organized into three subsections: historical, social, and theoretical context. The historical context of African American women in top leadership positions is discussed in the

first section. The second subsection examined the social context of African American women's representation in top leadership positions. Finally, the third subsection includes the theoretical context, where relevant theories to the study are discussed.

Historical Context

According to Rollins et al. (2018), oppression and discrimination against Black women in leadership are historically linked to critical issues surrounding gender, racism, subordination, and classism. The systemic bias was deeply rooted in an ideology of inferiority, categorizing and ranking different groups in society (Etowa & Debs-Ivall, 2017). White individuals and men have continually defined organizational realities, shaping the practices, policies, and strategies within sectors such as the healthcare environment. Black women feel less empowered and marginalized (Ogbolu et al., 2018). Historically, Black women's voice, agency, and relationship in leadership positions within the healthcare sector have been characterized by invalidation, unethical treatment, and unjustifiable dismissal, rooted in structural racism and stereotyping (Etowa & Debs-Ivall, 2017). Women of color have remained underrepresented in leadership positions, encountering challenges in hiring, advancement, and daily experiences, which could be used to promote an inclusive and flexible working culture.

Employer practices and government policies have disadvantaged Black women compared to their male and White counterparts. The negative representation of Black women in executive positions has reinforced oppressive and discriminatory practices reflecting their unique labor market history and current occupational status (Banks, 2019). Historically, the differences in participation between White and Black women in the workforce manifested from the societal expectations of Black women gaining meaningful employment and perpetuated by market discrimination, resulting in less stable employment rates and lower wages than wealthy White

men and women, which resulted in collective action by Black women in the American society within the late 1980s and early 1990s (Allen, 1995). A paucity of research during the 1990s on leadership and organizational behavior studies further contributed to this limiting knowledge gap on African American women in health service management (Dreachslin et al., 2004). Sexist micro-aggressions and racism also exacerbated women's experiences contributing to the struggles to advance their careers further, maintain relationships, and effectively balance work-life responsibilities (Etowa & Debs-Ivall, 2017). However, the research on Black women's gender, race, and social class and how it influenced their leadership roles and styles was based on White men, limiting data and information on women's contributions in the workplace.

The historical contexts present modern consequences within the 21st century, which necessitate recognizing Black women's role, impact, and influence in leadership positions. The underrepresentation of women has led to organizations addressing gender imbalances by introducing gender quota legislation, which has created ethical dilemmas and tensions (Aaron, 2020). The persistent gender inequality, especially in the healthcare industry's upper echelons, is perplexing, considering that women outnumber men in the workforce within medical institutions (Bailey-Jackson, 2021). Further exclusion of Black women from well-paying jobs and in higher positions reinforced discriminatory policies, which actively undermined the general welfare of Black families (Banks, 2019). Black women in leadership have endured stressful working environments due to the lack of employee protections, which have been unequally affected, limited access to health and retirement plans, and paid sick and maternity leave (Lomotey, 2019). The use of unique survival strategies in leadership and administration, suitable to balancing their identity around racial cultures and gender politics, was influenced by Black women's experiences and perspectives toward their leadership participation (Dreachslin et al., 2017). The

current literature demonstrated that race and gender continue to show dual marginalization regarding previous research about Black women in leadership positions.

Social Context

Gender-neutral views in conceptualizing leadership are insufficient as women continue to achieve gender equality at home and in the workplace. Socialization and cultural worldviews are increasingly defining and shaping leadership styles, breaking the underrepresentation of Black women in leadership roles (Bailey-Jackson, 2021). Organizational culture, beliefs, and practices often emulate existing social constructions revolving around ethnic norms and gender in society and how they influence gender roles in organizations (Etowa & Debs-Ivall, 2017). Therefore, women have continually encountered challenges linked to social biases against them as organizational leaders (Laurencin & Murray, 2017). Compared to White women, Black women are five times more likely to encounter barriers in advancing their careers to top leadership positions in organizations and are compelled to cope with negative workplace experiences than men and White women (Dreachslin et al., 2017). Work culture in most societies demands more sacrifice than family chores while offering limited career development opportunities to Black women (Harvey Wingfield, 2019). Thus, contradictory portrayals of Black women in leadership positions pose substantial obstacles to leading, resulting in different standards and expectations than those applied to men.

Society interchangeably portrays Black women leaders as ineffective, manipulative, and domineering (Nair & Adetayo, 2019). Conceptualizations further complicate the descriptions of their interactions with ethnic and racial disparities (Laurencin & Murray, 2017). Differences exist between conceptualizing Black women healthcare professionals with most change policies and diversity strategies. Most mid-level and top healthcare leadership positions are currently

occupied by White women or men of all races (Etowa & Debs-Ivall, 2017). These practices create barriers to the ascension of Black women in the healthcare industry (Morgan, 2020). Black women in leadership positions often need to justify their credibility compared to their counterparts and are likely to encounter oppression and discrimination (Harvey Wingfield, 2019). The situation necessitated a sociological perspective in addressing the more excellent representation of women and minorities in leadership positions within the healthcare industry, adding value to the body of knowledge.

Women leaders, particularly Black women, continually encounter cultural and societal challenges that define and diminish their career potential across several professions. Cultural values and norms influence individuals' social and occupational lives that dictate each person's gender roles and responsibilities (Iheduru-Anderson, 2021). Intersectional identities often reflect an individual's social beliefs, perceptions, and power relations; therefore, an effective and efficient interplay between professional and societal settings within a country's cultural boundaries (Lyle Wilson, 2019). Therefore, women continue to experience diminished career potentials compared to their male counterparts, with experienced leadership, gender, and societal culture dynamically influencing and sustaining the limitations encountered by women leaders (Kalaitzi et al., 2019). Regardless of the progress made globally in race relations, Black women struggle to develop coping strategies, such as identity shifting from their social and cultural contexts, to diminish the negative consequences of discrimination (Jordan et al., 2021). Healthcare leadership is predominantly a White environment. Therefore, to scale their career path into leadership positions, Black women leaders must assimilate the dominant culture, consequently losing their authenticity while vacillating between the cost and benefits of altering their behavior to meet a social criterion.

Besides the opposing social and cultural challenges impeding the growth and development of Black women in leadership positions within the healthcare industry, social support is essential in helping women deal with workplace adversity and stressors, which reduce employees' adverse outcomes. Black women's lack of control can adversely limit career satisfaction due to limited access to status and resources, directly linking to individual variables and personal well-being (Livingston, 2018). There is a need to offer support, including mentoring to empower Black women (Laurencin & Murray, 2017). For Black women in leadership positions within the healthcare sector, the ability to assert power in their realities is a challenge in reconciling and negotiating their marginalized status, which inevitably challenges their ascension into leadership positions (Kalaitzi et al., 2019). Social norms, values, and existing gender roles inform the complex conceptualization of Black women leaders in healthcare (Mousa et al., 2021). Race, gender, and class inevitably influence and determine how Black women continually define their societal roles and status.

Theoretical Context

There were two possible theories to inform the current study: great man leadership theory and critical race theory (CRT). CRT emerged from a group of activists in the early 1970s advocating for equality between Black and White people (Delgado & Stefancic, 2013). In this study, the CRT could have been used to examine the experiences of African American women in top leadership positions in healthcare. Still, it was not utilized because of its overemphasis on racial dimensions and the effects on leadership, which was not the purpose of the study. According to Delgado and Stefancic (2013), CRT has multiple components underlying its propositions. Notably, CRT has five central tenets:

1. Racism is an ordinary and regular phenomenon in society.

2. Race is a social construct.
3. Interest convergence promotes self-interest.
4. Narratives and storytelling can express or challenge Eurocentric ideologies.
5. The notion that Whites have been recipients of civil rights legislation.

The great man leadership theory is the best theory to address the current study. The theory is based on the premise that leaders are born and not made (Northouse, 2018). The two assumptions grounding the theory include that great leaders possess certain traits that enable them to rise and lead, and great leaders can arise when the need for them is excellent (Byrd, 2009; Northouse, 2018). The great man theory of leadership is based on the premise that people come into the world possessing unique characteristics or traits not common in everyone. Unique abilities and traits, including intelligence and charisma, enable them to lead others and shape history (Northouse, 2018).

Under the great man leadership theory, prominent leaders throughout history were born to lead and merited because of their inborn and natural abilities and talents (Early, 2017). Supporters presume that exceptional leaders are heroes who succeed in challenging situations (Northouse, 2018). The underlining presumption of the great man theory of leadership is that individuals in power are justified to lead others because of the unique traits they have been endowed with since birth (Early, 2017). This study used the theory to understand whether African American women possess unique qualities, such as charisma, intelligence, political skills, and wisdom, that allow them to lead in top leadership positions.

Problem Statement

The problem was that little is known about the factors influencing the underrepresentation of African American women in top leadership positions in the healthcare

sector (Laurencin & Murray, 2017; Livingston, 2018). Limited scholars have addressed the importance of understanding the intersections of gender, class, and race in their leadership literature, thus perpetuating the significant knowledge gap regarding the role and efficacy of intersectionality in leadership (Laurencin & Murray, 2017; Nair & Adetayo, 2019), even within existing research and literature on effectively managing diversity in organizations and institutions (Mayberry, 2018). My research aimed to create a sustainable opportunity for social change by raising awareness about the intersectionality of race, gender, and class amongst leaders, decreasing workplace oppression and discrimination, and fostering a conducive environment that promotes Black women into leadership positions. The adoption of an intersectional perspective in conceptualizing Black women in executive positions was based on gender, race, class, and spirituality as critical elements, which contribute to the discourse on women's lived experiences, collective efforts, and actions towards a more equitable experience in the workforce (Livingston, 2018). Black women continue to establish and develop appropriate strategies to challenge the negative racial, classist, and gendered stereotypes which limit their upward mobility toward executive leadership positions while actively tolerating opposition in White and male-dominated organizations, overcoming all the obstacles of implicit and unconscious bias (Morgan, 2020). Using women of color in scholarly analysis and evaluations provided an additional perspective to examine race, gender, and class as independent concepts while further understanding their intersections with organizational and leadership theories (Mayberry, 2018).

Understanding the glass ceiling in leadership positions necessitates recognizing and eliminating organizational discrimination and oppression against women of color. Black women remain grossly underrepresented and do not progress at the pace at which White women or men

advance, with very few achieving executive positions within healthcare (Lomotey, 2019). Laurencin and Murray (2017) support that women are confident, capable, and highly qualified to achieve leadership positions. Less conversation has taken place concerning the disempowerment of Black women to lead in settings where their social identity is grossly misrepresented and associated with socially disadvantaged groups, thus idealizing and fixating the image of Black women with that of the western culture-defining leadership positions to fit the stereotype of middle-class White men and women (Elias, 2018). After further investigation, research, and examination of African American women who have risen in ranks to attain executive positions within organizations are primarily limited in current literature, therefore obscuring their voices from contributing to women's lived experiences in top leadership positions in the healthcare sector (Creswell & Poth, 2018).

Most leadership and organizational literature illustrate wage disparities between men and women and between Black and White women. However, the disparities in Black women attaining leadership roles, challenges, and experiences remain alarmingly absent from the discussion (Sawyer, 2017). The healthcare profession has limited attention and information illustrating the discursive dynamics among gender, healthcare leadership, race, and societal culture, contributing to barriers to women's leadership in the healthcare industry, conceptualized through sociocultural lenses (Kalaitzi et al., 2019). The intersectionality between sexism and racism needs further investigation and in-depth analysis outside mainstream literature (Lomotey, 2019). More scholars advocate and direct their efforts and activities toward racial inclusivity, particularly in traditional organizational theory literature (Mayberry, 2018). Literature on organizational theory and leadership is essential in conceptualizing the quality and position of Black women leaders and their participation in the workplace.

Purpose Statement

The purpose of this qualitative phenomenological study was to explore how African American women describe their top leadership experiences in the healthcare sector through the great man theoretical lens. The central phenomenon of the study examined the factors influencing the underrepresentation of African American women in top leadership positions in the healthcare sector (Lyle-Wilson, 2019). At this stage in the research, underrepresentation in top leadership positions of Black women leaders was defined as the inadequate representation of Black women in positions of power in healthcare management as the study phenomenon (Lyle-Wilson, 2019).

Significance of the Study

The significance of this inquiry stemmed from the fact that Black women are understudied and underrepresented in the workforce. Literature conceptualizes gender-based discrimination and oppression focused on the experiences of White women (Laurencin & Murray, 2017). In contrast, the study on race-based oppression emphasized its attention on the experiences of minority males, sidelining Black women at the periphery of this discourse (Nair & Adetayo, 2019). Studying the healthcare sector may aid in conceptualizing and explaining the distinctiveness of barriers experienced by Black women leaders while exploring the interplay between the societal and cultural settings and the healthcare sector (Lomotey, 2019).

Theoretical Significance

Great man leadership theory is based on the presumption that leaders are born to lead and merited by their inborn or natural abilities (Early, 2017). Another underlying assumption of the great man theory of leadership is that those in power are justified to lead others because of the unique traits they have been endowed with since birth, including charisma, intelligence, political

skills, and wisdom (Early, 2017). The current study contributed to the great man leadership theory by identifying how its primary constructs, such as charisma, gender, intelligence, political skills, and wisdom, contributed to African American women's top leadership experiences in the health sector. Critically analyzing the sociocultural and economic factors shaping social realities and the stylistic leadership models of African American executive women inform the relationship between the healthcare industry and the lived leadership experiences of Black women operating within the same environment (Kalaitzi et al., 2019).

Empirical Significance

The historical gendering of sectors such as the healthcare industry prioritizes a particular type of knowledge, creating barriers to critical research and practice associated with women, particularly Black women (Lomotey, 2019). Qualitative data and information used in conceptualizing the social phenomenon of women leaders' underrepresentation in the healthcare sector were essential in guiding this inquiry since it unveiled underlying dynamics among women, societal culture, and healthcare leadership (Nair & Adetayo, 2019). The current study findings have empirical, methodological significance to the current literature by adding to the existing literature qualitative findings regarding the challenges African American women face in top leadership positions in the healthcare sector from a qualitative phenomenological perspective from great man's leadership theoretical lens, which is currently limited in the existing body of literature. Kalaitzi et al. (2019) recommended further qualitative inquiry focused on the representation of Black women in top leadership positions using interviews. Therefore, the current study contributed to recent evidence by providing findings regarding the factors contributing to the underrepresentation of women in the healthcare sector (Nair & Adetayo, 2019).

Practical Significance

Racialized and gendered bias in health service management and administration is understood within the context of inequities, prejudice, and discrimination in societal institutions. Systemic discrimination is often supported by institutional policies which are unconscious bias based especially on negative stereotypes (Lyle-Wilson, 2019). This research inquiry was essential to the general population, especially in addressing the misrepresentation of African American women in C-suite positions (Moorosi et al., 2018). The inquiry provides insight into the alarming statistics for women of color in healthcare jobs globally. On the global scale, a small percentage of Black women hold executive positions in health service administration, despite constituting most of the sector's workforce (Stewart, 2021).

Research Questions

Conceptualizing the lived experiences of Black female leaders necessitated the investigator to respond to the impact and effects of systemic and institutionalized bias and discrimination, particularly projected toward Black women. Furthermore, the research questions effectively enabled readers to contextualize the attitudes and opinions of Black women in top leadership or executive positions, revolving around their survival strategies designed to support their ascensions to positions of power. The design and selection of these research questions were meant to influence how the readers conceptualized and relate with Black female leaders in predominantly White and male-dominated administrative positions. The following research questions explored and conceptualized specific issues surrounding the topic of inquiry.

Central Research Question

What are the lived experiences, beliefs, and opinions of African American women in executive positions within the healthcare sector?

Sub-Question One

How do socialization and cultural perspectives aid in conceptualizing Black women's experiences in leadership positions in the healthcare field?

Sub-Question Two

How have systemic structures sustained bias and discrimination against women in healthcare?

Sub-Question Three

What unique abilities are women likely to bring to leadership teams, and how do such abilities and traits act as barriers to top leadership positions?

Definitions

1. *Discrimination*- Offensive stereotyping, bias, and inequity in opportunities and leadership positions Black women encounter due to racial and gender characteristics that foster an environment for marginalization (Mayberry, 2018).
2. *Diversity*- This is a contemporary ethical issue within organizations and institutions, cutting across various sectors calling for equal representation of all sub-divisional groups such as gender, race, culture, sexual orientation, and religion within the society, contributing significantly to reinforcing a robust ethical culture (Aaron, 2020).
3. *Gender*- A complex concept that shapes the relationship between the perceived ideals of womanhood and leadership characteristics and qualities, acting as an intersectional lens together with class and race in conceptualizing the lived experiences of Black women in executive positions (Curtis, 2017).

4. *Gender equality*- Actively and effectively dismantling stereotypical gender roles and expectations severely constrained women's representation in leadership roles and positions compared to men (Lomotey, 2019).
5. *Intersectionality*- A form of expression that introduces multiple forms of oppression and discrimination experienced by Black women in leadership positions (Moorosi et al., 2018).
6. *Identity shifting*- Alterations Black women in leadership positions undertake to ensure that their behavior, attitudes, and dialect match the social norms, thus acting as an effective coping strategy against workplace discrimination (Lomotey, 2019).
7. *Leadership*- Positions of power and influence idealized by western culture as middle-class presuppositions for men and White women, contributing to Black women's challenges in advancing their careers (Moorosi et al., 2018).
8. *Marginalization*- This persistence in positioning Black women in leadership positions as outsiders, thus diminishing their identities, power, voices, and authority in leadership and organizations (Lomotey, 2019).
9. *Sexism*- Informs on the gendered issues of leadership inequities, discrimination, and oppression, which inform on the lived experiences of Black women in predominantly male industries such as the healthcare sector, thus limiting the ascension of Black women in positions of power (Sharma, 2019).
10. *Underrepresentation*- Constant, disproportionate, and insufficient gender-neutral perceptions and literature are conceptualizing the role and influence of Black women in leadership positions, further portraying them as a systemic anomaly compared to men (Iheduru-Anderson, 2021).

Summary

The problem was the limited understanding of how African American women describe their top leadership experiences in the healthcare sector using the great man leadership theory (Laurencin & Murray, 2017; Livingston, 2018). The purpose of this qualitative phenomenological study was to explore how African American women describe their top leadership experiences in the healthcare sector through the great man leadership theoretical lens. This study addressed the intersectional challenges of race, gender, class, and spirituality that Black women endure in organizational leadership. Regardless of efforts to achieve an egalitarian workplace environment, particularly in male-dominated sectors such as the healthcare industry, the experiences of Black women in their leadership development and career advances remain misrepresented and under-documented (Tan, 2019). This qualitative phenomenological inquiry aimed to contribute to knowledge conceptualizing marginalized African American executives in the health service administration.

Gendered barriers to Black women leaders in the healthcare sector reveal underlying interactions among race, gender, leadership, and socio-cultural contexts, which inform the varying degrees of strength of barriers and norms entrenched in society's equality practices (Silver, 2017; Simonsen & Shim, 2019). Previous research conceptualizing the intersectionality of gender and race regarding Black women in leadership positions has presented the need for further research incorporating sociocultural factors and ideations to understand women’s lived experiences. This research inquiry holds sufficient ground in addressing the significant knowledge gap perpetuated by the marginalization of Black women in leadership positions and their experiences within organizational contexts.

CHAPTER TWO: LITERATURE REVIEW

Overview

Black women belong to the two highly marginalized groups in society contextualized as race and gender, experiencing more discrimination, bias, stereotyping, and oppression than others who hold one marginalizing identity (Waite & Nardi, 2019). Black women executives are critically examined within the intersections of gender, race, class, and spirituality in their leadership experiences to achieve gender inclusiveness while disrupting the *isms* such as sexism, classism, and racism in constructing their leadership (Simonsen & Shim, 2019). The theoretical framework conceptualizes the leadership theory, which offers scholars and readers numerous resources to understand the study's context. Leadership theories were integral within this study in providing a foundational framework for organizational and leadership studied how Black women executives have been relegated to the periphery of this discussion.

The related literature review section conceptualized literature, arguments, and discussions highlighted by other scholars. It highlighted the persisting challenges of inequity within the workplace, positioning Black women at the organization's margins and leadership (Waite & Nardi, 2019). The summary section highlights significant concepts within the discussion that inform the focal point of Black women in executive positions. The literature reports on the critical knowledge gap on the role of the intersectional framework in addressing the challenges African American women encounter as leaders within the organization. This section also highlights recommendations that scholars and readers can contextualize in addressing the literature gap.

Theoretical Framework

Adopting a theoretical perspective supports scholars in developing solutions to complex issues. Integrating a theoretical framework gives scholars sufficient justification for selecting their topic, providing adequate and articulate data to the readers. Applying theory to a problem or phenomenon links the concept to appropriate action, becoming a fundamental source of knowledge and information. In conceptualizing Black women executives working in healthcare, the leadership theoretical perspective contributed to generalizing ideas and attitudes. The leadership theory proposes a critical relationship between concepts such as the lived experiences of African American women, similar circumstances regarding their career development, and how fundamental concepts of this research, such as religion, gender, race, and social class, aid in interpreting, generalizing, and explaining the research findings.

The Great Man Leadership Theory

The concept of leadership and management has taken a central position in organizational leadership since the early 20th century, with different readings and scholars contributing to the dynamic transition and evolution of leadership behavior studies and appropriate theoretical frameworks. The relevance of leadership theories depends on the context, culture, organizational complexities, psycho-socio developments, and work environment it is being applied, which should be commensurate with the changing organizational dynamics (Aaron, 2020). The initial understanding of leadership theory began with the great man theory, which arose around the 1800s as posited by Thomas Carlyle (Early, 2017). The theoretical perspective conceptualized leaders as heroes, with the concept firmly rooted in the individualistic cultures of the organization. The great man theory proposes that individuals born with leadership characteristics would successfully manage their natural place when a crisis arises (Northouse, 2018). The

assumptions suggest identifying the right attributes in individuals to support their role in effectively leading organizations.

Healthcare professionals' effective leadership practices and management are essential within the modern context of healthcare settings. Leadership as a social phenomenon has often been defined in male and elitist terms and positions and operationalized in the public sphere. The age-old question of whether leaders are born or made has facilitated the persistence of the great man theory in literature, contributing to the debate on the origin of leadership skills (Lussier & Achua, 2015). More importantly, class, gender, and racial biases have influenced the construction of knowledge, making Black women invisible in prominent leadership theories and undermining their authority. Historical and cultural aspects have informed the great man theory, opening new growth areas for Black women executives while still establishing significant barriers to the pre-existing forces of oppression (Byrd, 2009). In understanding Black women in leadership, the personal and organizational levels of analysis focus on Black women as individuals, their relationship with other participants, and their contribution to organizational success (Lussier & Achua, 2015). Various literature surrounding women and leadership theories, such as the great man theory using male-normed ideas, hinder the effective theorizing leadership for women, more so for Black women, as leadership theory has unfortunately been associated with masculinity (Storberg-Walker & Madsen, 2017). Notably, the lack of gender and race-integrating leadership theories is problematic since both variables play a crucial role in allocating societal power.

A unique void manifests in conceptualizing cultural and historical perspectives of gendered oppression and racialized hierarchies in the concept of African American women executives in building leadership theories. The development of the great man leadership theory

might benefit from a holistic conceptualization of marginalized groups' professional experiences and perceptions, such as Black women (Johnson & Thomas, 2012). Descriptions of leadership theories in organizational and leadership literature have traditionally explored workplace phenomena using a universal lens of dominant White and male ideology. Nevertheless, the descriptors have failed to reflect the diversity of the workforce, thus significantly limited in their efficacy and applicability within a workplace context such as the healthcare delivery system. Research shows that African American women leaders across significant industries endure inequitable treatment due to their gender, race, class, and spirituality, tied to societal hierarchies that rank Black women at the bottom (Holder et al., 2015). Therefore, this overview of leadership theory informs the great man's ideological perspective, with characteristics, skills, and leadership abilities identified as inherently masculine. Future research should focus on encouraging and contextualizing leadership theories in promoting an inclusive development model.

The study should demonstrate empathy and conceptualization of African American women leaders, who continually encounter challenges associated with bias, oppression, and discrimination in the workplace (Johnson & Thomas, 2012). In conceptualizing Black women's leadership development, it was essential to encourage the profound impact of intersectional dimensions of their identity and positively influence their leadership style and decision-making processes within organizations (Selzer et al., 2017). A gender-neutral view of leadership is insufficient; thus, there is a critical need to consider the impact and influence of cultural worldviews and socialization in shaping the course of leadership theories (Chin, 2011). To overcome the obstacles to advancing leadership theories in organizational and leadership studies,

the perceived dichotomy between leadership roles and African American women should be addressed sufficiently to change corporate cultures.

Related Literature

Scholarly literature asserts that individuals within an organization or society are grossly misrepresented, discriminated against, and biased due to gender identities, race, social class, religion, sexual orientation, and other identity markers an individual uses in defining themselves. Black women are grossly misrepresented and harshly evaluated within organizations due to existing organizational cultures and behaviors that prefer White and male leadership (Longman et al., 2018). Black female executives are often absent from the analysis within every organizational structure and system due to their race, religious beliefs, or gender (Waite & Nardi, 2019). Examining the leadership development of spiritual African American women executives working in the healthcare sector contributes to the discourse surrounding leadership and organizational culture, citing the necessity of integrating cultural dynamics, social justice, and workplace inclusivity in understanding their contribution towards systemic biases and oppression in employment (Curtis, 2017) and reviewing related literature that discusses the impact and influence of structures, beliefs, and cultures on decision-making processes aid in conceptualizing the impact on African American women in leadership (Townsend, 2021). A synthesis of research and studies provides this inquiry with an opportunity to conceptualize the underlying dynamics involved in making organizational decisions and their impact on the diverse groups represented within the institution.

Prevailing Systemic Biases and Stereotypes in Employment

Vanderbroeck and Wasserfallen (2017) noted that stereotypes are contextualized as category-based attributes, often used by people due to shared beliefs and culture. Social

categorization in gender, race, class, and spirituality are familiar cues for stereotypical thinking in organizations and institutions. Prevailing systemic biases and stereotypes have sustained the segregation status of Black women within the workplace, with racial and gendered inequality operating within occupational levels of the organization (Longman et al., 2018). Therefore, conceptualizing structural discrimination explores how organizational and administrative actions continually reconstitute prevailing systems of oppression against Black women executives.

Gender and racial markers play a crucial role in describing leadership perceptions, with a notable increase in Black women achieving executive positions. Adopting and integrating an intersectional lens in the analysis amplify the unique problems women of color encounter with gender and racial bias (Yearby, 2018). Systemic oppression and discrimination based on gender, race, classism, and spirituality have persisted through institutions, necessitating a foundational understanding which considers the challenges endured and lived experiences of Black women working as leaders within different departments of the healthcare sector (Toledo et al., 2017). The systematic exclusion of Black women from the experiences within the workplace is unfortunately established and reinforced by harmful sociocultural standards, which place the lived experiences and perceptions of Black women leaders at the periphery (Waite & Nardi, 2019). The prevalence of systemic injustice has further been perpetuated by the limitation of literature, which fails to address the challenges of Black women executives in primarily White or male-dominated industries, perpetuating a significant knowledge gap on employment stereotypes (Warren et al., 2019).

Smith et al. (2019) used 59 Black women who held senior-level leadership positions in organizations. In their findings, Smith et al. (2019) established that Black women were overlooked, marginalized, and disregarded in selective top leadership positions compared to

men. Similar results to Smith et al. (2019) were reported by Eaton et al. (2020). In their study, Eaton et al. (2020) examined gender and race stereotypes and their effect on women in the U.S. in science, technology, engineering, and math (STEM) careers. Using a sample of 251 biology and physics professors in medical schools, Eaton et al. (2020) reported that faculty exercised gender biases by favoring male student leaders over female student leaders in STEM subjects. Dickens and Chavez (2018) also examined shifting identities at work among U.S. Black women based on gender and racial biases.

Geter et al. (2018) reported that Black women experienced poor healthcare services in their findings. Salles et al. (2019) researched gender biases among healthcare professionals and surgeons in the United States. Salles et al. (2019) used data collected between 2006 and 2017 from healthcare professionals to report that female professionals, especially Black female physicians and surgeons, were not given much attention compared to their male counterparts. McCluney and Rabelo (2019) also examined Black women's belongingness and distinctiveness at work in the United States. In their findings, McCluney and Rabelo (2019) reported that the marginalized female gender had no control over their distinctiveness and visibility at work because of gender bias challenges.

Racial Discrimination

Black women face various racial challenges at their work and may be associated with the experiences of Black women in leadership positions in the healthcare sector. For example, Hogan et al. (2018) examined racism and social determinants of health in Brazil. Hogan et al. (2018) used qualitative data from 68 social work and health professionals of different racial backgrounds. The study findings indicated that Black women received little recognition in their positions than their White counterparts in the healthcare sector. In similar results, Hogan et al.

(2018) and Tangel et al. (2019) also reported that Black women were more likely to experience racial biases and low treatment than White women in workplaces. In their study, Tangel et al. (2019) examined racial and ethnic disparities in maternal care in the U.S. In their findings, Tangel et al. (2019) established that Black women had racial discrimination experiences within their workplace. Those in maternal care had the highest mortality rate compared to White women. Cobbinah and Lewis (2018) conceptualized racism and health for public health on racial discrimination in the U.S. Using systematic review and meta-analyses, Cobbinah and Lewis (2018) established the persistence of racial prejudice among Black women, such as lack of racial equity in the workplace.

Black women's multiple forms of identity contextualized influence how prejudice, discrimination, and workplace oppression interact to shape their lived experiences as a marginalized group in society (Hogan et al., 2018). Stereotypes within organizations may arise due to sex segregation or with job descriptions and requirements. Therefore, such descriptive elements can negatively impact women's outcomes within the organization (Warren et al., 2019). Individuals within an organization have the propensity to pursue job opportunities. They hope the institutional stereotypes are consistent with their social categorizations as the evaluation tends to be more favorable.

Wallington (2020) indicated that Black women are making significant strides at achieving executive positions within significant industries such as business, academia, and the entertainment industry. However, they continually encounter substantial barriers that necessitate adopting crucial survival techniques and persistence of pay inequities. Hiring discriminations are still rampant against societal minorities, in which Black women fall under the category of race and gender (Di Stasio & Larsen, 2020). Scholars conceptualizing gendered and racial oppression,

bias, and discrimination argue that the intricate systems in society are informed by rampant, systemic beliefs and unequal power relations, manifesting in discrimination and highly gendered and racialized institutions (Warren et al., 2019). Gendered and racialized micro-aggression, particularly among Black women, includes other marginalized identities such as sexual orientation and religion. The additional identities aid scholars in highlighting their lived experiences in the workplace while illuminating the intersectionality of racial and gendered experiences of women of color in executive positions.

Persisting systemic discrimination based on race and gender manifests inequalities in the healthcare sector, including in the education and employment systems of the field (Elias & Paradies, 2021). Lack of discourse and affirmative action against open bias and discrimination, particularly by the human resource management systems within organizations, provides a foundation that might result in inefficiencies that adversely impede the development of a robust workforce, qualified and effective enough to appropriately respond to current vital healthcare needs (Waite & Nardi, 2019). Regardless, African American women in the profession have managed to scale the upper echelon of their careers, overcoming challenges and negotiating their educational processes, battling recruitment bottlenecks, worker misdistribution, and attrition within formal and non-formal healthcare workforces.

The collective understanding of their experiences along the gender and race identifiers has had little impact in affirming their unique existence as Black women because the experiences of Black men and White women have been normalized and reinforced as the Black and female experiences, respectively, thus endorsing their privilege and visibility while marginalizing Black women (Wallington, 2020). The study of Black women executives working in healthcare is essential due to the presence and domination of White male executives, resulting in White

norms, stereotyping, and biases (Pearson, 2020). The lack of representation in organizational leadership roles, particularly for Black women, invalidates their lived experiences, which characterize the continued challenges and barriers to achieving corporate success. Unethical treatment directed toward Black women is rooted deeply in structural gendered racism and stereotyping, adversely impacting the growth and development of Black women leaders in the healthcare sector (Ben et al., 2017). The efforts and actions of mainstream feminism introduced women's experiences and strategies concerning leadership in the organizational leadership research literature.

Unfortunately for Black women executives, the reference points in this analysis remained predominantly centered on White women, relegating African American women to the periphery in early conversations surrounding women professionals (Nair & Adetayo, 2019). Adopting an intersectional perspective integrating feminism with the impact and effects of race, gender, class, and religion is an appropriate foundation on which scholars can conceptualize the lived experiences of Black women executives in successfully managing to negotiate and occupy those leadership spaces never intended nor designed for them (Wallington, 2020). An intersectional perspective provides multiple gazes of viewing underrepresented African American women leaders, achieving a more integrated perspective in analyzing gendered racial issues affecting women, especially in the healthcare industry.

Women across the globe are advancing in the workplace due to an increase in the diversification of the global economy, resulting in unprecedented market growth and economic opportunity (Harris, 2018). African American women are still lagging in advancing their corporate careers and remain grossly underrepresented at the executive level (Wallington, 2020). Racism and gender bias have been cited as critical factors in conceptualizing the

underrepresentation of Black women in management, with race-based stereotypes in the workplace adversely impacting their relationships with colleagues and careers (Nair & Adetayo, 2019). More importantly, lingering gendered racism still exists in protecting the interests and privilege of White males within organizations, impacting the numbers of Black women in leadership and executive positions.

Uncovering complexities associated with the relation between Black women and their general well-being within the workplace has increased in relevance and is associated with high-performance outputs, greater productivity, and higher profitability. Research has shown the effects Black women leaders endure from gendered institutions, being excluded from the organizational culture and conceptualizing their leadership style within the margins of organizations (Mayer, 2017). Organizations and sectors such as healthcare are continually hesitant to appoint Black women in executive and leadership positions, primarily because of harmful beliefs such as Black women lacking leadership skills, ability, and drive to compete in the upper echelon of high-performance industries successfully. The dual stigmatization Black women endure reveals work disengagement as a survival mechanism, where women have adapted to protect themselves from daily discrimination (Jones, 2017).

Over the past years, men have been believed to possess the qualities needed to manage schools (Agosto & Roland, 2018; Jones, 2017). Gender role stereotypes untruthfully compel women and men to believe that women are not suitable for administrative positions, resulting in discriminatory practices that dismiss them from such situations (John et al., 2020). Given John et al. (2020), perceptions leave African American women's ambitions to leadership positions in a dilemma because being a leader and a woman creates conflicts.

Traditionally, a woman's role is linked to parenting and caring, while men are employed outside the home. Given a study conducted by Andrews et al. (2019), these opportunities result in a socialization process that benefits men in promoting the skills necessary to lead organizations because African American women are assumed to be incapable, incompetent, or less productive than men (Daniëls et al., 2019). Fuller et al. (2019) reported that women had been made to believe that abilities frequently associated with African American women oppose those qualities needed to manage leadership positions.

Daniëls et al. (2019) asserted that socialization processes play a crucial role in the attitudes that others relate to a minority administration. Parents, students, and teachers have an image of the principal linked to the Caucasian male or women, thus exhibiting a lack of gender and race diversity in school administrative positions. African American women are excluded from such situations because of their gender. With such notions and beliefs, Abdellatif et al. (2019) commented that African American women principals repeatedly encounter challenges relating to sex-gender roles in their pursuit to serve in top leadership positions in learning institutions (Esser et al., 2018).

Gender considerably influences access and entry into school administration positions because of discriminatory practices and role expectations (Murakami & Törnsen, 2017). African American women are stereotyped or defined primarily by their relation to men (Lyness & Grotto, 2019). For instance, Atherton (2018) cited studies that proposed men as intellectually superior to women, more achievement-oriented and assertive than African American women, and more emotionally stable. Atherton (2018) also argued that African American women are not thought to have the necessary qualities for effective school leadership. Women tend to focus on the needs of the organization needs, while males mainly focus on the most efficient means to complete the

assigned duties. According to Engel et al. (2018), these male behaviors are considered logical, rational, and unemotional.

According to previous studies conducted by Castillo and Hallinger (2018) and Daniëls et al. (2019), women were also considered to lack the aggressiveness required to lead and manage, particularly in high schools, contributing to the unevenness of the men-women ratio at this level. Men are placed at the forefront of educational organizations as they are believed to be competent and able to lead. According to Daniëls et al. (2019), these traditional models of educational administration focused on independence, forcefulness, aggressiveness, and competitiveness, thus primarily benefiting men because of gender stereotyping.

Organizations with females in leadership exhibit higher financial performance than competitors (Hunt et al., 2015). Despite this, studies like those conducted by Hunt et al. (2015) only have a single mention of African Americans and no mention of African American women; the study was compiled by Diversity Matters, with three of the author-researchers being African American women, suggesting that this blind spot may be held by the very women being hindered by this blind spot.

This original finding aligns with the argument put forth by Hekman et al. (2017) that a race and sex-based status and power gap exists and persists within corporate America. Hekman et al. (2017) argued that this was the case as female minorities are discouraged from displaying or engaging in diversity-valuing behaviors. Hekman et al. (2017) hypothesized that women, particularly African American women, are discouraged from engaging in such behaviors through penalization, like poor performance ratings. In contrast, their male counterparts are celebrated for doing so. Hekman et al. (2017) concluded that workplace discrimination is a norm for the lived experience of most minority women, particularly African American women.

Smith et al. (2019) argued that although diversity contributes immensely to corporate financial performance, the inclusion aspect of "diversity and inclusion" is often poorly executed. As a result, diversity and inclusion training is rapidly becoming a paradigm practice for mitigating a lack of minority representation in C-suite positions (Smith et al., 2019). Sawyer (2017) argued that gender could be a problem when developing diversity and inclusion within organizations with a predominantly male C-suite, as leadership styles differ significantly among men and women. Similarly, studies have found that challenges exist within cross-race mentoring within diversity and inclusion practices (Beall-Davis, 2017). Still, the lack of research concerning these practices and demographics remains a significant gap in knowledge, understanding, and implementation.

However, when mentors focus on factors like gender and race, the two-way learning that occurs between mentor and mentee can solve for (a) advancing leadership by diverse groups and (b) advanced understanding of the challenges faced by different demographics within the workplace, furthering practices of inclusion (Sharma, 2019). Some organizations have gone so far as to institute Chief Diversity Officers within the C-suites to have someone bridge gaps in diversity and inclusion at all times (Shi et al., 2018). Shi et al. (2018) argued that workforce diversity had become a salient management concern for minority individuals comprising such a large portion of the workforce and consumer base of many S&P 500 firms. Under a multi-theoretical approach, Shi et al. (2018) found that firms are more likely to create Chief Diversity Officer within states that have legalized gay marriage and where other firms have high diversity rates, suggesting that the capitalist social context are the mediator of minority acceptance in the workplace.

Black Women in Leadership

Employee diversity has characterized most organizations with accompanying problems and increasing complexity. Therefore, diversity management has assumed considerable importance in addressing the challenges of labor diversity (Annabi & Lebovitz, 2018). Workplace diversity refers to the differences in employees from different backgrounds (Aaron, 2020). The contexts that cause a person to differ involve race, nationality, religion, and sex. Therefore, workplace diversity means integrating people of different ethnicities, nationalities, religions, age groups, and genders to create a team, company, or community (Annabi & Lebovitz, 2018). It is the consistent interaction between individuals or workers of varied socio-cultural backgrounds within a company.

Sherry and Perez (2019) perceived that the main factors of diversity are gender, age, race, color, ethnic origin, and physical capabilities. A more comprehensive definition of diversity also includes “age, national origin, religion, disability, gender identity, value systems, ethnic culture, education, dialect, style of life, belief, physical appearance and economic status” (Luanglath et al., 2019, p. 24). Workplace diversity features entail worldviews, varied beliefs, interpretations, values, and unique information (Sherry & Perez, 2019).

Diversity encompasses multidimensionnel perspectives and cultures. Diversity concerns people’s heterogeneous nature due to specific dimensions, particularly gender, race, ethnicity, personality, and culture. Variety acknowledges that individuals are distinctive, and everybody is distinct in a wide range of visible and invisible aspects. The difference is any factor that differentiates people from one another, an aspect that dissimilates two or more persons. Such disparities often are found in race, ethnicity, socioeconomic, geographic, and educational backgrounds (Sherry & Perez, 2019).

Gender equality remains a crucial issue in the corporate world. Despite the abundance of studies that acknowledge corporations with more women in the C-suite are much more profitable, most companies still have a gender disparity. Women remain significantly under-represented in the organizational pipeline, with fewer people employed at entry-level positions than men and representation decreasing further at all levels. Industries have developed comprehensive programs to support and advance women in top positions. The program requires a paradigm shift in the organizational culture that will involve investing in staff training and giving workers greater freedom to fit their tasks into their lives (Sherry & Perez, 2019)

The research carried out by the Pew Research Center (2022) listed several areas where women are more vital in critical areas of both business and politics. Respondents of the survey stated that women are 34% better at working out compromises, 34% tend to exercise high integrity and ethics, 25% more likely to advocate for social justice, 30% expected to provide fair salaries and benefits, and 25% better for the mentorship program (Pew Research Center, 2022). Large progressive corporations should consider hiring and empowering more women in the workplace not as a moral duty but as a sound business strategy (Pew Research Center, 2022). McKinsey and Company's (2018) latest *Delivering Through Diversity* survey showed that companies that adopt gender balance in their executive positions were more productive and 21% more likely to encounter above-average profitability. They had a 27% chance of surpassing their colleagues in long-term value creation (McKinsey & Company, 2018). Diverse viewpoints on client needs, improvement of products, and corporation well-being created an improved business (McKinsey & Company, 2018).

It is estimated that ending the gender disparity will add $28 trillion to the value of the international economy by 2025, an increase of 26% (Pew Research Center, 2022). Corporations

and societies are more likely to grow and thrive when women gain greater financial autonomy (Pew Research Center, 2022). It is relevant for companies to step up and advocate equality and diversity on the public platform. Nike's support for United States quarterback football and rights campaigner Colin Kaepernick is an excellent example of this (Fares, 2019). Apart from the marketing exercise, it showed the world that one of America's best-known corporations was willing to stand alongside one man fighting against racial injustice and intolerance (Fares, 2019). Procter and Gamble's "We See Equal" campaign, designed to fight gender bias and work towards equality for all, portrayed boys and girls defying gender stereotypes (Fares, 2019). The corporation has a history of supporting the issue, and 45% of its executives and a third of its executive board are women. Procter and Gamble's clear commitment to equality inside its workforce intended that the campaign was an authentic push for change (Fares, 2019).

The U.S. Department of Labor Statistics (DOL) produced data sharing that "historically, Black women have had high labor employment rates compared to other women" (DOL, 2019, p.13). The DOL (2019) recognized more than 10 million Black women in the labor force, accounting for 14% of women in the labor market. The data published and reported by the DOL confirms that, even with a higher representation of the labor force, the results for Black women to White and non-Hispanic women are less favorable. DOL also mentioned that historically, Black women had made extra undesirable leadership development options than Caucasian or non-Hispanic women. The 43-year experience of Black Women has dual elements regarding development obstacles. Prejudices identified are based on a singular bias toward sexism and include an additional consideration of racial discrimination (Aaron, 2020).

There is a fundamental difference in social justice, where democracy ensures full access to the American dream, is aided by civil law, and is governed by regulatory authorities

(Armstead, 2019). However, the unfortunate truths are not simultaneous to the promises of personal freedom, equal rights under the law, and social justice made to all citizens of the United States. On the other hand, they based the truth of differential group treatment on race, social class, gender, sexual identity, and citizenship status. Research studies exist to resolve and identify the barriers that affect development opportunities for women and minority groups (Dubose, 2017). Armstead (2019) studied Afro-American women in Fortune 1000 companies. The findings recognized challenges encountered by African American women as detrimental racial stereotypes, lack of institutional leadership support, lack of credibility and authority, marginalization from informal groups, and contrasting connections with Caucasian women.

The glass ceiling addresses the restriction of Caucasian women from professional upward movement and obstacles to career ladder development for Black women restricted by a more robust concrete roof (Weerarathna & Hapurugala, 2019). Limited research is available that guides African Americans who have successfully climbed above the glass and concrete ceilings or balanced on the glass cliff to achieve leadership advancements and success factors (Dubose, 2017).

As far as Black Americans and other minorities are concerned, the concrete ceiling highlights impassable barriers to upward movement and coexistence in the workplace. As Dubose (2017) shared, the underpinning of these barriers includes stereotyping, visibility, scrutiny, questioning of authority and credibility, lack of fitness in the workplace, dual external status, and exclusion from informal networks. Cultural diversity reinforces the lack of equal access to promotional growth.

The study showed that out of 1000 large companies, only 17 were headed by women CEOs (Dubose, 2017). The results correlate to less than 2% of women serving as CEOs. For a

decade, women held executive or senior leadership roles in the United States at a rate of 4%. The proportion of African American women in leadership positions is less than 1% (Dubose, 2017).

Impact and Influence of Black Women in Leadership of the Healthcare Industry

Literature on gendered and racialized experiences encountered by Black women working towards leadership positions within the healthcare industry has revealed the complex roles gender and race play in influencing the relationship between perceived ideals of being a woman and leadership. According to Greenidge Foster (2021), the path to upper-echelon positions for Black women executives is riddled with unique challenges due to the stereotypes characterized by gender and race. Nevertheless, in-depth research on the critical empirical work contextualizing the leadership development of Black women is increasingly becoming relevant in understanding the development of successful leaders (Greenidge Foster, 2021). The impact and influence of Black women executives can be conceptualized through dismantling systemic oppression, bias, and discrimination, which reduced the agency and silenced the voice of Black women executives, cumulatively reducing the institutional diversity quota.

An overwhelming majority of the healthcare workforce comprises women, yet their participation, representation, and influence in leadership positions remain underexplored (Aaron, 2020). Women, particularly Black women executives, can leverage traits and characteristics that foster teamwork while positively guiding the institution toward successful contemporary healthcare delivery systems (Fontenot, 2012). It is important to note that the lack of equitable representation of African American female executives in healthcare management is associated with the adverse impact social identity has on the racially diverse leader's skills, characteristics, and abilities to achieve and retain upper-echelon positions.

Recent research focusing primarily on diversity in leadership within the healthcare sector illustrates that having an African American female executive may positively impact the performance outcome of the healthcare organization (Cheeks, 2018). From an organizational perspective, a racially diverse workforce can reduce disparities within the healthcare delivery system; thus, addressing the issue associated with the demographic disconnect between healthcare leaders and their representative group because the issue has a cascading effect and contributes toward societal disparities in health and healthcare (Armstead, 2019). Healthcare institutions should take affirmative action in building structures and organizational culture, allowing high-performance teams to act as appropriate change agents, and creating adequate space and opportunities for Black women to scale their careers up to the upper echelons of healthcare leadership.

With the rise of affirmative action and efforts at addressing the gendered and racial composition issue in most organizations, there is a projected increase in the number of Black women in leadership and diversity within the workforce (Banks, 2019). More and more Black women in leadership positions have enabled women to have a substantive voice and agency in their decision-making processes (Armstead, 2019). Active participation in decision-making has seen Black women executives have actual influence over organizational outcomes while actively championing inclusivity of all marginalized groups regarding gender, race, class, and spirituality (Bailey-Jackson, 2021). In contextualizing their leadership and influence within institutions, Black women executives are increasing their agency and power through active and increased participation in collective action, and their self-efficacy is demonstrated in their capability to make efficient and sustainable decisions while controlling the resources and financial outcomes of the organization (Etowa & Debs-Ivall, 2017). In advancing their professional development

and bringing about positive impact within the organization through appropriate and sustainable leadership styles, Black women executives are forced to establish safe spaces, which shield them from the hostile work environment, inhibiting their well-being and impeding their decision-making processes and strategies (Pearson, 2020).

Generally, women executives are associated with positive economic outcomes due to heightened self-awareness and the ability to focus on the finer details of an issue in arriving at a favorable and sustainable solution (Hoobler et al., 2018). The progress and advancement of Black women in administrative positions within the healthcare sector are still relatively slow. Nevertheless, African American female leaders have shown a ferociousness and tenacity to continue challenging the systemic structures put in place, breaking all barriers of oppression, bias, and discrimination, and creating a safe environment in which Black women can achieve their leadership ambitions.

Strategies that Enable Women to Achieve Senior Leadership in Institutions

Black women have diverse barriers in their career and leadership advancement in healthcare facilities. According to Bettini et al. (2018), Black women are predominantly affected because Black women leaders lack adequate available opportunities to most Black men. They also lack role models, as those already in the high leadership ranks are “Queen Bees.” As such, females should strategize adequately to enhance their visibility and develop themselves professionally and personally (Agosto & Roland, 2018; Esser et al., 2018). With these skills and strategies, Chisholm et al. (2017) noted that barriers would be suppressed, increasing the number of women in leadership positions. Examples of strategies women can use to advance their careers are discussed below.

Mentoring and Sponsoring

Past researchers have identified mentoring and sponsoring as examples of women's essential strategies for career progression. The importance of mentors and sponsors in the socialization process and aspiring educational administrators' success should be underscored (Abdellatif, 2019). According to Castillo and Hallinger (2018), mentors refer to an authority in the field, influential, a higher up in the organizational ladder, and one interested in the growth and development of the mentee. More often than men, women need encouragement to seek administration careers (Abdellatif et al., 2019).

In like manner, Castillo and Hallinger (2018) maintained that mentoring and sponsoring must occur for women to succeed in receiving administrative ranks in healthcare facilities. After conducting a study that engaged 41 Black American women leaders, Chisholm et al. (2017) reported that the study participants revealed that mentors and sponsors significantly contributed to their career success. Additionally, those respondents who received mentorship and sponsorship during the early stages of their careers acknowledged the encouragement and moral support that formed a critical component of obtaining leadership positions.

In a different study by Johnson et al. (2020) that involved 56 Black women registered in leadership certification programs or already working in administration positions, the respondents saw mentors or sponsors as fundamental to their career progression. Sponsors and mentors offered access to significant professional networks and resources, endorsed membership of respondents to professional establishments, shared privileged information concerning how to navigate through the educational bureaucracy, endorsed them for senior positions, and modeled the kind of behavior the respondents should follow as leaders (Andrews et al., 2019; Chisholm et al., 2017; Gipson et al., 2017). Andrews et al. (2019) cited school principals and university professors as the most important education critics and mentors. According to this study,

participants mentioned that they would see the ultimate goal and success in their career advancement because of the mentorship they received from their respective sponsors and mentors.

Mentorship programs have effectively prepared women to reach their career goals, including serving in top leadership positions. For instance, Randel et al. (2021) explored strategies to prepare African American women for top leadership. After conducting the analysis, it was found that mentorship effectively prepared women for top leadership positions (Randel et al., 2021). According to their findings, women in top leadership positions needed continuous mentorship to handle related leadership challenges (Randel et al., 2021). Given their findings, African American women who attended mentorship programs were well-equipped to serve in top leadership positions (Randel et al., 2021). Berry et al. (2020) also used a qualitative study to investigate the role of mentorship programs in preparing women to serve in top leadership positions. The study revealed that mentorship programs prepared African American women for top leadership challenges. In addition, the programs helped them understand full leadership expectations and how to handle complex leadership issues affecting the performance of organizations (Berry et al., 2020). Both studies show that mentorship programs effectively prepare African American leaders to serve in top leadership positions in different organizations, including the healthcare sector (Berry et al., 2020; Randel et al., 2021).

Crown et al. (2021) also conducted a qualitative study to explore strategies for women to lead in top leadership positions. After completing an analysis using 34 interviews, the investigators found that the mentorship program created a strong network of professionals who could use their unique experiences to mentor and prepare African American women for top leadership positions (Crown et al., 2021). Hope et al. (2019) corroborated the above results when

they reported that mentorship programs create a pool of professionals who can form a strong network of expertise to influence African American women in their quest to serve in top leadership positions in organizations.

Planning and Career Development Skills

Women in leadership positions or those pursuing positions must acquire the skills to survive to exhibit desired leadership qualities (Trujillo et al., 2018). These can involve planning for a successful career progression, exhibiting the behaviors and skills necessary to compete, recognizing the competition and developing confidence, enhancing visibility, maintaining determination and encouragement in male-dominated educational organizations, and meeting deadlines promptly (Chisholm et al., 2017). This also included developing and exercising the managerial role in a way that gains the respect of the stakeholders and delegating effectively (Chisholm et al., 2017).

Equitable Recruitment Practices

Trujillo et al. (2018) established strategies that focused on organizational structures in which women work and train in programs for women aspiring to be leaders or those in leadership positions. Trujillo et al. (2018) noted that cognizant raising, networking, general administration courses and workshops, and recruitment would help assuage the lack of support and encouragement, preparation, and experience that commonly obstructs a female's career advancement into school principalship (Trujillo et al., 2018).

Recruitment is viewed as a foremost hurdle to women's career promotion. Robinson et al. (2017) suggested that recruitment practices must be more aggressive for women not feel that it is meaningless to aspire to leadership positions as high school principals. Recent studies such as Abdellatif et al. (2019), Atherton (2018), and Jones (2017) called for higher learning institutions

to work closely with school districts in preparing leadership-based programs that create unbiased opportunities for everyone. According to Jones (2017), recruitment energies have typically included self-selection and unintended opportunities considered casual and informal.

According to Gipson et al. (2017), districts must establish clear written guidelines that include explicit, definable standards regarding vacancy requirements, selection, and recruiting (Castillo & Hallinger, 2018). School districts must increase efforts by employing qualified people from outside the community, formal internships, establishing in-district training programs, and financial inducements to cover the costs of preparation programs (Abdellatif et al., 2019). Atherton maintained that many school districts now use training programs that focus on the leadership development of talented teachers as a milestone in realizing a need to improve the recruitment process (Bettini et al., 2018).

According to a study by Vue et al. (2017), creating strategic choices for employment is substantial for the professional career paths of Black women. Murakami and Törnsen (2017) also further established that a failure to make strategic selections was an individual responsibility and accountability that significantly affected Black women's promotion to executive leadership positions. In a different study, Wiley et al. (2017) maintained that the absence of Black women's decisive career planning in aligning short and long-term goals with administrative positions restricted them from readiness and ultimately climbing the corporate ladder to executive administration. Many Black women have successfully transitioned from mid-level administrative positions to executive ranks because of already-created strategic choices for employment (Dortch & Patel, 2017).

Given West (2019), underrepresented groups can be excluded from access to experiences or opportunities because various features appear to make them seem different from a dominant

group population. The collective shared experience of Black women and their distinctness significantly determined their success standpoint in the view of West (2019). Black women remain extensively underrepresented in higher education institutions' executive and senior administrative positions (Dortch & Patel, 2017; Vue et al., 2017). According to Vue et al. (2017), women remain underrepresented in most production firms, including business firms, corporate societies, and higher learning institutions. According to this study, in 2018, for every promotion of 150 men, only 100 women were promoted, especially in the early years of their careers. In a different study, Hague and Okpala (2017) argued that women were underrepresented in all corporate and education organizations, with tremendous disproportion in senior-rank positions. Racism was severe for Black women who encountered numerous barriers to career advancements.

A lack of diversity, especially in senior and executive leadership positions, according to Hague and Okpala (2017), significantly favored the Whites and males at eight healthcare institutions of higher education. Senior administrative leadership has broadly been classified as executive leaders, managerial staff, and administrators (West, 2019). West (2019) concluded that females served in most such positions at five of the eight healthcare institutions. Nevertheless, African Americans, Hispanics, American Indians, and Asians were disproportionately represented, except Unity Renaissance University, an alias for one of the eight healthcare institutions, which reported much higher numbers representing persons of color in leadership positions than reported at other Ivies (Dortch & Patel, 2017; Wiley et al., 2017).

There was a lack of diversity at peer institutions in higher leadership positions because hiring practices at peer institutions were very selective and restricted minority contenders (Hague & Okpala, 2017). Statistics show that Black women and other vulnerable groups lagged behind

women in healthcare institutions' professional staff and executive leadership (Dortch & Patel, 2017). A study by Vue et al. (2017) shows that females have, over the past decade, breaking through the glass at healthcare institutions. This study amplified the fact that half of the presidents at these institutions are currently female (Vue et al., 2017).

Address Subtle or Unconscious Bias

One fundamental step toward creating an inclusive work environment is cultivating an influential culture free from subtle or unconscious bias (Amegashie, 2018). Research findings from Kim's (2017) meta-analysis indicate that subtle discrimination is associated with more adverse effects than explicit discrimination since it can drain cognitive and emotional resources and accumulate fast; addressing it through legal recourse is difficult. Various research suggests that if hiring, allocating assignments, and making business decisions follow structured processes and procedures, the opportunity for unconscious bias to creep in is limited (Abdellatif et al., 2019; Amegashie, 2018; Kim, 2017; West, 2019). Moreover, training programs and techniques like mindfulness can be incorporated to reduce bias.

Establish Clear Diversity Targets and Measure Progress Toward Goals

Several companies with gender diversity strategies have set measurable goals (Amegashie, 2018). For instance, British Petroleum's goal for women was to represent at least 25% of group leaders by 2020, while Symantec aimed to have 30% of leadership roles occupied by women by 2020 (Amegashie, 2018). The above approach allowed companies to focus on concrete performance results and created a framework of accountability in the firm's gender diversity and inclusion program.

Focus on Critical Roles and Redefine the Path to Leadership

Amegashie (2018) alluded that the criteria for leadership roles should be determined by true meritocracy. On the other hand, Armstead (2019) opined that companies should realize that several paths may lead to the CEO position and should concentrate their efforts on roles that lead to these paths. A study by Kim (2017) titled "Women CEO Speak" identified several approaches women can use to prepare them for the CEO role, including mentorship, career coaching, and personal competency. Kim (2017) further pointed out that a crucial experience leading to the top position is the early assumption of profit-and-loss responsibilities in all four approaches.

Establish Mentorship and Sponsorship Programs

Training and development programs are crucial in career development within an organization and play a significant role in facilitating mentorship and sponsorship (Kim, 2017). While Amegashie (2018) outlined how an executive leadership program created a vast support network for female leaders, companies can also organize training and development training sessions presented by female executives. Whereas mentors support employees with coaching and advice earlier in their careers (Amegashie, 2018), a more active role is later assumed by sponsors who promote individuals in their careers (Kim, 2017). As Kim (2017) stated, mentorship and sponsorship programs should not be hindered by the gender barrier; companies should actively encourage such relationships across genders by eliminating biases or hesitations.

Provide Flexibility and Support Toward Work-life Balance

Kim (2017) highlighted that the top position is associated with traveling assignments and significant time commitments that can influence an executive's family life. In one study, former McDonald's executive Janice Fields pointed out that her major hindrance to becoming the CEO was her choice not to work overseas (Amegashie, 2018). Companies can remove some hurdles

for women by making accommodation arrangements for their families, including children and spouses (Amegashie, 2018).

Implications of Faith as a Knowledge Gap in Healthcare Leadership by Black Women

Culture and spirituality play a significant role in organizational and leadership studies within the healthcare sector by emphasizing patients' and doctors' holistic welfare within the delivery system. The interaction between religion and Black feminism consciousness in conceptualizing Black women of faith working in executive positions has been misrepresented and underdeveloped in scholarly literature. The responsibility to disrupt gendered and racialized stereotypes, such as promiscuity, aggressiveness, and rebelliousness, falls upon African American women, forcing Black women to perceive and contextualize those experiences and beliefs through religion, which is salient to their identity (Agosto & Roland, 2018; Jones, 2017). Historically, Black women have always been marginalized in theological discourse. Nevertheless, African American women of faith working in executive positions have a unique opportunity of affirming the significance of a Black woman in theology and in determining Christian discourse (Turman, 2019).

Religion, societal, and cultural beliefs among African American women are broadly recognized. However, this population still encounters limitations in research and conceptualization of its impact and influence on leadership and healthcare utilization (Kalaitzi et al., 2019). There needs to be knowledgeable in conceptualizing the connection between faith and leadership. Ethics and faith significantly affect the leadership styles of Black women executives within institutions. Black women of faith executives working within high-performance institutions such as the healthcare sector express their spirituality through value-laden actions,

ethical considerations, and service to others first, setting a precedent for servant leadership style (Jones, 2017).

A diversifying global market, a societal shift toward workforce diversification, and corporate governance have allowed Black women to advance their careers toward achieving administrative positions. Black women of faith working in the healthcare sector embody a holistic role in providing for the health and well-being of employees and patients. Their influence on leadership theories and development transcends their sociocultural environment through social impact and scriptural reference (Heward-Mills et al., 2018). Faith places Black women executives in a unique position of nurturing more participation, involvement, and engagement from the community in enhancing healthcare and wellness (Wallington, 2020). Scholars need to examine the relevant interconnectedness of faith, ethics, and leadership in providing valuable insight into organizational and leadership studies (Calais-Haase & Koehler, 2018). The aspect of religion is a significant marginalizing social identity that can contribute to the discourse on intersectionality and challenges endured by Black women of faith executives and their lived experiences working in the healthcare sector.

Summary

The topic of Black women working in the healthcare delivery system necessitates a critical analysis in conceptualizing key concepts that inform their lived experiences and perceptions using race, gender, religion, and social class as essential variables to the barriers impeding African American women's advancement in their careers. From this study, scholars have contextualized the foundational support provided by adopting a theoretical perspective in developing sound arguments and sustainable solutions to a social phenomenon such as bias, oppression, and discrimination against Black women in the workplace (Townsend, 2021;

Wallington, 2020). In conceptualizing the input provided by related literature, numerous scholars are discrediting arguments and analyses, which have provided a foundation for systemic inequity to persist within organizational cultures and structures.

Black women executives working in predominantly White and male-led institutions such as the healthcare industry are establishing effective strategies towards tackling challenges associated with gendered and racialized oppression within the workplace environment, contributing their efforts and actions towards affirmative action calling for social justice, diversity, and inclusivity of all marginalized groups within the organization (Harvey Wingfield, 2019; Lomotey, 2019). A significant knowledge gap manifests in this inquiry with the conceptualization of the role of ethics in healthcare leadership management. Faith and spirituality are usually contextualized as coping and survival mechanisms in the face of adverse situations, with little to no information on the intersectional perspective they offer in understanding African American women leaders', lived experiences and perceptions (Calais-Haase & Koehler, 2018). Scholarly literature has relegated spirituality to the margins of gendered and racialized structures and systems within organizations that support the persistence of oppression and discrimination (Hague & Okpala, 2017).

This research inquiry focused on addressing how African American women describe their top leadership experiences in the healthcare sector through the great man theoretical lens. It attempts to draw appropriate parallels between African American female leaders driving the discourse within the healthcare sector. An intersectional perspective is integral in conceptualizing a holistic impact, effect, and influence of identities, social identities, and social constructs that inform the abilities and skills of Black women of faith to lead teams in healthcare delivery systems.

CHAPTER THREE: METHODS

Overview

The purpose of this qualitative phenomenological study design was to conceptualize the significant literature and knowledge gap in addressing Black women in leadership positions, contextualizing their lived experiences. Adopting a phenomenological qualitative study inquiry was vital in ensuring the study's replicability through established reliability and validity of the research outcomes relative to the research design, procedures, and analysis methods, including resources and tools appropriate for completing this research inquiry. The participants and the site chosen for this inquiry fulfilled an eligibility criterion, providing relevant data and information. The data collection methods for this study included internet-mediated interviews, focus groups, and observations, which were appropriate for understanding the study's context. The data and information collected were analyzed using thematic coding analysis, providing adequate thematic expressions of the participants' beliefs, attitudes, opinions, and experiences as Black women in positions of power and authority. The validity and reliability of this study were achieved through prolonged engagement, audit trails, and triangulation of the research to enhance its efficacy and trustworthiness in informing on the lived experiences of Black women working in the healthcare industry. All necessary ethical considerations for this research inquiry were adhered to by attaining appropriate permissions and access from the Institutional Review Board and the selected setting for this study. The participants' privacy for their data and information was upheld, and their consent was sought to participate in the study.

Research Design

A qualitative study design was selected for this study. The research design was based on a qualitative phenomenological inquiry to conceptualize the lived experiences of Black women

in the healthcare field. According to Creswell and Poth (2016), a qualitative research design begins with assumptions that adopt interpretive frameworks that inform research problems addressing diverse meanings that individuals or groups describe as social phenomena. It necessitated a qualitative inquiry, data collection processes sensitive to the participants, setting, and data analysis, which is deductive and inductive in establishing appropriate themes. Adopting a qualitative approach was best for this inquiry because it provided thorough analysis and descriptions of the research participants without limiting the nature and scope of the research or the respondents' answers to the research questions (Langkos, 2014). A qualitative approach for this research inquiry was essential as it focused on the subjective experiences of the respondents while contextualizing how the participants' lived experiences are dependent on the workplace environment (Mohajan, 2018). The efficacy of the qualitative inquiry relied on my abilities and skills in ensuring that the outcomes were perceived as reliable and verifiable interpretations and information on the study.

A hermeneutic phenomenological research design guided the data collection process. A hermeneutic phenomenological research design investigates the commonality of experiences among participants regarding a given phenomenon (Moustakas, 1994). Hermeneutic phenomenological research design studies how people make sense of their world through lived experiences and environmental interactions (Moustakas, 1994). In this regard, Husserl (1981) rejected the beliefs relating to the external environment that exists autonomously and that its information is reliable. Conversely, Husserl (1981) presumed that people could understand or gain personalized underrating or meanings about how certain things appear in their environment by creating realities from their experiences and interactions with the external world. Understanding the experiences comes through studying people's environment and describing

their facts in their unique way regarding how they impact or are impacted by the phenomena being studied (Moustakas, 1994).

According to supporters of hermeneutic phenomenological research, people experience their external world or events naturally, thereby experiencing specific meanings customized meanings that may differ contextually from one person to another, given the unique relationship or experiences they have with each other (Husserl, 1981; Moustakas, 1994). This made a hermeneutic phenomenological research design suitable for describing participants' experiences and interpreting the importance of their experiences and the meanings attached to such experiences. Husserl and Gibson (1983) reported similar views that phenomenological research designs are used when researchers intend to understand participants' experiences relating to a given phenomenon. However, in most cases, hermeneutic phenomenological researchers focus on a small group of individuals to understand the connections of participants' meanings regarding a given phenomenon. This study's phenomenological research design explored Black women's lived leadership experiences in the healthcare industry.

The hermeneutic phenomenological research design relates directly to this study and guiding research questions. The focus was to explore how Black women describe their experiences regarding the lack of equal opportunities and diversity in the workplace, limiting Black women from advancing to leadership roles in their careers. The implication was that this research used the approach to directly understand how Black women lived leadership experiences in the healthcare industry, thus aligning with the purpose and research questions guiding the study.

Research Questions

The choice and selection of the research questions centered on the need for addressing the systemic bias and discrimination informing on the lived experiences of African American women executives working in the healthcare administrative industry. The selected research questions were designed to support the reader's understanding of the role of Black female leaders in organizational and leadership studies while actively highlighting how women have been grossly marginalized and understudied. The following research questions sufficiently aided in exploring and evaluating the topic phenomenon.

Central Research Question

What are the lived experiences, beliefs, and opinions of African American women in executive positions within the healthcare sector?

Sub Question One

How do socialization and cultural perspectives aid in conceptualizing Black women's experiences in leadership positions in the healthcare field?

Sub Question Two

How have systemic structures sustained bias and discrimination against women in healthcare?

Sub Question Three

What are the unique abilities that women are likely to bring to leadership teams, and how do such abilities and traits act as barriers to top leadership positions?

Setting and Participants

Empirical qualitative research is conducted within a natural setting, conceptualizing and analyzing qualitative data collected through appropriate and consensual interactions and

engagement with participants. A research setting entails a social, physical, and cultural site where investigators conduct their inquiry, focusing on making meaningful connections with the participant's experiences, behavior, or responses in their natural setting. Emerging qualitative approaches to inquiry gather essential information in natural settings sensitive to the respondents (Creswell & Poth, 2016). Additionally, a researcher cannot manipulate the environment in which they choose to conduct their qualitative inquiry, enhancing the research inquiry's credibility, reliability, and replicability.

Setting

This qualitative inquiry adopted a natural non-manipulated setting as a critical component gathered information from the site participants' experiences, bias, oppression, and discrimination due to race, gender, and class intersecting factors. As a researcher, it was vital to gather as much data and information as possible by directly interacting with the respondents and observing their behavior within their context (Vilakati et al., 2021). The setting was Medley Hospital in Texas. The hospital embraces a vertical organizational structure with multiple layers of management designed to ensure that operational tasks are being done appropriately, contributing to the inclusion criterion used in choosing the specific site (Meri et al., 2018).

The sampling criteria used in choosing this specific setting respond appropriately to the research problem, the practical implication of the inquiry, and the design used (Creswell & Creswell, 2018). It was crucial to get the proper approvals to investigate human subjects. Therefore, consent was obtained from the Institutional Review Board and the hospital where the respondents work (Creswell & Poth, 2016). This study was approved by the Institutional Review Board of Liberty University and the Hospital's Human Subject Review Committee. The

participants were approached and asked for their inclusion, cooperation, and participation in conceptualizing Black women executives in the healthcare field.

Participants

The inquiry followed an in-depth exploration of Black women's experiences, attitudes, spirituality, and opinions in leadership positions within the healthcare sector. The investigation used non-probabilistic purposive sampling, which developed the sample from the study (Langkos, 2014). A sample of 12 participants was selected based on their experiences, knowledge, and relationships surrounding the conceptualization of Black women in leadership positions in the healthcare field. The non-probabilistic nature necessitated the need to rely on perspective analysis of potential respondents who fulfill the requirements of the inquiry (Etikan et al., 2016). Moreover, the selected sample group directly correlated with gender, class, and race intersections and sufficient and relevant working experience in the healthcare sector. Purposive sampling is recommended for a phenomenological inquiry. The participants were assessed in defining characteristics and typicality, such as opinions, thoughts, and attitudes towards a given phenomenon (Creswell & Poth, 2016).

Effectively developing a dense and rich research population describes the lived experiences of Black women working in executive positions within the healthcare sector and the challenges and coping strategies set in navigating systemic bias, oppression, and discrimination. The sample size consisted of 12 African American women executives in the hospital's top leadership positions, noting the ideal sample range for such an inquiry. The sampling criteria responded to the purpose, design, research problems, and practical implications of the research inquiry, with events and experiences regarded as essential components in the sampling criteria for this study (Vilakati et al., 2021). The inclusion criteria for those selected for this inquiry

included participants in the medical discipline who have held a significant position within Medley Hospital for more than three years.

Researcher Positionality

With an increasing call for action in advocating for social justice and equality in the workplace, I felt compelled to explore the experiences of Black women and the growing lack of diversity and equal opportunities in the workplace, limiting their career advancements to executive positions. The disregard and lack of sufficient information on Black women in leadership motivated me to conduct the study and identify significant knowledge gaps in leadership and organizational contexts.

Interpretive Framework

The social constructivist paradigm was used by immersing myself in observing and recording first-hand accounts of events from the lived experiences of Black women in leadership positions (Merriam & Grenier, 2019). I also focused on using broad and general open-ended questions focusing on the processes of interaction and engagement between the participants and the phenomena, looking into their cultural and historical settings, and acknowledging how each context shapes and influences their opinions, attitudes, and interpretations (Creswell & Poth, 2016). Moreover, I maintained an intersectional perspective in understanding the interlocking effects of race, gender, class, and spirituality and how sociocultural factors support the manifestation of systemic oppression and discrimination against Black women executives, particularly in male-dominated administrative positions within the healthcare sector (Merriam & Grenier, 2019).

Philosophical Assumptions

Philosophical assumptions in qualitative research provide a suitable theoretical framework to support researchers in conducting an in-depth analysis, evaluation, and interpretation of the data collected (Merriam & Grenier, 2019). Additionally, the efficacy of philosophical assumptions lies in understanding the theories and beliefs informing the research inquiry and actively providing an in-depth analysis of the research findings (Creswell & Poth, 2013). Therefore, this research inquiry conceptualized the epistemological, ontological, and axiological assumptions in understanding where each fit within the research process and how they actively contribute to writing the inquiry.

Ontological Assumption

The ontological assumption in this research inquiry emphasized the relationship between the nature of the reality of the study and its characteristics. Ontological is based on the assumption that there is one defined reality, fixed, measurable, and observable (Merriam & Grenier, 2019). I believe in reality and multiple realities (Merriam & Grenier, 2019). Using various methods, I reported numerous facts of this inquiry, borrowing evidence from the different themes that will emerge from the participants and different perspectives that can be realized from the different views and experiences of the study subjects (Merriam & Grenier, 2019). I believe that "reality" cannot be easily defined by myself alone (Merriam & Grenier, 2019). It is more important to capture the participants' meanings, experiences, and perceptions (Merriam & Grenier, 2019).

Epistemological Assumption

Epistemological relates to the source of knowledge derived from participants (Merriam & Grenier, 2019). I got close to the research participants under investigation for this research inquiry, focusing on epistemological assumptions and using a qualitative phenomenological

research design allowed for gathering subjective evidence on the experiences of Black women executives. Borrowing epistemological assumptions, I conceptualized how the healthcare industry has inadvertently managed to sustain systemic bias, oppression, and discrimination against Black women using race, gender, classism, and spirituality as variables for persisting challenges in their ascension to upper-echelon positions of their careers. The study of these participants' experiences could only be captured by hearing what they have to say since they are the ones who lived through this process (Merriam & Grenier, 2019).

Axiological Assumption

Bringing forth the axiological assumptions in this inquiry prompted me as the lead investigator to be consciously aware of the nature and value of the research; therefore, actively reporting on the essence of the study and my personal biases, including their past experiences and interests to bring into the study moving forth. Some of my personal preferences are that I have worked in a company where Black women were discriminated against for top leadership positions based on race and gender. Such experiences could influence my views toward the current study when interviewing African American women and their top leadership experiences. The axiological assumptions inform my role and position within the study and what values shape the narrative of the inquiry, including my interpretation and the interpretations of the research participants.

Researcher's Role

While the goal was to conceptualize the lived experiences of Black women working in executive positions within the healthcare field, it was a broad topic that transcended the existing research literature, scope, and time limit. Therefore, it was logical for me, as the lead investigator on this inquiry, to use the Medley Hospital in Texas as a phenomenology for analysis and

conceptualization, thus representing the more significant healthcare sector. Furthermore, as a human instrument in this qualitative inquiry, my role was to make consensual attempts at understanding the research participants' experiences, attitudes, and opinions while upholding the safety of their information and data (Sutton & Austin, 2015). Therefore, I established effective and appropriate safeguarding mechanisms, which the participants and the relevant ethics reviewing boards should clearly articulate and approve before conducting the study.

As a researcher, the instances of bias towards the inquiry and respondents mainly arise from developing the questions, which can inadvertently influence the authenticity of the responses from the participants. There are eloquent challenges and complexities in conceptualizing the efficacy of bias and assumptions as a qualitative researcher. Therefore, I must positively articulate qualitatively derived knowledge's practical and unique value to influence evidence-based decision-making (Galdas, 2017). My role was primarily etic in conceptualizing the phenomenon from an outsider's perspective to achieve variations and move from an objective view to an active participant in the study. In using a phenomenological study inquiry, I am prone to having subjective elements based on personal beliefs, values, identity, perspectives, and experiences in the data collection, evaluation, and analysis process. Therefore, I need to reduce or eliminate these subjective components by recording my bias, attitudes, and assumptions separately from the study records and analyzing data effectively in formulating meaning for each significant piece of information and identifiable theme. In this study, participants will be contacted through phone calls, and I had no personal relationship with the participants.

Procedures

The research sought to undertake the following steps to conduct the inquiry. First, I received preliminary approval from my site to conduct the research. Next, I obtained approval to do the research from the university's Institutional Review Board, approving the commencement of the research inquiry. Once approved, internet-mediated meetings were conducted with the Texas regional hospital participants to seek their acceptance in participating in the study. At the meetings, the nature and scope of the research inquiry were explained to all participants, including why their institution was selected for this inquiry, the required resources, and the amount of time I intended to spend. I informed the intended objectives of the research setting, the potential impact of their participation as the investigator, what the research participants were likely to gain from the inquiry, and how I intended to use and report the research findings after completing the study.

Permissions

Before commencing this research inquiry, it was paramount that I receive preliminary approval from the site administrator to conduct the research. Next, I received the university's approval from the Institutional Review Board to conduct this study, especially since the investigation will use human participants to conceptualize their lived experiences within my inquiry (see Appendix A). In addition, I reached out to the site administrators to explain my intentions and objectives in conducting the research study within the selected setting (see Appendix D). The input gathered from the site administrators met the appropriate inclusion criteria as required by the Institutional Review Board in undertaking such a research study.

Recruitment Plan

An invitation flyer was used to invite potential participants to the study (see Appendix C). Once I obtained all consent forms and the inquiry's possible outcomes and expectations were provided to the participants, I identified and adopted the qualitative design approach for this study, using a phenomenological study design in conceptualizing the lived experiences and attitudes of Black women in leadership using Black women executives at a leading healthcare institution for observation and analysis purposes (see Appendix B). The inquiry adopted non-probabilistic purposive sampling criteria in choosing 12 study participants based on their knowledge, experiences, expertise, and relationship with the studied phenomenon (Langkos, 2014). The sample pool adhered to the intersectional demographics: race, gender, and social class, which are crucial variables necessary in understanding systemic discrimination in this inquiry (Vilakati et al., 2021). More importantly, the research participants were issued a consent form detailing the background information and study procedures, which were undertaken during this study, in seeking their approval to be subjects in this research inquiry (Appendix B).

Data Collection Plan

Data collection methods influence the nature and efficacy of a qualitative inquiry by providing data, which is rich and holistic in allowing findings, themes, and conclusions to emerge through careful data analysis and evaluation (Lee et al., 2014). This research inquiry incorporated interviews, focus groups, and observations in this sequence as core approaches to data collection in qualitative research inquiry, further exploring their strengths, limitations, and challenges toward the efficacy of the study. Furthermore, incorporating interviews provided insight into the participant's subjective experiences, opinions, and attitudes in this study, thus allowing for an interactive session where unexpected topics could be addressed. (Busetto et al., 2020).

Additionally, Busetto et al. (2020) argued that the efficacy of focus groups in conducting inquiry aided in bringing together a homogenous group of research participants, who share a similar experience or belief towards a given phenomenon, therefore, relatively fast and efficient in gaining access to detailed information. Observations provided a supplemental reinforcement for corroborating the research findings from interviews and focus group discussions, reinforcing my inquiry in conceptualizing the lived experiences of African American women executives in the healthcare administration scene (Jamshed, 2014). The purpose of adopting this sequence for this inquiry is to approach my analysis from the point of specificity, moving towards achieving a broader perspective in conceptualizing the shared lived experiences of African American women working in executive positions.

Individual Interviews

The primary data collection method for this research inquiry is internet-mediated interviews with the study participants as a more direct approach to gathering detailed and enhanced data regarding the experiences of Black women executives in the healthcare industry. Research interviews are purposeful conversations where the investigator and respondents interact and communicate to gather pertinent, valid, and reliable data and information vital in responding to the research questions (Creswell & Poth, 2016). The research interview approach is appropriate for a qualitative phenomenological study approach. It is highly flexible and allows one to ask follow-up questions besides the initial design for further clarification and develop more insight following a participant's response (Saunders et al., 2019).

Choosing internet-mediated interviews was guided and facilitated using digital technologies, providing the investigator with convenience, reduced costs, and geographical reach in physically meeting all respondents (Hewson, 2014). Conducting internet-based interviews was

highly recommended by the World Health Organization's social distancing protocols to prevent the spread of the Covid-19 pandemic (Sajed & Amgain, 2020). The rapid advancement in digital technologies within the data and information era has facilitated the development of audio-video features, which can allow for synchronous electronic interviews in real-time, with the preferred mode of communication being web-conferencing, promoting comfort, connection, and easier understanding between myself and the respondents (Saunders et al., 2019). I used a web-conferencing tool, Zoom, to conduct my internet-mediated interviews, and focus group.

Before the interviews, I reached out to the respective interested parties to plan an appropriate date and schedule to conduct the interview. It is crucial to consider the strict working schedule of the respondents as executive personnel in the healthcare administration to avoid interfering with any critical operations at any healthcare institution. Once the request was initiated to all participants, I gave them the research interview questions with a week's notice to prepare for the scheduled interview. During the interview, I used open-ended questions to facilitate and develop in-depth insights regarding their daily operations, challenges, and coping mechanisms Black women executives encounter working in White and predominantly male-oriented organizations (Hays et al., 2015).

Open-ended questions did not limit the participants' answers, encouraging more information that provided more context and clarification regarding the research inquiry (Creswell & Poth, 2016). Open-ended questions are flexible, allowing the research participants to give candid accounts of their lived experiences, attitudes, and opinions, thus formulating new insights, which I utilized as an investigator to build unique aspects of the study. A semi-structured interview approach enabled me to examine the core elements of the phenomenon under investigation, allowing participants to bring their perspectives into the discussion, consequently

shaping the nature and direction of the conversation in real-time (Lee et al., 2014). Open-ended questions added depth to my research and interpretations during data analysis, thus effectively providing more intuitive conclusions regarding the study on Black women leaders working in the healthcare sector (Hays et al., 2015). The duration of each interview was approximately one hour to effectively cover all questions during the interview and the ones which were generated during the interview.

Individual Interview Questions

(Standardized Open-Ended Interview Questions)

1. Why did you choose the healthcare industry? CRQ
2. How do you ensure your department delivers and adheres to the institutional objectives? SQ2
3. How do you demonstrate the value of the services you deliver to the clients at the hospital? SQ1
4. What challenges have you encountered that are limiting regarding the intersections of race, gender, social class, and spirituality? SQ4
5. What are some of the experiences you have encountered as a Black female executive during your career? CRQ
6. What coping strategies have you developed to mitigate the challenges encountered as a Black woman in a leadership position? SQ1
7. What collaboration efforts have you personally spearheaded with other Black women leaders to educate and improve the living experiences of others aspiring to become leaders in the healthcare sector? SQ2

8. How would you describe instances you have created as opportunities for young aspiring Black female leaders within the institution? SQ1
9. How does your decision-making process differ from White female and male counterparts, also executives working in healthcare? CRQ
10. Are there any compromises you have had to make as a Black woman in a high-profile leadership position? What were the implications? SQ3
11. How would you describe your relationship with your colleagues and staff? SQ2

Questions one to three provided essential background information on the participants' career choices and how they execute their roles and responsibilities within the hospital. Questions four to six informed the participants' bias, oppression, and discrimination due to the intersectional aspects of race, gender, class, and spirituality, understanding their attitudes, opinions, and perspectives on Black women in leadership positions. Questions seven to 11 enabled the conceptualization of Black women in leadership compared to their White and male counterparts and their employees within the organization. Additionally, these questions inform how the participants describe their decision-making processes within the institution and their impact on the organization in their capacity as executive officials in the healthcare industry.

Individual Interview Data Analysis Plan

Selecting an appropriate qualitative data analysis method to analyze interview data properly depends on the purpose of the study (Mortensen, 2020; Moustakas, 1994). In analyzing the interview transcripts from the Black women executives, developing a coding system that effectively conceptualizes the phenomenon under inquiry was essential. Selecting a thematic coding analysis framework facilitates the use of major thematic questions, which guide the critical topics and subtopics, limiting the occurrence of yes/no responses from the participants

(Ranney et al., 2015). Additionally, a thematic coding analysis was sufficient in analyzing semi-structured interviews, which tackles significant barriers that might manifest due to preconceived assumptions of the study (Mortensen, 2020; Moustakas, 1994). The analysis framework describes an iterative process, starting from data familiarization from the interview transcripts, to which I assigned codes specifically describing different content within the information. Then I evaluated and explored significant themes emerging from the assigned preliminary codes across various interviews, finally reviewing the pieces and establishing appropriate definitions, which informed the results of the inquiry (Moustakas, 1994). The coding was completed using MAXQDA software.

The first step in data analysis was epoché (Moustakas, 1994). I refrained from judging the data collected based on my experience in this step. In this step, I carefully bracketed my personal opinions and views about the topic of study. I transcribed the interviews verbatim to reduce subjective bias from influencing the collected data using Atlas transcription software. I coded the data using MAXQDA software and combined similar repeated themes. In summary, in the first step of data analysis, I set aside personal prejudice and considered viewing the phenomenon with fresh eyes from the participants' perspectives.

The second step in data analysis was a transcendental phenomenological reduction (Moustakas, 1994). In this step, I reduced data to complex units of meaning. My duty was to consider the phenomenon being studied with an open mind and varying perspectives. I created units of purposes comprising invariant horizons. I ensured horizontalization of data was achieved to warrant that each segment had an equal value in the data analysis process. The horizontalization process culminated in the phenomenon's textual descriptions (the what).

The third step in the data analysis was imaginative variation (Moustakas, 1994). I created the structural (of how) epitome of the experience from the teal descriptions created in step three. The process required me to be creative, imaginative, and intuitions to express the relationship (themes) related to the study or experience being studied.

The fourth step was synthesized (Moustakas, 1994). In this step, I validated and checked the major themes against the entirety of the transcriptions to see if the themes aligned and, if they did not, eliminated them. My major focus was combining the major structural and textual descriptions of the experience, emphasizing the space and time when the phenomenon was observed. Major themes were combined, and unrelated themes were discarded from the final analysis. The fifth step included repeating the previous steps until data saturation was attained (Moustakas, 1994). The last step involved combining the textual-structural descriptions into composite descriptions representing the essence of the studied experience of the whole group.

Focus Groups

Focus groups are an effective and efficient data collection method. I acted as a moderator, speaking to five research participants about critical issues related to the research questions and their impact and influence on the research study. Using focus groups in qualitative research lets the investigator simultaneously get many respondents' views, attitudes, and opinions (Lee et al., 2014). In addition, debate and free-flowing discourse during a focus group session provide me with ample opportunities to gather rich data from a specific population who share similar interests and experiences, such as oppression, bias, and discrimination in the workplace due to race, gender, social class, or spirituality. For my inquiry, my focus group was represented by Black women executives working in the healthcare industry. One focus group of five participants was conducted.

I utilized Zoom, a video, and audio-conferencing platform, to complete the focus group. The efficacy of using a web-based approach with my focus group was because it is time and cost-efficient through the reduction of data transcription and the cost of travel for all participants (Creswell & Poth, 2016). It provided the participants enough time and flexibility in considering and responding to my request for data and information, thus providing more profound and reflexive comments, which can influence the understanding of the research topic due to the establishment of a safe and conducive environment providing greater ease and comfort to the respondents in discussing sensitive themes of the inquiry (Van Eeuwijk, 2017). As a moderator, I needed to be skilled in ensuring the discussion flowed while observing the critical focus of the inquiry, thus encouraging the participants to all speak without one individual dominating the entire discourse. I anticipated that the focus group would give insight into shared experiences and opinions on the challenges and survival mechanisms (see Appendix F). Black women in leadership have been established to tackle the effects of racism, sexism, and discrimination in their workplaces.

Focus Group Questions

1. In what ways do you think your unique traits, skills, attributes, experiences, and background are valued at your place of work? CRQ
2. How would you identify and describe aspects of your social or holistic identity that you dissociate from while at your workplace? SQ2
3. What aspects of your spiritual, cultural, emotional, or physical self that you actively or passively diminish at work? SQ3, SQ4, SQ2, and SQ1.
4. What additional benefits do women's leadership roles bring to the leadership department? SQ3

5. What qualities of women would you say act as barriers to their promotion to top leadership positions? SQ3
6. How would you describe the quality of social and emotional support from your co-workers? SQ2
7. Could you describe moments you considered quitting or resigning from your executive positions in your institutions? What culminated in such feelings? SQ4
8. What challenges did your co-workers notice that affected your ability to participate in your day-to-day activities? Can you describe in detail what these challenges are? SQ4
9. How have these unique challenges impacted and influenced your decision-making processes and job descriptions? SQ1
10. How would you describe the quality of support provided to develop your skills and progress your career, and how could your institutions better support you? CRQ
11. How would you describe their overall experiences at the organization about your colleagues? CRQ
12. To what extent will you describe your interactions, formally or informally, with your colleagues across the institution, and how often do you interact with them outside your departments? SQ1
13. Describe instances where you encountered bias, prejudice, SQ1
14. What behaviors, characters, and contributions do you consider most valued and rewarded in your workplaces? SQ2
15. What do you usually do or need to get ahead of your workplace's barriers and intersectional challenges? SQ4

16. How would you describe your leadership style within the context of your workplace?

    SQ1

Questions one through four focused on conceptualizing inclusivity and each participant's value addition in the workplace. The questions enabled the participants to consider their unique attributes while reflecting on specific identity components and decision-making strategies in a high-demanding and challenging career option. Questions five to eight sought to conceptualize the sense of belonging that the female executives have as part of a workgroup or an authority figure. These questions guided me in understanding the collective essence of Black women working in authoritative positions within the healthcare industry. Questions nine to 12 supported my understanding of empowerment initiatives and survival mechanisms. Black women have developed as undermined and underrepresented groups in society. These questions gave insight into their institutions and whether they recognize the attributes and characteristics Black women in executive positions possess, making them uniquely qualified to resolve workplace challenges. Questions 13 through 16 enabled me to understand their growth and progression within their respective organizations, reflecting on the role of bias in workplace inequality, scrutinizing the life cycle for institutionalized discrimination, and developing good chances and opportunities for others' progression.

Focus Group Data Analysis Plan

Practical analysis and interpretation of focus group data necessitate appropriate judgment and care of select qualitative procedures, focusing on exploring and achieving an in-depth understanding of a phenomenon (Nili et al., 2017). The specific analytical technique that lend efficacy to focus group data are constant comparison analysis, especially in analyzing multiple focus groups within the same study. In the first stage, using the constant comparison analysis

framework, I grouped the focus group data into small categories from the information derived after transcribing my notes using Rev.com. Additionally, it was essential to identify significant themes that emerged that articulate each focus group's content to achieve data saturation (Doody et al., 2013). Upon transcribing, I categorized the final transcripts using MAXQDA, a qualitative data analysis software that effectively combines multiple focus groups' results to yield quality results (Hilal & Alabri, 2013). The constant comparison framework supported the data interpretation and summary in presenting the results of the inquiry's focus groups.

Observations

Active or passive observation is a critical data collection tool in qualitative research, allowing the investigator to capture a wide array of information within an inquiry setting. Using observation for my research study, I observed actions and non-verbal cues, which sufficiently painted a clear picture of Black women executives' experiences working in the healthcare industry (Lee et al., 2014). The efficacy of using observations was realized during my phenomenological study research process at Medley Hospital in Texas, where contextual non-participant observation of 12 Black female executives served to highlight the context in which they work to elicit new questions to guide my interviews with the other research participants (Creswell & Poth, 2016). Achieving specificity on the features and characteristics to look out for in the inquiry facilitated the production of generalized theories and conclusions, which informed the nature of the study (Langkos, 2014). Once I obtained the required permissions to access the selected setting for the inquiry, I identified features and themes to guide my observations and the extent to which I was at the site (Appendix E). I incorporated reflective and descriptive field notes to analyze the data and information gathered from the site. My explanatory field notes aided in conceptualizing the actions and events of my research participants.

In contrast, my reflective field notes encompassed broader themes, biases, and personal assumptions, which impacted the objectivity of my research inquiry, and provided relevant insight into the phenomenon (Fischler, 2018). Creating an efficient chronological log of events at the site is a sufficient data collection instrument, making it easy to conceptualize field notes after the study. The observation period was one week, with visits three days during that week on Monday, Wednesday, and Friday. Observing as a passive participant provided unique methodological and ethical challenges for me as an investigator, where the participant might alter their behavior and practices because they are under participating, impacting the value of the research findings and putting potential risk on patients within the hospital setting (Lee et al., 2014). As informed by Creswell and Poth (2016), the observation protocol I adopted for this inquiry included a detailed observation schedule conceptualizing the experiences of the Black women executives in the hospital.

Research Observation Protocol

(I used a field note system, a scheduled, nonparticipant observation style.)

1. Which areas of the hospital do the executives operate in daily?
2. What does a standard work schedule for the executives entail? (Record time stamps and any other additional relevant contexts).
3. What are some of the common themes to emerge from all participants?
4. What services do they provide with regard to their respective administrative roles?
5. What challenges do they encounter daily based on their religion, race, gender, and social class?
6. What sort of coping mechanisms have they developed in response to these challenges?

7. How do their leadership positions influence their interaction and engagement with colleagues, staff, and patients?
8. How do female executives behave in the workplace? (Conceptualize their conversations and relate their actions, attitudes, and experiences to the context of the observation)
9. What are some reflexive comments from the executives?

Observations Data Analysis Plan

Analyzing observational data requires an investigator to evaluate recorded information while synthesizing the data with observation and words from the participants. As a passive participant, analyzing observational data culminates in synthesizing and interpreting data into comprehensible and enlightening information (Moen et al., 2016). Additionally, analyzing clustered data from multiple observations results in statistical dependency of clustering to make sense of the observable information in developing appropriate themes, which can inform the lived experiences of Black women executives in the healthcare industry using themes that emerged from data. I identified themes from data using thematic analysis Braun and Clarke (2020).

In general, the following patterns are practiced to obtain emerging themes:

(a) Read, re-read, and re-read (or listen, re-listen) to get familiar with the data

(b) Code data into categories, sub-categories, and themes

(c) Write memos/notes to answer 'questions' emerging from codes

(d) Develop diagrams to connect segments (themes/categories/sub-categories) of data concerning specific topics/themes

(e) Develop matrixes to compare, and contrast between groups/cases in your data

(f) Develop a storyline to connect all themes appearing

(g) Compare and contrast with themes existing in the literature

(h) Develop an overall theoretical framework to answer your research questions

Lastly, standard and repeated terms of patterns from the data collected were grouped to form categories. Further, the categories were grouped to form major themes for the study.

Data Synthesis

The primary technique for the data analysis and conceptualization of preliminary information from the respondents was thematic coding. Thematic coding is a form of qualitative analysis that helps extract pertinent themes from texts by establishing, analyzing, and reporting patterns with crucial data and information (Castleberry & Nolen, 2018). Its flexibility can reduce complex information into meaningful data by appropriately coding it into efficient themes, facilitating data analysis. However, replicating thematic analysis methods in qualitative inquiry can be challenging to mirror analysis strategies and processes effectively, requiring a thorough demonstration of validity, rigor, and reliability (Roberts et al., 2019). Therefore, as a researcher, I relied on expertise in generating appropriate software such as MAXQDA, which has effective coding, theme development, and appropriate feature presentations vital to the current research context (Leech & Onwuegbuzie, 2011). Using the MAXQDA software in thematic coding analysis, I imported all data from the interview transcriptions and field notes for analysis using advanced management, query, and visualization tools appropriate to the study. Afterward, I inquired about complex questions from my data to establish themes and draw concise conclusions from the study, thus achieving robust research results.

My research employed an in-depth literature review to set up information categories around which selective coding generated thematic inferences. I used categories from data to determine themes. Selective coding derived from a constant comparison of the focus groups

ensured all responses were semantically linked with racial bias and discrimination aggregated around the pre-designed category (Vaismoradi & Snelgrove, 2019). Aggregate responses around an established category in the thematic coding analysis selected significant information homogeneity to compare and analyze data against the theoretical, historical, and social backgrounds conceptualizing the research inquiry (Creswell & Poth, 2016).

After observing the Black women in top leadership positions in the healthcare industry and taking individual notes on the observations, I compared the notes for the identified traits and behavioral patterns of the observed executives. Since the women were working in the same environment, they would encounter similar work experiences and would portray the expected themes in female leadership. The first step was to develop initial codes of the patterns in the observed behaviors, such as the tendency for burnout, feeling of separation or unfair treatment with male counterparts, and so on. The next step was to analyze the codes' themes and write them down. For example, the burnout aspect could signify that Black women executives get overworked, while the unfair treatment could refer to gender-based discrimination. I conveniently derived multiple themes from the collected notes using the step-by-step analysis.

Trustworthiness

Trustworthiness refers to the confidence a researcher has in their information, data collection methods, and interpretations, which are used to ensure the quality of the research inquiry (Korstjens & Moser, 2018). Trustworthiness in qualitative research has four defining attributes: dependability, transferability, confirmability, and credibility, where the latter is the most significant component in any research study as it informs my confidence in the truth of their inquiry and research findings. Therefore, I intended to establish trustworthiness through an in-depth demonstration of precise and concise data collection and analysis with enough detail to

enable the reader to determine the credibility of the research process and support the replication of the study. Additionally, as an ethical consideration towards the institution and selected candidates, all names used within this study are pseudonyms to preserve the anonymity and confidentiality of the site and participants.

Credibility

Credibility is the most critical aspect of trustworthiness in qualitative research. The credibility of a study is significant in qualitative research as it informs on participants' lived experiences in a given phenomenon. As lead investigator, I established a clear and effective link between the inquiry's results with the data collection processes and data analysis methods informing the topic being studied, demonstrating the truth of the research's findings (Polit & Beck, 2014). I enhanced credibility by providing narrative descriptions of my experiences during the inquiry and verifying the research findings with the study participants (Cope, 2014). I also achieved credibility in my research inquiry through prolonged engagement, necessitating conceptualizing varied field experiences and techniques while establishing my authority and structural coherence as a researcher (Anney, 2014). According to Korstjens and Moser (2018), prolonged field engagement required me to become fully immersed in the participant's world to gain insight into the context under inquiry, minimizing the instances of information distortion that may arise due to my non-participatory presence on the site.

Transferability

In qualitative research, transferability informs the degree to which qualitative research findings can potentially be transferred to other contexts with other respondents. A researcher can facilitate transferability as an interpretive equivalent of generalizability using purposeful sampling and detailed descriptive analysis of the study (Anney, 2014). I achieved transferability

by presenting results that have meaning and influence on the readers who are not directly associated with the inquiry but share similar experiences with the research objectives. Nevertheless, the transferability of my study depended on my aim of the objective inquiry and, therefore, would be relevant if the research intends to make generalizations on the research phenomenon (Cope, 2014). Purposive sampling and detailed descriptions facilitated and enabled specific judgments on how the research contexts effectively fit other descriptive data from elective units based on specific purposes associated with answering the research questions (Anney, 2014). Specifying the exact category of informants in the study supported my research description and analysis, ensuring its transferability.

Dependability

Dependability in qualitative research contextualizes the stability of research data over time and diverse conditions. I achieved reliability through audit trials and sought the participation of another researcher in analyzing, evaluating, and concurring with my decision trials in the research design, data collection methods, and analysis of the information (Cope, 2014). The audit trials for this research inquiry involved in-depth examinations of the inquiry processes and products in validating data from my field notes, which account for the events, decisions, and activities throughout the inquiry (Anney, 2014). Conclusively, the efficacy of ensuring a research inquiry is dependable lies in the inquiry's position to be corroborated by other scholars, thus, ensuring that my participants evaluate the interpretations, findings, and recommendations.

Confirmability

The degree to which other researchers can confirm an inquiry's findings emphasizes the efficacy of confirmability in conducting a qualitative study. According to Anney (2014),

confirmability emphasizes establishing research findings and interpretations as precise descriptions of the nature and scope of the inquiry and can be achieved through audit triangulation. I achieved confirmability through triangulation using multiple methods in qualitative research to develop an effective and comprehensive conceptualization of the lived experiences of Black women leaders in the healthcare sector (Triangulation, 2014). Confirmability for my research inquiry required a thorough observation of the informants for extended periods, providing me with enough context and insight into any behavioral changes in the participants that might affect the study.

Ethical Considerations

It was essential as a researcher to begin such an inquiry by securing ethical clearance from my institution's ethical board to conduct research inquiry. Before commencing the study, all research participants indicated their acceptance for inclusion through a signed consent form (Appendix B), briefing and withdrawal letters, which reassured the participants of the voluntary option of exiting the research at any point of the inquiry and for whatever reason (Fischler, 2018). Notably, retrieving the consent forms to facilitate my interactions and engagement with the research participants selected for this study was essential. The consent form (Appendix B) was sufficient in informing the healthcare management of the institutions where the targeted respondents are top executives. This was a critical notification to ensure that the research was purely for academic purposes. The consent form guaranteed the study's objectivity, ensuring that it does not conflict with the healthcare institution's sustainability efforts, corporate image, and competitiveness. As a qualitative researcher, many ethical issues were bound to surface during the data collection, analysis, and distribution of the qualitative accounts, necessitating a planned ethical study that addressed all anticipated and emergent ethical issues while considering their

potential impact and influence on the efficacy of the inquiry (Creswell & Poth, 2016). Conclusively, observing an accumulation of principles that address questions of good or bad behavior in human affairs was integral in my research study, expanding the bodies of knowledge and information while supporting essential values required for collaborative research work.

I adhered to ethical measures before the commencement of the interviews, observations, and selections of focus groups by informing the respondents of the research inquiry concerns before providing them with consent forms (Appendix B). Additionally, reviewing the consent forms and ensuring the anonymity of all participants while focusing on the ethical concerns and considerations vital in this inquiry safeguarded their positions from any repercussions (Etowa & Debs-Ivall, 2017). I clearly and concisely informed the respondents that they had the right and freedom to withdraw from the focus group and interview or skip questions if they felt uncomfortable responding to them (Pietilä et al., 2020). Finally, I ensured that the research did not adversely affect the health and well-being of the respondents and participants in this research inquiry. Participants' identities were collected using pseudonyms. Electronic data was stored on a personal computer using a unique password and hard copies at my home before being destroyed.

Summary

The research methodology chapter in qualitative inquiry provides detailed guidelines on the processes and instruments used in conducting a study, allowing readers to evaluate the research study's credibility and dependability. In addition, this chapter provides an in-depth analysis and detailed outline of the research procedures, data collection methods, research designs, sample and site selection, the types of data analysis, and ethical considerations and limitations of a particular inquiry. In satisfying the objectives of the dissertation, this

methodological chapter provides appropriate designs. It approaches essential in conceptualizing the lived experiences of Black women working in executive positions within the healthcare industry. While a qualitative inquiry's outcomes and findings are not measurable and quantifiable, it offers readers a complete description and analysis of a research inquiry without limiting the study's scope and nature and the participant's responses.

This study adopted a qualitative phenomenological study in conceptualizing the lived experiences of 12 Black female executives working in different administrative departments in the healthcare sector. The data collection methods appropriate and efficient for this study are observations, internet-mediated interviews, and focus groups, which provided comprehensive data, information, and insight into the shared experiences, attitudes, and beliefs of Black women in the workplace using an intersection lens integrating race, gender, spirituality, and social class to inform on the bias, discrimination, and oppression in their career progression. The data collected was analyzed using thematic coding to gauge shared experiences and develop themes from the research study.

This study aimed to understand how Black women in executive positions contextualize systemic injustices, which facilitate the limitations to their career progression, particularly in the healthcare field, compared to White women and male counterparts. More importantly, the trustworthiness of this inquiry was established and achieved using triangulation, audit trails, and prolonged engagements in their selected settings.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this qualitative phenomenological study was to explore how African American women describe their top leadership experiences in the healthcare sector through the great man theoretical lens. The central phenomena of the study were the factors influencing the underrepresentation of African American women in top leadership positions in the healthcare sector (Wilson, 2019). The following section of this chapter is a description of the participants. Next, this chapter presents the study findings, organized by a research sub-question. This chapter concludes with a summary of the results.

Participants

All members of the purposeful sample of 12 participants were Black and female. Table 1 summarizes additional, relevant demographic characteristics of the study participants. Participant narratives follow with more detailed descriptions of the participants.

Table 1

Participant Demographics

Participant	Age	Education	Years in healthcare field	Current position
Claudia	38	MSN	15	Director of Nursing
Zora	41	MS	20	Consultant
Octavia	29	BS	7	Laboratory Director
Lorraine	33	Certificate	8	Certified Nursing Assistant
Clara	45	BS	10	Respiratory Therapy Program Director
Latasha	47	MSN	18	Nurse Practitioner
Megan	27	MS	5	Patient Advocate
Gabrielle	31	BSN	8	Emergency Room Nurse Lead
Monica	27	BS	4	Clinical Lab Assistant Supervisor

Participant	Age	Education	Years in healthcare field	Current position
Tiara	34	BSN	9	Behavioral Health Registered Nurse
Brenda	38	MSW	12	Care Transition Manager
Ashley	29	BS	7	Radiology Supervisor

Claudia

Claudia is 38 years old and has 15 years of experience as a Director of Nursing. She has a Master of Science in Nursing from a university in Texas. Her role entails overseeing all aspects of nursing at Texas Hospital, Texas. Claudia sets policies and procedures, monitors the quality of care provided, and hires and trains new staff members. She also works closely with other healthcare team members to identify gaps in patient care and creates solutions to ensure high-quality patient care.

Zora

Zora is 41 years old with 20 years of experience as a healthcare consultant. She has a master's degree in public health. She is a seasoned public health consultant at Texas Hospital, Texas, where she develops and manages health programs for underserved populations to improve their quality of life. Her role entails developing and implementing public health programs to lower incidences of childhood lead poisoning across urban communities. She coordinates efforts

between multiple agencies to address unsafe structures and housing code violations. She also aids in Local Action Plans (LAPs) development by providing technical assistance to communities across Texas and assisting companies in developing comprehensive health and wellness programs. Additionally, she ensures that food establishments comply with local regulations by conducting regular inspections and collaborates with other public health officials to develop strategic disease prevention and control plans.

Octavia

Octavia is 41 years old and has seven years of experience as a laboratory director. She has a Bachelor of Science in Medical Laboratory Technology from the University of Rochester Medical Center. She is responsible for operating the Texas Hospital Laboratory, Texas, with the hospital administrators and assigned pathologists. Her functions entail strategic planning, staff development, budgeting, effective communication, and quality assurance. Also, Octavia revises and implements multiple policies and procedures and orchestrates tests for implementing new computerized systems, including laboratory and hospital information systems.

Lorraine

Lorraine is 33 years old and has eight years of experience as a Certified Nursing Assistant. She has a Certified Nursing certificate. She works at Texas Hospital, Texas, where she assists over 15 patients per shift with daily living activities and provides emotional and social support to improve their morale. Additionally, she endeavors to establish rapport with residents, their families, and team members, aids residents with daily hygiene, and supports residents with activities such as reading, trips, music, and games. Moreover, she observes emotional and physical changes among residents, reports them to nurses, and follows R.N. of LPN instructions for patient range-of-motion activities.

Clara

Clara is 45 years old with ten years of experience as a Respiratory therapy program director. She has a degree in respiratory care. She oversees the provision of diagnostic, treatment, and educational services for patients with respiratory disorders by developing and implementing respiratory care services according to Texas Hospital Health policies. She also monitors patient programs and treatment plans, manages departmental budgets, and reports, and maintains departmental statistics and records.

Latasha

Latasha is 47 years old and has 18 years of experience as a Nurse Practitioner (N.P.) at Texas Hospital, Texas. She has a master's degree in nursing. Her role as an N.P. is vital for patient care in the nation's healthcare system. She is a board-certified Nurse Practitioner qualified to practice in primary care and psychiatry diagnosis, treatment, and prescribes medication for children, adolescents, and adults. She received her bachelor's and master's in nursing from Azusa Pacific University, graduating as a Nurse Practitioner. As a nurse and nurse practitioner, Latasha's specialty is attention-deficit/hyperactive disorder, anxiety, depression, insomnia, and panic attacks. Throughout her 18 years of medical practice, Latasha has acquired the privilege of working across numerous practice areas, including primary care, psychiatry, family practice, rheumatology, gynecology, internal medicine, urgent pediatric care, and pain medicine.

Megan

Megan is 27 years old with five years of experience as a patient advocate. She has a master's degree in human resources. Megan engages in Family Caregiving, which she considers an economic security and public health issue. She works at Texas Hospital, Texas, where she

conducts policy analysis involving family caregiving issues. She deals with initiatives that focus on family caregivers or impact the recipient in a manner that affects the family caregiver. She works with her team every day to ensure the development of a social, economic, and healthcare infrastructure that is equipped to serve caregivers of veterans, working caregivers, pediatric caregivers, spousal caregivers, older adults, youth caregivers, higher-hour caregivers, and long-distance caregivers.

Gabrielle

Gabrielle is 31 years old and has eight years of experience as an Emergency Room nurse night lead. She has a bachelor's degree in nursing. As a lead nurse, she coordinates care for the Emergency Room department within Texas Hospital, Texas. Her core duties entail supervising nurses and responding to patients' or family members' questions or complaints. Additionally, although her role does not involve direct patient care, she monitors the quality of care provided by nurses in her department and responds to patients who are not responding to treatment or develop complications by investigating and developing solutions to correct the problem. Also, she monitors caseload and patient flow, calls on additional staff, monitors nurses, interviews applicants for nursing roles, and acts as a link between staff and hospital leadership.

Monica

Monica is 25 years old with four years of experience as a Clinical Lab Assistant Supervisor. Monica has a bachelor's degree in biology. She oversees specimen collection activities, focuses on securing the integrity of samples and results, performing venipuncture and capillary collections for infant, pediatric, and adult patients at Texas Hospital, Texas. Additionally, she evaluates the work of team members for quality compliance and ethics and develops and implements plans and protocols for testing protocols, special projects, and ongoing

research. Also, she processes patient specimens, performs testing and quality control, ensures patient confidentiality, and executes corrective actions on test controls outside specified limits. Moreover, she reduces turnaround time on laboratory results through reformatting workflow and proper training.

Tiara

Tiara is 34 years old with nine years of experience as a Behavioral Health Registered Nurse. She has a Bachelor of Science in Nursing from Walden University. Tiara works at Texas Hospital, Texas, in acute care settings in emergency rooms and as a liaison in medical-surgical units with clients experiencing health crises. Additionally, she works in substance abuse treatment settings, inpatient psychiatric hospitals, residential facilities for developmentally delayed and mentally disabled, clinics and officers, and community-based shelters. Tiara collaborates with other healthcare providers as part of a setting for integrated primary and mental healthcare. Tiara illustrates that she appreciates the intellectual demands of analyzing behavior, the motivations behind the behaviors, and measures to change the behavior for health and wellness promotion.

Brenda

Brenda is 38 years old with 12 years of experience as a Care Transition Manager (LCSW). She has a master's in social work and is a licensed clinical social worker, and she practices as a psychiatric social worker for Texas Hospital, Texas. Throughout her practice, she has learned to advocate for her clients, including chronically mentally ill adults, mentally ill-chemical substance abusers, and the physically disabled and at-risk elderly. She received her MSW degree from the Wurzweiler School of Social Work at Yeshiva University, New York. She provides psychotherapy for individuals, couples, families, and groups. Throughout her practice,

she has developed a special affection and rapport with young families, with particular interests in family therapy, attachment issues, and adoption and infertility counseling. Also, her professional organizational affiliations and memberships comprise the National Association of Social Workers (NASW), the Association for Treatment and Training in the Attachment of Children (ATTACH), and the American Fertility Association.

Ashley

Ashley is 29 years old and has seven years of Radiology Supervisor experience. She has a bachelor's in Radiology Technology. She works at Texas Hospital, Texas, where her responsibilities entail providing supervision of day-to-day operations of the facility per guidelines and policies. She is responsible for employee schedules, maintaining their hours weekly, ensuring the highest quality radiology care to clients and patients, and maintaining and protecting patient rights to confidentiality. She orders department supplies as necessary, researching and resolving collections and billing disputes efficiently and tactfully. Moreover, Ashley works closely with patients, medical staff, and other care providers and mentors staff members.

Results

The central research question used to guide this study was: What are the lived experiences, beliefs, and opinions of African American women in executive positions within the healthcare sector? The central research question was addressed by addressing the three sub-questions derived from it. This presentation of the findings is organized by theme. Table 2 is a preliminary overview of the SQs and the themes and sub-themes used to address them.

Table 2

Themes and Sub-themes Used to Address Research Sub-questions

Sub-question	Theme used to address the question	Sub-themes associated with theme
SQ1: How do socialization and cultural perspectives aid in conceptualizing Black women's experiences in leadership positions in healthcare?	Theme 1: Cultural perspectives	• Sub-theme - Creating opportunities for other Black women • Sub-theme - Intrinsic motivation, collaboration, and core values enable coping • Sub-theme - Value is demonstrated through patient-centered care
SQ2: How have systemic structures sustained bias and discrimination against women in the healthcare field?	Theme 2: Discriminatory hiring and promotion	• Sub-theme - Educating and encouraging other Black women through mentorship, training, and support • Sub-theme - Ensuring adherence and delivery through leadership • Sub-theme - Relationships with colleagues are professional and friendly but hampered somewhat by the persistence of discrimination

SQ3: What are the unique abilities that women are likely to bring to leadership teams, and ways in which such abilities and traits act as barriers to top leadership positions?	Theme 3: Bringing value	• Sub-theme - Black women leaders bring value to healthcare organizations • Sub-theme - Decision-making can counteract racism • Sub-theme - Limiting challenges include racism and sexism

Cultural Perspectives

Three sub-themes were associated with this theme, including sub-themes creating opportunities for other Black women; intrinsic motivation, collaboration, and core values enabling coping; and value is demonstrated through patient-centered care. Overall, the finding in this theme indicated that participants perceived their socialization and cultural perspectives as shaped by three relevant factors, including the desire to seek opportunities for themselves and others in the healthcare field, a lack of organizational support, and negative healthcare experiences either for themselves or their families before their entrance into the healthcare field. The desire to seek opportunity in the healthcare field aided in the conceptualization of participants' desire to mentor and sponsor Black women subordinates. A lack of organizational support aided in conceptualizing participants' reliance on coping factors and strategies such as intrinsic motivation and collaboration. Negative healthcare experiences for themselves and their

families before entering the healthcare field aided in the conceptualization of participants' commitment to patient-centered care, which was an essential component of the value they brought to their organizations. The following sub-sections are presentations of the sub-themes with direct quotes from the data as evidence.

Creating Opportunities for Other Black Women

The finding indicated that the socialization and cultural factor that shaped participants' perspectives was the desire to seek opportunities in the healthcare field. Tiara said of seeking healthcare opportunities, "In the healthcare industry, one has a healthy paycheck that enables smooth any of the less than great moments that come with work and financial security." Zora said, "I chose the healthcare industry because there are many job opportunities and job security in the healthcare field." Octavia said in her interview that she entered the healthcare field because "There are a lot of job opportunities in the healthcare industry."

Participants desire to seek opportunities in the healthcare field shaped a perspective from which they sympathized and supported the desire of other Black women to find opportunities in the field. Lorraine expressed this perspective during her interview by describing her identification with younger Black women and their desire to find healthcare opportunities: "Creating opportunities for young females always makes me feel achieved. I see myself in the young Black females, and I can imagine what they are going through to try and make it in the competitive healthcare industry." In her interview, Clara reported her empathy for rising Black women leaders in healthcare and the steps she took to provide them with mentorship: "I feel Black females have difficulty penetrating the healthcare industry compared to all other races. I always ensure I have a Black female in my group and mentor them, which is the best feeling and satisfaction." Observation notes indicated that Latasha, "To prevent barriers to advancement, she

uses sponsorship and mentorship at her workplace" to promote the success of other Black women. Latasha confirmed this observation in her interview: "I have created leadership opportunities for young aspiring Black females by encouraging the aspirants to apply for vacant positions and be positive in life and believe in themselves."

Intrinsic Motivation, Collaboration, and Core Values Enable Coping

The finding indicated that the socialization and cultural factor that shaped participants' perspectives was a lack of organizational support and a resulting need to implement an effective coping strategy to succeed as healthcare leaders. In a focus group response, Latasha stated that her company provided poor support for employees with marginalized identities, thereby failing to create a sense of belonging. The company lacked policies that discouraged disrespectful behavior or speaking up when one witnessed discrimination. Tiara added in the focus group that Black women received little support and encouragement from managers. Managers tended not to showcase Black women's work, provide them opportunities to manage projects or individuals or advocate for new opportunities for them. Therefore, the opportunity to advance was limited due to insufficient managerial support. All focus group participants agreed that majority-minority group environments created institutional barriers that raised challenges for leaders with marginalized identities who were working or engaging in formal or informal interactions in healthcare settings. Observation notes included Gabrielle's description, "Inadequate managerial support and lack of attention and support by management who disregard my plights, question my competence, and disregard my opinions is demotivating."

One of the coping factors that participants described as helping them to succeed in these somewhat adverse conditions was their intrinsic motivation to help patients. Observation notes indicated that Brenda said, "the highlight [of her position] is the opportunity provided to make a

difference in clients' lives and help others," indicating her intrinsic motivation. Observation notes further indicated that Lorraine said of her enjoyment of her job, "Despite the challenges, the job is fulfilling, satisfying when demonstrating love for humanity through helping others." Zora said in the interview of her intrinsic motivation to help others through her work that it compensated her for the challenges she faced: "I am much interested in helping people because of its emotional reward even though sometimes it may be demanding and long working hours." Clara used similar language to Zora's in her interview, "Another reason that made me choose the healthcare industry is I enjoy helping others, which is emotionally rewarding even though it can be demanding, and the hours can be extended."

The second coping strategy participants used to succeed despite the challenges of working with little organizational support was a collaboration with colleagues. In her interview, Claudia described the collaboration as rewarding: "In order to effectively combat challenges, I have developed coping strategies that include collaboration and empathy, which enable me to socialize with other people." Clara reported participating in a mutually supportive coalition of female leaders: "We formed a group of women in leadership, and the group has several women leaders from different industries. We help each other cross the difficult bridges and hold each other's hands at all times." Megan also participated in collaborative support networks; she said in her interview, "I have been involved in many social groups of women who are leaders and face the same challenges. Through social support and self-motivation, I have managed to mitigate the challenges of a Black woman leader."

The third coping strategy participants reported was to rely on their core values and beliefs. In her interview, Lorraine said of this strategy, "Some coping strategies I have used include focusing on religion and spirituality, as I found solace in believing in God. It helped me

in cognitive debriefing since I realized it was a situation I could not change." Latasha also relied on her core values; she said in her interview, "The coping strategies that I have developed to mitigate the challenges of a Black woman in leadership are positivity in my career, focusing on my strengths, and paying close attention to my core values and my beliefs." Ashley said in her interview that one of the core values that helped her to cope was treating others with dignity. "One of the coping strategies that I have developed as a Black woman is avoiding discrimination in the office and outside. I treat all the staff equally, and I give the best of my services with the patients."

Value is Demonstrated Through Patient-Centered Care

The findings indicated that socialization and cultural factors that shaped participants' perspectives were a history of negative healthcare experiences for themselves and their families. The participants described these experiences as motivating them to enter the healthcare field and providing the highest quality of patient-centered care, a way in which they demonstrated their value to their organizations. Claudia said in her interview, "I chose this field because of poor medical services I received some years back, which I chose to rectify once I qualify. I remember when I could not be treated since we could not pay for the services." Brenda reported in her interview that a relative had died due to malpractice: "I chose to work in the field of healthcare because I experienced one of my relatives die in the hands of doctors due to their carelessness."

Participants reported that negative experiences with health care had motivated them to provide high-quality care. Octavia spoke in her interview about how a negative healthcare experience motivated her to provide high-quality care. "I had a relative who did not receive proper medical care, which inspired me to choose the healthcare industry to give proper medical treatment to such people." Monica reported a negative experience of health care by stating in her

interview, “My desire to help people with health-related issues emerged from a loss I suffered after witnessing the death of my brother, who had health issues and died due to lack of professional health attendants.”

Discriminatory Hiring and Promotion

Three sub-themes were associated with Theme 2, including (Sub-theme 4) educating and encouraging other Black women through mentorship, training, and support; (Sub-theme 5) ensuring adherence and delivery through leadership; and (Sub-theme 6) relationships with colleagues are professional and friendly but hampered somewhat by the persistence of discrimination. Overall, this theme indicated that the systemic factor that sustained bias and discrimination against Black women in the healthcare field was the overrepresentation of white men and women in leadership positions and the tendency of those leaders to perpetuate the underrepresentation of Black women by hiring and promoting people who looked like themselves.

For example, Latasha said in her interview, “I have had one experience where I was denied a job because I was a Black woman.” Focus group notes indicated: “All participants experienced stressors involving the themes of being promoted, defending one’s race, and lack of mentorship, coping with racism and discrimination and being excluded or isolated.” As a more specific example from the focus group, notes indicated that Tiara said she had “experienced difficulty dealing with White clinicians who stereotyped her as incompetent and intellectually inferior. The discriminatory treatment has affected her in the workplace regarding hiring and promotion.”

One of how participants counteracted this systemic form of discrimination was by educating and encouraging other Black women leaders. The participants also worked to ensure

that their performance in their duties was irreproachable by ensuring adherence to organizational objectives and delivery of health care through the leadership of their subordinates. However, while the participants reported that their relationships with their colleagues were professional and friendly for the most part, they added that the persistence of workplace discrimination based on race and gender hampered those relationships somewhat.

Educating and Encouraging Other Black Women

This finding indicated that one-way participants combat systemic racial and gender discrimination was by helping other Black women who happened to be their subordinates to rise to leadership positions. In her interview, Zora said of systemic discrimination and how she worked to address it, "I have shared my insights and calls to action for how we can progress racial equity and why it is so significant to be leaders in the healthcare sector." Zora added that in pursuit of this aim, "I offered intensive training to young Black females who anticipate being leaders in the future." Octavia said in her interview that to counter discrimination, "I gave many young Black women opportunities to work with me and gain some experience." Latasha referred in an interview response to providing mentorship, "I do individual mentorship programs for aspiring Black women leaders in the healthcare sector."

Another way in which participants helped rising Black women leaders was by encouraging them. Observation notes indicated, "Gabrielle asserts that she encourages and motivates her staff to perform efficiently, foster a positive working environment, and ensure the best quality care for patients while working on resolving the challenges." Monica said in her interview that she encouraged subordinates and helped them to gain experience by delegating to them. "I always believe that exposure gives the best part of training. Every time that I had work that needed to be delegated among employees, I always chose at least one lady." According to

observation notes, Tiara encouraged subordinates by "aiding them to appreciate themselves and view the world in a better way, and to feel cared for and useful."

Tiara also supported rising Black women leaders by sponsoring them, as she said in her interview, "I have inspired the human resource department to promote one of the Black female staff who was hardworking." Latasha said in her interview that she helped create a support network. "I have spearheaded a support network with other Black women in leadership positions to inspire uprising leaders in the healthcare sector." Megan also provided encouragement and support to rising women leaders; she said in her interview, "With other Black women leaders, we have created social media accounts where we inspire and motivate other women who are aspiring leaders."

Ensuring Adherence and Delivery Through Leadership

Second-way participants worked to counter systemic racial and gender discrimination by ensuring their performance was irreproachable. Megan said she provided leadership to ensure her department's work aligned with organizational goals. "My department delivers the institutional objectives through efficiency and alignment to the institution's goals and objectives. My department also adheres to the company's objectives through consistent review of goals and having clear guidelines." Brenda provided leadership to ensure the delivery of quality health care in alignment with organizational goals by fostering creativity and innovation; she said in her interview, "I encourage innovation and creativity for the workers, hence transforming distinct ideas into reality. In addition, I identify the skills and talents of the workers who help to achieve the organization's objectives." Ashley reported in her interview that she employed creativity in pursuing organizational goals, "I would ensure that I deliver and adhere to the institutional

objectives by being creative in everything I do while working on trying to invent a new thing that will benefit the institution."

Lorraine provided leadership to ensure her subordinates' performance remained in compliance with regulations, and she said in her interview a goal she achieved by "Scrutinizing the procedures, removing the barriers that affect compliance, regular staff training, and ensuring that you stay current with all the regulations and policies through documentation and ensuring all the employees follow the procedures." Clara also said in her interview that she led her staff in ensuring regulatory compliance, "I ensure regular training of the staff on the new policies and regulations. They are always up to date with the new regulations put in place." Gabrielle said in her interview that she monitored employee performance by "having an analysis of how the workers carry out activities." Monica monitored job performance in terms of patient satisfaction and organizational policy compliance by "monitoring the quality of services delivered to clients, and also checking out whether the workers are adhering to the stipulated rules and guidelines of the institution." Latasha provided leadership to ensure the delivery of high-quality care by promoting teamwork; she said in her interview, "I ensure that my department delivers through teamwork, whereby I am actively involved with my team, and I make sure I respect every member in my department."

Relationships With Colleagues

Another way in which the participants counteracted systemic discrimination in their workplaces was by maintaining professional and friendly relationships with colleagues despite the persistence of discrimination. According to focus group notes, "Tiara experienced poor emotional and social support from her coworkers due to racism. In her organization, Black workers are exempted from informal social networks, and the prevalence of racial stereotypes

created a negative experience and feeling of social isolation." Focus group notes further indicated, "Tiara stated that being the only Black woman in the room at work creates a difficult experience because she feels she is considered a representative of her race." Also, in the focus group, "Latasha added that in her organization, most White men and women feel they are allies to marginalized groups. However, they barely advocate for people of color or speak against racism and sexism." Latasha added in the focus group, "Her organization fails to prioritize Black women's advancement."

Additionally, she feels that gender initiatives initiated by her coworkers are tailored toward White women, which leads to poor outcomes in hiring and promotions." Focus group notes further indicated the perception that White women were the primary beneficiaries of efforts to counteract gender discrimination. "Megan stated that she felt non-minority women do not encounter racial bias, and most white managers tend to favor White women for advancement and promotions." Megan added during the focus group that Black women faced intersectional discrimination against their gender and race when she commented, "Black women must overcome male dominance and racial barriers to become a leader."

Despite barriers due to discrimination, the participants maintained friendly and professional relationships with colleagues of all genders and races. In her interview, Megan said, "My relationship with my colleagues and staff is very healthy based on professional ethics, respect, and trust." Latasha said in her interview, "I have maintained a friendly relationship with my colleagues and staff through respect and addressing every individual in polite language." Zora said in her interview about how she interacted with her colleagues, "I would describe the relationship as highly professional and beneficial for everyone involved."

Bringing Value

The three sub-themes associated with this theme were: (Sub-theme 7) Black women leaders bring value to healthcare organizations; (Sub-theme 8) decision-making can counteract racism; and (Sub-theme 9) limiting challenges include racism and sexism. The findings indicated that participants faced significant, limiting challenges in their workplaces, including race- and gender-based discrimination that impacted hiring and promotion practices to their detriment. Despite these barriers, the participants believed they brought significant value to their organizations, often at a significant personal sacrifice. One of the valuable and unique abilities that participants brought to their organizations was using their decision-making to counteract racism that would negatively affect employees and patients.

Black Women Leaders Bring Value to Healthcare Organizations Despite Challenges

The participants indicated that they perceived themselves as bringing value to their organizations, sometimes at a significant personal sacrifice. Observation notes indicated the value participants brought to their organizations, "Octavia asserts, 'women have a different touch characterized by being more human, sensitive, and empathetic, which allows one to provide staff with tranquility, ensure cohesion, and peaceful lab environment to accomplish tasks.'" Focus group notes indicated that Brenda credits her competence as a vital factor that the organization recognized and valued, advancing her talent to leadership. Brenda also said in the focus group, "Black women are inspirational leaders who encourage, motivate, and affirm others because they understand the detrimental effect of not uplifting others within the corporate environment based on their first-hand experiences." Latasha said in the focus group that the value Black women leaders can bring to their organizations include, "relationship building, cross-demographic and [cross-]cultural communication, and multifaceted connecting styles." Focus group notes further indicate that Megan stated that Black women leaders develop teams of highly driven, engaged,

and committed individuals because of naturally cultivating a sense of family with a shared purpose." Black women are highly motivated to work in teams, an act that makes them do well in focus groups.

The participants indicated that they sometimes had to make personal sacrifices to bring value to their organization. One sacrifice some participants made was limiting their time with their families to meet work obligations. Megan said in her interview, "At times, I have compromised my family life due to the demanding nature of my profession. It is a huge sacrifice because it means losing quality time with my family and loved ones." Observation notes indicated that Lorraine said, "My role necessitates effort, sacrifices, absence from family, dedication, and loads of work."

Another sacrifice participants made in bringing their value to their organization was needing to work harder to prove themselves than colleagues, not of marginalized identities. Observation notes indicated, "Megan appeared dejected when stating that she sacrifices her time beyond work hours to meet job demands and demonstrate competency in her capabilities because, as a Black woman, she is considered less competent for her position." Notes from the observation with Brenda stated, "She highlighted encountering challenges such as having to prove herself to acquire professional respect. 'I feel in some situations that I had to make an extra effort to demonstrate my worth and competency, particularly when interacting with men.'" Zora said during her observation, "I encounter challenging circumstances such as demonstrating my competence and proving my worth because I am a Black woman." Lorraine said in her interview, "As a Black female executive working in a White-dominated world, I have had to work much harder than the rest. This is because of the racial perception that Blacks are neither smart nor good enough."

Decision-Making Can Counteract Racism

The participants indicated that one of the unique values they were able to bring to their organizations as Black women leaders was that of being sensitized to and using their decision-making to counteract racism. Ashley said in her interview, "Many White females and males practice racism everywhere since they only like the White to work with them," Ashley added that in her decision-making, "I like showing equality in people so that everyone can get what they deserve." Zora said in her interview, "My decision-making process favored all races, gender, and social classes, unlike some White female and male executives in health care. I also [promoted] equality for all persons regardless of gender, race, and ethnicity." Octavia said, "My decision-making process was sometimes different from others because I majored in defending Black women from being discriminated against. I also promoted equal rights regardless of race, gender, and ethnicity." Latasha said in her interview, "My decision-making process is different from my White female and male counterparts since I am sensitive to racial and gender discrimination. I have created job opportunities for everybody, regardless of color, gender, or cultural background."

Limiting Challenges Include Racism and Sexism

The participants reported that they faced limiting challenges in the healthcare field, including race- and gender-based discrimination. Focus group notes indicated racial and gender discrimination, "Latasha illustrated that work is demanding, but when one encounters discrimination and bias due to race and gender, work becomes stressful, leading to physiological changes in emotions, mood, and behavior." Focus group notes further indicated, "Tiara felt that the experience of interpersonal prejudice at her workplace, ignored and excluded from work cliques, has stressed her significantly." Claudia said in her interview, "As a Black woman

executive, I often experience various personal and professional challenges like being ignored and racially discriminated against during my career path." Lorraine noted in her interview that discrimination against Black healthcare providers negatively impacted Black patients when she commented, "Most of the limitations I have encountered are racial discrimination. The healthcare industry is not yet free from racial discrimination, which is why many Blacks die or suffer from diseases that could have been prevented." Notes from Zora's observation indicated, "She appeared frustrated when expressing that in her 20 years of practice, she encounters stereotypes where she is not taken seriously, especially by White superiors when she seeks to raise systemic issues."

The participants also stated that they encountered gender discrimination. Focus group notes stated, "Brenda stated that women are falsely perceived as lacking the personality and experience needed to deal with tough situations in organizational settings." In her interview, Clara cited perceptions of her profession as male-gendered as raising challenges for her, "Being a female doing a job that people believe is meant for men has been challenging, especially when I am dealing with men with ego issues." Observational notes made of Ashley indicated, "She sadly illustrated that her role is patriarchal because authority continues to be ascribed to men, despite women being more educated and experienced."

Outlier Data and Findings

Some participants reported that in addition to race- and gender-based discrimination, they encountered religious discrimination in their workplaces. For example, observation notes indicated that Claudia said, "I have been referred to as overly religious." Brenda stated in her interview that she had lost a job because of her religious affiliation, saying that in one hospital,

"The manager disqualified me because I am not a Muslim, just like most of them were. They believed that I do not fit to work with them and that caused me to lose my job."

Research Question Responses

This transcendental phenomenological study is led by one central research question and three sub-research questions. The research questions describe Black women's experiences in leadership positions within the healthcare field. The primary themes that answered this question comprised (a) cultural perspectives, (b) White leaders tend to hire and promote White subordinates, and (c) bringing value. The themes emerged from Black women executives' experiences as inspirational and transformational leaders who encourage, motivate, and affirm subordinates.

Central Research Question

Black women do not find it difficult to actualize their career in the health care field due to their (a) cultural perspectives, (b) White leaders tend to hire and promote White subordinates, and (c) bring value. The racial differences and the challenges that come with them have become a hurdle for Black women in the healthcare field. The central research question used to guide this study was: What are the lived experiences, beliefs, and opinions of African American women in executive positions within the healthcare field? The central research question was answered by addressing the three sub-questions derived from it.

Sub-Question One

SQ1 was: How do socialization and cultural perspectives aid in conceptualizing Black women's experiences in leadership positions within the healthcare field? The theme used to address this question was: Cultural perspectives. Three sub-themes were associated with this theme, including (Sub-theme 1) creating opportunities for other Black women; (Sub-theme 2)

intrinsic motivation, collaboration, and core values enable coping; and (Sub-theme 3) value is demonstrated through patient-centered care. Overall, the finding in this theme indicated that participants perceived their socialization and cultural perspectives as shaped by three relevant factors, including the desire to seek opportunities for themselves and others in the healthcare field, a lack of organizational support, and negative healthcare experiences either for themselves or their families prior to their entrance into the healthcare field. The desire to seek opportunity in the healthcare field aided in the conceptualization of participants' desire to mentor and sponsor Black women subordinates. A lack of organizational support aided in conceptualizing participants' reliance on coping factors and strategies such as intrinsic motivation and collaboration. Negative healthcare experiences for themselves and their families before entering the healthcare field aided in the conceptualization of participants' commitment to patient-centered care, which was an important component of the value they brought to their organizations.

Sub-Question Two

SQ2 was: How have systemic structures sustained bias and discrimination against women in healthcare? The theme used to address this question was: White leaders tend to hire and promote White subordinates. Three sub-themes were associated with Theme 2, including educating and encouraging other Black women and ensuring adherence and delivery through leadership and (Sub-theme 6) relationships with colleagues. Overall, this theme indicated that the systemic factor that sustained bias and discrimination against Black women in the healthcare field was the overrepresentation of White men and women in leadership positions and the tendency of those leaders to perpetuate the underrepresentation of Black women by hiring and promoting people who looked like themselves. One of how participants counteracted this

systemic form of discrimination was by educating and encouraging other Black women leaders. The participants also worked to ensure that their performance in their duties was irreproachable by ensuring adherence to organizational objectives and delivery of health care through the leadership of their subordinates. However, while the participants reported that their relationships with their colleagues were professional and friendly for the most part, they added that the persistence of workplace discrimination based on race and gender hampered those relationships somewhat.

Sub-Question Three

SQ3 was: What are the unique abilities that women are likely to bring to leadership teams, and how do such abilities and traits act as barriers to top leadership positions? The theme used to address this question was: bringing value. The three sub-themes associated with this theme were: (Sub-theme 7) Black women leaders bring value to healthcare organizations; (Sub-theme 8) decision-making can counteract racism; and (Sub-theme 9) limiting challenges include racism and sexism. The findings indicated that participants faced significant, limiting challenges in their workplaces, including race- and gender-based discrimination that impacted hiring and promotion practices to their detriment. Despite these barriers, the participants believed they brought significant value to their organizations, often at a significant personal sacrifice. One of the valuable and unique abilities that participants brought to their organizations was using their decision-making to counteract racism that would negatively affect employees and patients.

Summary

This chapter illustrates the transcendental phenomenological study's findings regarding Black women's experiences in leadership positions within the healthcare field. The primary three themes that emerged from data analysis comprised (a) cultural perspectives, (b) White leaders

tend to hire and promote White subordinates, and (c) bringing value. Participants provided numerous quotes that aided in supporting the above themes. The findings indicated that participants experienced significant, limiting challenges in their workplaces, including race-and gender-based discrimination that impacted hiring and promotion practices to their detriment. Despite these barriers, the participants believed they brought significant value to their organizations, often at a significant personal sacrifice. One of the valuable and unique abilities that participants brought to their organizations was using their decision-making to counteract racism that would negatively affect employees and patients.

Black women's experiences in leadership positions portray the traits of a transformational leader in inspirational motivation, individualized consideration, idealized influence, and intellectual stimulation domains. They add value to their organizations by providing irreproachable leadership and encouraging collaboration, teamwork, innovation, and creativity to meet organizational goals. Additionally, they aid others in overcoming barriers to career advancement by providing mentorship, regular staff training, and advocating for marginalized persons. The support allows for developing vital skills to qualify for new opportunities and aid in developing coping strategies and intrinsic motivation. Moreover, Black women in leadership maintain formal and informal relationships with their colleagues to counter systemic discrimination and aid marginalized individuals to feel supported to counter feelings of social isolation and negative work experience, preventing burnout and turnover. Chapter five includes conclusions and implications derived from these findings.

CHAPTER FIVE: CONCLUSION

Overview

This qualitative phenomenological study aimed to explore how African American women describe their top leadership experiences in the healthcare sector through the great man theoretical lens. I used interviews, a focus group, and observations of 12 Black female participants. Chapter five presents the discussion and interpretation of findings, implications for practice or policy, theoretical and empirical implications, limitations and delimitations, recommendations for future research, and a conclusion.

Discussion

Studies show that the underrepresentation of Black women in top leadership positions is partly due to race-based stereotypes and gender bias that still affect their careers and their relationship with their colleagues (Mayer, 2017; Nair & Adetayo, 2019). Black women tend to disengage to survive in atmospheres of discrimination they face daily (Jones, 2017). They are achieving executive positions in healthcare (Wallington, 2020). Many Black women have undergone extensive mentorship programs to maintain leadership positions in their chosen careers. The purpose of this qualitative phenomenological study was to explore how African American women describe their top leadership experiences in the healthcare sector through the great man theoretical lens.

This phenomenological study is based on the experiences of 12 Black women who were asked about their attitudes, opinions, and lived experiences by considering their surrounding environment, as suggested by Moustakas (1994). In addition, a focus group and observations were utilized to gain further discernment into their personal experiences about their careers. All

collection techniques aided in contextualizing the participants' experiences of Black women who held leadership positions in the healthcare sector.

Interpretation of Findings

Contextualizing the lived experiences of Black women leaders in the healthcare sector resulted in themes that reveal the wisdom gained while enduring discrimination for their race and gender. The themes were developed by coding and comparing the data that was collected. The themes that emerged from this study were: (1) cultural perspectives, (2) discrimination in hiring and promotion, and (3) bringing value. Within these three main themes were several sub-themes. Under the theme of cultural perspectives were the sub-themes of (a) creating opportunities for other Black women, (b) intrinsic motivation, collaboration, and core values enabling coping, and (c) value is demonstrated through patient-centered care. Under the theme of discrimination, hiring and promotion were the sub-themes of (a) educating and encouraging other Black women through mentorship, training, and support, (b) ensuring adherence and delivery through leadership, and (c) relationships with colleagues are professional and friendly but hampered somewhat by the persistence of discrimination. Under the theme of bringing value were the sub-themes of (a) Black women leaders bring value to healthcare organizations, (b) decision-making can counteract racism, and (c) limiting challenges include racism and sexism.

This qualitative phenomenological study used coding and comparisons outlined by Moustakas (1994) as the analysis method. In addition, diagrams were developed to connect related data from the interviews, a focus group, and observations. Matrixes were also designed to compare and contrast the different data collection techniques. Comparing and contrasting with themes existing in the literature aided in contextualizing the findings within prior literature that supported the results. Then, an overall theoretical framework was developed to answer the

research questions. Lastly, the repeated patterns from the collected data were grouped to form categories, then grouped to form the major themes. The data within each theme was then formed into sub-themes. MAXQDA software was used to generate coding themes and appropriate feature presentations vital to the current research context (Leech & Onwuegbuzie, 2011).

Summary of Thematic Findings

Theme 1 described "cultural perspectives are shaped by discrimination, and negative healthcare experiences promote demonstrations of value, coping, and the creation of opportunity." The overall finding in this theme indicated that socialization and cultural perspectives are shaped by three relevant factors, including the desire to seek opportunities for themselves and others in the healthcare field, a lack of organizational support, and negative healthcare experiences either for themselves or their families prior to their entrance into the healthcare field. Theme 2 described that "White leaders tend to hire and promote White subordinates despite Black women's effective leadership and positive relationships with colleagues." Overall, the findings indicated that the systemic factor that sustained bias and discrimination against Black women in the healthcare field was the overrepresentation of White men and women in leadership positions and the tendency of those leaders to perpetuate the underrepresentation of Black women by hiring and promoting people who looked like themselves. The participants reported that their relationships with their colleagues were professional and friendly for the most part. However, they added that the persistence of workplace discrimination based on race and gender hampered those relationships somewhat. In addressing theme 3, which stated that "Black women leaders bring unique value to healthcare organizations despite significant challenges," the findings revealed that Black women faced significant, limiting challenges in their workplaces, including race- and gender-based

discrimination that impacted hiring and promotion practices to their detriment. Despite these barriers, the participants believed they brought significant value to their organizations, often at a significant personal sacrifice. One of the valuable and unique abilities that participants brought to their organizations was using their decision-making to counteract racism that would negatively affect employees and patients.

Cultural Perspectives and Creating Opportunities for Other Black Women. The findings indicated that socialization and cultural perspectives are shaped by three relevant factors, including the desire for Black women to seek opportunities for themselves and others in the healthcare field, a lack of organizational support, and negative healthcare experiences either for themselves or their families prior to their entrance into the healthcare field. Participants desire to seek opportunities in the healthcare field aided in the conceptualization of Black women's motivation to mentor and sponsor other Black women's subordinates in ascending to top leadership positions. Organizational support necessitated Black women's reliance on coping factors and strategies such as intrinsic motivation and collaboration to gain access to leadership positions. Negative healthcare experiences for themselves and their families before entering the healthcare field promoted Black women's desire, motivation, and commitment to patient-centered care, as well as the need to help other Black women attain success, which was an important component of the value they brought to their organizations.

The findings are significant because they provide crucial insight into how Black women use barriers to establish workplace opportunities. The findings above have also been reported in other studies. For instance, Waite and Nardi (2019) reported that African American women have managed to scale the upper echelon of their career while overcoming challenges and negotiating their educational processes, battling recruitment bottlenecks, and worker misdistribution and

attrition within formal and non-formal healthcare workforces. Wallington (2020) supported these findings by indicating that the collective understanding of their experiences along the gender and race identifiers has had little impact in affirming their unique existence as Black women because the experiences of Black men and White women have been normalized and reinforced as the Black and female experiences, respectively, thus endorsing their privilege and visibility while marginalizing Black women (Wallington, 2020). However, Harris (2018) indicated that women across the globe are advancing in the workplace due to an increase in the diversification of the global economy, resulting in unprecedented market growth and economic opportunity (Harris, 2018).

Despite that, African American women are still lagging in advancing their corporate careers and remain without the needed support to help them advance in their quest to clinch top leadership positions. In a study by Johnson et al. (2016) involving 56 Black women registered in leadership certification programs or already working in administration positions, the respondents saw mentors or sponsors as fundamental to their career progression. Sponsors and mentors offered access to significant professional networks and resources, endorsed membership of respondents to professional establishments, shared privileged information concerning how to navigate through the educational bureaucracy, endorsed them for senior positions, and modeled the kind of behavior the respondents should follow as leaders (Andrews et al., 2019). The findings contribute to the existing empirical literature by establishing that Black women use discrimination to create opportunities for themselves and their colleagues by motivating them to enter the healthcare field and to provide the highest quality of patient-centered care, a way in which they demonstrate their value to their organizations.

Discriminatory Hiring and Promotion. Even though Black women faced discrimination in the hiring and promotion practices of the organization they worked for, they addressed them creatively. They also helped other Black women obtain their career goals. These insights into the practices of Black women leaders are important in understanding their survival mechanisms while working in the healthcare sector.

The findings revealed that the systemic factor that sustained bias and discrimination against Black women in the healthcare field was the overrepresentation of White men and women in leadership positions and the tendency of those leaders to perpetuate the underrepresentation of Black women by hiring and promoting people who looked like themselves. The findings indicated that one-way Black women combat systemic racial and gender discrimination was by helping other Black women who were their subordinates to rise to leadership positions. Another way in which participants helped raise Black women leaders was by encouraging them to continue pursuing their dreams of attaining top leadership positions in the healthcare field.

The results also indicated that Black women who held leadership positions supported rising Black women leaders by sponsoring them. Participants reported how they worked to counter systemic racial and gender discrimination through excellent performance in providing effective leadership to ensure their subordinates' performance remained in compliance with healthcare field regulations. Maintaining professional and friendly relationships with colleagues despite the persistence of discrimination was also used to counteract systemic discrimination against Black women in the healthcare field. The findings imply that African Americans faced discrimination because White leaders hired and promoted White subordinates despite Black women's effective leadership and positive relationships with their colleagues.

The results support the current empirical literature regarding the discrimination encountered by African American women during hiring and promotion. Wallington (2020) stated that African Americans remain underrepresented at the executive level. Racism and gender bias have been cited as critical factors in conceptualizing the underrepresentation of Black women in management, with race-based stereotypes in the workplace adversely impacting their relationships with colleagues and careers (Nair & Adetayo, 2019). More importantly, lingering gendered racism still exists in protecting the interests and privilege of White males within organizations, impacting the numbers of Black women in leadership and executive positions. Uncovering complexities associated with the relationship between Black women and their general well-being within the workplace has increased in relevance and is associated with high-performance outputs, greater productivity, greater value, and higher profitability.

Similar findings were established by Mayer et al. (2017), who reported that Black women leaders endure gendered institutions, being excluded from the organizational culture and conceptualizing their leadership style within the margins of the organizations (Mayer et al., 2017). Organizations and sectors such as healthcare are continually hesitant to appoint Black women in executive and leadership positions, primarily because of harmful beliefs such as Black women lacking leadership skills, ability, and drive to compete in the upper echelon of high-performance industries successfully. The dual stigmatization Black women endure reveals work disengagement as a survival mechanism, which the women adapt to protect themselves from daily discrimination (Jones, 2017). Even so, Black women are making significant strides at achieving executive positions in business, academia, and entertainment (Wallington, 2020).

The results concurred with Randel et al. (2021), who reported that mentorship programs have effectively prepared women to reach their career goals, including serving in top leadership

positions. Randel et al. (2021) found that mentorship effectively prepared women for top leadership positions. Given their findings, African American women who attended mentorship programs were well-equipped to serve in top leadership positions (Randel et al., 2021).

The findings of this study have contributed to the previous literature by indicating that African American women in leadership positions were helping other Black women's subordinates rise to leadership positions. Black women leaders accomplished this despite the sustained bias and discrimination against them in the healthcare field through the overrepresentation of White men and women in leadership positions.

Black Women Leaders Add Value to the Healthcare Organizations Despite Challenges. Black women faced racial and gender-based discrimination. The findings indicated that despite facing discrimination and barriers in the workplace, Black women brought significant value to their organizations, often at a significant personal sacrifice. One of the valuable and unique abilities of Black women is to use their decision-making to counteract racism that negatively affects employees and patients. By using their decision-making to counteract racism, participants create job opportunities. The findings imply that although they faced several challenges in their pursuit of success in their healthcare field organizations, Black women brought significant value to their organizations.

The findings above have been reported by other scholars, such as Armstead (2019), who found the challenges encountered by African American women included detrimental racial stereotypes, lack of institutional leadership support, lack of credibility and authority, marginalization from informal groups, and contrasting connections with Caucasian women. Thus, there are impassable barriers to upward movement and coexistence in the workplace for

African Americans and other minorities, as Dubose (2017) found similar aspects underpinning these barriers.

After conducting research, Pew Research Center (2022) recommended that large progressive corporations consider hiring and empowering more women in the workplace not as a moral duty but as a sound business strategy (Pew Research Center, 2022). These findings are supported by current study results indicating that Black women leaders used their decision-making to counteract racism by creating job opportunities for everybody. They faced limiting challenges in the healthcare field, including race and gender-based discrimination. However, they created value and opportunities beyond racial and gender stereotyping. The findings have contributed to the current empirical literature by establishing that black women experienced racial and gender discrimination. However, despite these challenges, they created value and opportunities for themselves and other Black women in the workplace.

Implications for Policy or Practice

This study has several implications based on the findings discussed above. The implications are categorized into policy and the impact on practice. The information provided by the study findings could be used in implementing leadership changes in society. The findings could also be used by leadership, such as supervisors in health-related professional programs to enhance racial and gender diversity in the healthcare sector, as discussed below.

Implications for Policy

Organizations, especially the healthcare sector, can use these findings to create and implement work diversity policies to enable women and, more so, Black women to ascend to leadership positions as White women have. The federal government may use the study findings to implement diversity and workplace equity policies, such as racial and gender equality. School

districts may use these findings to implement mentorship and training programs for African American women to gain the requisite skills to ascend to top leadership positions in the healthcare sector.

Implications for Practice

This study has several implications for practice. The findings may be essential to the general population, especially in addressing the underrepresentation of African American women in top leadership positions. The findings may provide insight into the alarming statistics for women of Color in healthcare jobs globally by establishing strategies for creating opportunities despite their challenges. African American women may find these findings useful because they could use them to understand their need for resilience in creating job opportunities despite discrimination challenges. Healthcare sector professionals may also find these findings useful in helping them understand the importance of inclusivity and diversity in the workplace to enhance the promotion of Black women to top leadership positions in the health sector. Black women aspiring for leadership positions may collect these findings and use them to understand the needs and strategies for achieving greater success in their careers. Healthcare organizations' management could benefit from this study's findings, understanding the value Black women bring to their organizations and the need to establish cultural diversity.

The healthcare fields in which the study participants volunteered could also benefit from the findings. For instance, the head of the respiratory therapy program and other nursing and nursing assistant roles are transition managers, and clinical lab assistant supervisors could use the findings also. These results could be helpful, especially in developing a diversified workforce with the sensitivity to provide quality care to minority patients. Diversity is significant in the emergency room, where a nurse lead is present when patients are triaged and treated. Good

communication is essential in providing quality care. Many participants were in positions to impact intercultural and race-related communications with patients, as could those that consider the findings in this study.

Theoretical and Empirical Implications

Great man leadership theory was based on the presumption that leaders are born to lead and merited by their inborn or natural abilities (Early, 2017). Another underlying assumption of the great man theory of leadership was that those in power are justified to lead others because of the unique traits they have been endowed with since birth, including charisma, intelligence, political skills, and wisdom (Early, 2017). The current study findings contributed to the great man leadership theory by identifying how its primary constructs, such as charisma, gender, intelligence, political skills, and wisdom, contributed to African American women's top leadership experiences in the health sector.

Critically analyzing the sociocultural and economic factors shaping social realities and the stylistic leadership models of African American executive women inform the relationship between the healthcare industry and the lived leadership experiences of Black women operating within the same environment (Kalaitzi et al., 2019). The findings enhance the theory by establishing that despite Black women's challenges, they create opportunities by overcoming those barriers and transcending to top leadership positions in the healthcare sector. The study corroborates previous research by establishing that Black women provide value in the healthcare field and create opportunities for other Black women despite facing various racial discriminatory challenges, and this too, expands the theory.

Empirical Implications

The historical gendering of sectors such as the healthcare industry prioritizes a particular type of knowledge, creating barriers to critical research and practice associated with women, particularly Black women (Lomotey, 2019). The current study's findings have empirical, methodological significance to the current literature by adding to the existing literature qualitative findings regarding the challenges African American women face in top leadership positions in the healthcare sector. These include a qualitative phenomenological perspective based on the great man's leadership theoretical lens, which is currently limited in the existing body of literature. Kalaitzi et al. (2019) recommended further qualitative inquiry focused on the representation of Black women in top leadership positions using interviews. Therefore, the current study added to the current evidence by providing evidence regarding the factors contributing to the underrepresentation of Black women in the healthcare sector (Nair & Adetayo, 2019). In this regard, the current study contributed to the existing literature by establishing that Black women faced racial discrimination and stereotyping challenges. However, Black women persistently provided value and create opportunities for other Black women in the healthcare field to realize their full potential to succeed.

Limitations

Conducting internet-based interviews was highly recommended by the World Health Organization's social distancing protocols to prevent the spread of the Covid-19 pandemic, which was one of the limitations of the study (Sajed & Amgain, 2020). However, this study was also limited by the primary data collection method of internet-mediated interviews with the study participants as a more direct approach to gathering detailed and enhanced data despite the internet-mediated interviews being unreliable due to limited internet connectivity issues. The

research interview approach was appropriate for this qualitative phenomenological study as it is highly flexible and allows follow-up questions for further clarification and to develop more insight following a participant's initial comment (Saunders et al., 2019).

Another limitation of this study was that the research used a small and undiversified sample size to conduct the research. Undiversified sample size may not permit the generalizability of gender-based discrimination against women in the workplace from other female populations other than African American women.

A further limitation was that the research was conducted from one geographical setting. In this regard, the findings may not be transferred to other geographical locations. This study was conducted at Medley Hospital in Texas. The hospital embraces a vertical organizational structure with multiple layers of management designed to ensure that operational tasks are being done appropriately, contributing to the inclusion criterion the researcher used in choosing the specific site (Meri et al., 2018). Therefore, the study only considered one site, one type of healthcare facility, and only one state in the United States.

Delimitations

The study was also delimited by restricting the research to exploring Black women's experiences, attitudes, spirituality, and opinions in leadership positions within the healthcare sector. A sample of 12 participants was selected based on their experiences, knowledge, and relationships surrounding the conceptualization of Black women in leadership positions in healthcare administration. Its non-probabilistic nature necessitates me to rely on perspective analysis of potential respondents who fulfill the needs of the inquiry (Etikan et al., 2016). The participants were admitted into the study by the criteria of being over 18 years of age and a Black female employed in the healthcare sector in the capacity of a leader.

Recommendations for Future Research

The research used a small and undiversified sample size to conduct the research. Undiversified sample size may not permit the generalizability of gender-based discrimination against women in the workplace from other female populations other than African American women. Based on this limitation, future research could be conducted using other minorities to enable the transferability and reliability of the study findings on a larger sample of Black women.

Another recommendation is regarding the limitation that the research was conducted from one geographical setting, rendering the findings untransferable to other geographical settings. In this regard, further studies should be conducted from different locations to permit the transferability of findings to other sites and populations. Future research should also be conducted to understand the value of Black women in leadership positions in nursing homes and general practice healthcare offices. Additionally, future studies should be conducted on in-home care practices to understand the value and role of Black women leaders.

Conclusion

This study aimed to create a sustainable opportunity for social change by raising awareness about the intersectionality of race, gender, and class amongst leaders, further decreasing workplace oppression and discrimination, and fostering a conducive environment that promotes Black women into leadership positions (Mayberry, 2018). This qualitative phenomenological study aimed to explore how African American women describe their top leadership experiences in the healthcare sector through the great man theoretical lens.

Overall, the results indicated that socialization and cultural perspectives were shaped by three relevant factors, including the desire to seek opportunities for themselves and others in the healthcare field, a lack of organizational support, and negative healthcare experiences either for

themselves or their families prior to their entrance into the healthcare field. Black women faced challenges, including race- and gender-based discrimination, that impacted hiring and promotion practices to their detriment. Despite these barriers, Black women brought significant value to their organizations, often at a significant personal sacrifice. One of the valuable and unique abilities that Black women bring to their organizations involves using their decision-making to counteract racism that would negatively affect employees and patients.

The results of this study imply that Black women can offer greater value in the healthcare field; however, they face various challenges, such as racial discrimination and stereotyping. This study may help healthcare organizations' management understand the value Black women bring to their organizations and the need to establish cultural diversity in the healthcare sector. Future research could also focus on understanding the importance and role of Black women in general healthcare practice offices, nursing homes, and home care services.

REFERENCES

Aaron, T. S. (2020). Black women: Perceptions and enactments of leadership. *Journal of School Leadership*, *30*(2), 146-165. https://doi.org/10.1177%2F1052684619871020

Abdellatif, W., Ding, J., Jalal, S., Chopra, S., Butler, J., Ali, I. T., ... & Khosa, F. (2019). Leadership gender disparity within research-intensive medical schools: a transcontinental thematic analysis. *Journal of Continuing Education in the Health Professions*, *39*(4), 243-250. https://doi.org/10.1097/CEH.0000000000000270

Agosto, V., & Roland, E. (2018). Intersectionality and educational leadership: A critical review. *Review of Research in Education*, *42*(1), 255-285. https://doi.org/10.3102%2F0091732X18762433

Allen, B. L. (1995). Black female leadership: A preliminary step toward an alternative theory: *UMI*. https://doi.org/10.31274/rtd-180813-10001

Amegashie, A. R. (2018). *Diversity management program strategies to support competitive advantage and sustainable growth* (Doctoral dissertation, Walden University).

Annabi, H., & Lebovitz, S. (2018). Improving the retention of women in the I.T. workforce: An investigation of gender diversity interventions in the USA. *Information Systems Journal*, *28*(6), 1049-1081. http://doi.org/10.1111/isj.12182

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Department of Psychology and Curriculum Studies.*

Armstead, C. C. (2019). *A phenomenological study: Exploring the social-identity based competencies for racially diverse leaders in healthcare management* [Doctoral dissertation, North Central University]. ProQuest.

Atherton, D. E. (2018). Human Resource Management Practices for Public School Principals:

Recruitment, Selection, and Development. https://digitalcommons.csp.edu/cup_commons_grad_edd/117/

Bailey-Jackson, J. (2021). *Hope Beyond the Current Struggle: How Female African American Healthcare Leaders Cope with Discrimination in the Workplace* [Doctoral dissertation, University of Pennsylvania]. ProQuest.

Banks, N. (2019). Black women's labor market history reveals deep-seated race and gender discrimination. *Economic Policy Institute.* https://www.epi.org/blog/Black-womens-labor-market-history-reveals-deep-seated-race-and-gender-discrimination/

Barnes, J. (2017). Climbing the stairs to leadership: Reflections on moving beyond the stained-glass ceiling. *Journal of Leadership Studies*, *10*(4), 47-53.

Beall-Davis, S. (2017). *African American women in America: Underrepresentation, intersectionality, and leadership development experiences* (Doctoral dissertation, Walden University).

Ben, J., Cormack, D., Harris, R., & Paradies, Y. (2017). Racism and health service utilization: a systematic review and meta-analysis. *PloS one*, *12*(12), e0189900.

Berry, C., Khabele, D., Johnson-Mann, C., Henry-Tillman, R., Joseph, K. A., Turner, P., & Jordan, A. H. (2020). A call to action: Black/African American women surgeon scientists, where are they? *Annals of surgery*, *272*(1), 24-29. http://doi.org/doi: 10.1097/SLA.0000000000003786

Bertrand, M., & Rodela, K. C. (2018). A framework for rethinking educational leadership in the margins: Implications for social justice leadership preparation. *Journal of Research on Leadership Education*, *13*(1), 10-37. https://doi.org/10.1177%2F1942775117739414

Bettini, E. A., Walraven, C., Billingsley, B., & Williams, T. O. (2018). Special Educators of

Color Are Underrepresented Across States: A Challenge for Leaders. *Journal of Special Education Leadership*, *31*(1).

Bhalla, N. (2019). Strategies to improve equity in faculty hiring. *Molecular biology of the cell*, *30*(22), 2744-2749. https://doi.org/10.1091/mbc.E19-08-0476

Bloodhart, B., Balgopal, M. M., Casper, A. M. A., Sample McMeeking, L. B., & Fischer, E. V. (2020). Outperforming yet undervalued: Undergraduate women in STEM. Plos one, 15(6), e0234685. https://doi.org/10.1371/journal.pone.0234685

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology, 9*(1), 3–26. https://doi.org/10.1037/qup0000196

Breeden, T. J. (2021). Invited but excluded: Examining the underrepresentation of African American women and girls in STEM-based fields of education, and how historically Black colleges and universities are bridging the equity gap (Doctoral dissertation, University of Illinois at Urbana-Champaign). http://hdl.handle.net/2142/110546

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and practice*, *2*, 1-10.

Byrd, M. (2009). Theorizing African American women's leadership experiences: Socio-cultural theoretical alternatives. *Advancing Women in Leadership Journal*, *29.* https://awl-ojs-tamu.tdl.org/awl/index.php/awl/article/view/279

Calais-Haase, G., & Koehler, R. (2018). Efforts by Women of Faith to Achieve Gender Equality - Center for American Progress. *Center for American Progress.* https://www.americanprogress.org/issues/religion/news/2018/05/03/450268/efforts-women-faith-achieve-gender-equality/

Carr, P. L., Gunn, C., Raj, A., Kaplan, S., & Freund, K. M. (2017). Recruitment, promotion, and retention of women in academic medicine: how institutions are addressing gender disparities. *Women's Health Issues*, *27*(3), 374-381.

Carter Andrews, D. J., Castro, E., Cho, C. L., Petchauer, E., Richmond, G., & Floden, R. (2019). Changing the narrative on diversifying the teaching workforce: A look at historical and contemporary factors that inform recruitment and retention of teachers of color. https://doi.org/10.1177%2F0022487118812418

Castillo, F. A., & Hallinger, P. (2018). Systematic review of research on educational leadership and management in Latin America, 1991–2017. *Educational Management Administration & Leadership*, *46*(2), 207-225. https://doi.org/10.1177%2F1741143217745882

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, *10*(6), 807-815.

Cheeks, M. (2018). How Black women describe navigating race and gender in the workplace. *Harvard Business Review*, 26.

Chin, J. L. (2011). Women and Leadership: Transforming Visions and Current Contexts. *In Forum on Public Policy Online,* Vol. 2011 (2). Oxford Round Table.

Chisholm-Burns, M. A., Spivey, C. A., Hagemann, T., & Josephson, M. A. (2017). Women in leadership and the bewildering glass ceiling. *American Journal of Health-System Pharmacy*, *74*(5), 312-324. https://doi.org/10.2146/ajhp160930

Cobbinah, S. S., & Lewis, J. (2018). Racism & Health: A public health perspective on racial discrimination. *Journal of evaluation in clinical practice*, *24*(5), 995-998. https://doi.org/10.1111/jep.12894

Collins, K. H., Joseph, N. M., & Ford, D. Y. (2020). Missing in action: Gifted Black girls in science, technology, engineering, and mathematics. Gifted Child Today, 43(1), 55-63. https://doi.org/10.1177/1076217519880593

Cope, D. G. (2014, January). Methods and meanings: Credibility and trustworthiness of qualitative research. *Oncology nursing forum*. Vol. 41 (1) 89-91.

Crabtree, L. M., Richardson, S. C., & Lewis, C. W. (2019). The gifted gap, STEM education, and economic immobility. Journal of Advanced Academics, 30(2), 203-231. https://doi.org/10.1177/1932202X19829749

Creswell, J., & Poth, C. (2016). *Qualitative inquiry and research design: Choosing among five approaches.* (4th Ed.). Sage.

Creswell, J. W., & Poth, C. N. (2013). Philosophical assumptions and interpretive frameworks. *Qualitative inquiry and research design: choosing among five approaches. Los Angeles: Sage Publications*, 15-41.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches.* Sage.

Crown, A., Berry, C., Khabele, D., Fayanju, O. M., Cobb, A., Backhus, L., & Joseph, K. A. (2021). The role of race and gender in the career experiences of Black/African American academic surgeons: a survey of the Society of Black Academic Surgeons and a Call to Action. *Annals of Surgery*, *273*(5), 827-831. http://doi.org/10.1097/SLA.0000000000004502

Curtis, S. (2017). Black women's intersectional complexities: The impact on leadership. *Management in Education*, *31*(2), 94-102.

Daniëls, E., Hondeghem, A., & Dochy, F. (2019). A review on leadership and leadership

development in educational settings. *Educational research review*, *27*, 110-125. https://doi.org/10.1016/j.edurev.2019.02.003

Delgado, R., & Stefancic, J. (2013). *Critical race theory: The cutting edge*. Temple University Press.

Dicke, A. L., Safavian, N., & Eccles, J. S. (2019). Traditional gender role beliefs and career attainment in STEM: A gendered story?. Frontiers in psychology, 10, 1053. https://doi.org/10.3389/fpsyg.2019.01053

Dickens, D. D., & Chavez, E. L. (2018). Navigating the workplace: The costs and benefits of shifting identities at work among early career US Black women. *Sex Roles*, *78*(11), 760-774. https://doi.org/10.1007/s11199-017-0844-x

Di Stasio, V., & Larsen, E. N. (2020). The racialized and gendered workplace: applying an intersectional lens to a field experiment on hiring discrimination in five European labor markets. *Social Psychology Quarterly*, *83*(3), 229-250.

Doody, O., Slevin, E., & Taggart, L. (2013). Focus group interview's part 3: Analysis. *British journal of nursing*, *22*(5), 266-269. https://ulir.ul.ie/bitstream/handle/10344/3007/Doody_2013_focus.pdf?sequence=2

Dortch, D., & Patel, C. (2017). Black undergraduate women and their sense of belonging in STEM at predominantly White institutions. *NASPA Journal About Women in Higher Education*, *10*(2), 202-215.

Dreachslin, J. L., Weech-Maldonado, R., & Dansky, K. H. (2004). Racial and ethnic diversity and organizational behavior: a focused research agenda for health services management. *Social Science & Medicine*, *59*(5), 961-971.

Dreachslin, J. L., Weech-Maldonado, R., Gail, J., Epané, J. P., & Wainio, J. A. (2017). Blueprint for sustainable change in diversity management and cultural competence: Lessons from the National Center for Healthcare Leadership diversity demonstration project. *Journal of Healthcare Management*, *62*(3), 171-183. https://doi.org/10.1097/jhm-d-15-00029

Dubose, L. E. (2017). *Experiences in the leadership advancement of African American women* (Doctoral dissertation, Bowling Green State University).

Eaton, A. A., Saunders, J. F., Jacobson, R. K., & West, K. (2020). How gender and race stereotypes impact the advancement of scholars in STEM: Professors' biased evaluations of physics and biology post-doctoral candidates. *Sex Roles*, *82*(3), 127-141. https://doi.org/10.1037/0022-3514.93.5.751

Early, G. (2017). A short history of leadership theories. https://leadersquest.org/content/documents/A_short_history_of_leadership_theories.pdf

Elias, A., & Paradies, Y. (2021). The costs of institutional racism and its ethical implications for healthcare. *Journal of Bioethical Inquiry*, *18*(1), 45-58.

Elias, E. (2018). Lessons learned from women in leadership positions. *Work*, *59*(2), 175-181.

Engel, M., Cannata, M., & Curran, F. C. (2018). Principal influence in teacher hiring: Documenting decentralization over time. *Journal of Educational Administration*. https://doi.org/10.1108/JEA-05-2017-0061

Esser, A., Kahrens, M., Mouzughi, Y., & Eomois, E. (2018). A female leadership competency framework from the perspective of male leaders. *Gender in Management: An International Journal*. https://doi.org/10.1108/GM-06-2017-0077

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, *5*(1), 1-4.

Etowa, J., & Debs-Ivall, S. (2017). Leadership and Organizational Commitment to Ethno-Cultural Diversity in Healthcare. *Journal of Ethnographic & Qualitative Research*, *11*(4). https://web.b.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=19353308&AN=124031511&h=k9mHejDltewljlwKdL2GiBNeYZtDxKg2k4kDEFzEgZ8MNc%2fw%2bEuqe6rDIe257LyGI1t6NtQsQFYDo2ogAPY4Jw%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d19353308%26AN%3d124031511

Fares, P. (2019). The effects of race/ethnicity and racial/ethnic identification on general trust. *Social Science Research*, *80*, 1-14. https://doi.org/10.1016/j.ssresearch.2019.02.001

Fischler, A. (2018). Writing chapter 3 Chapter 3: Methodology. https://education.nova.edu/Resources/uploads/app/35/files/arc_doc/writing_chpt3_qualitative_research_methods.pdf

Fontenot, T. E. R. I. (2012). Leading ladies: women in healthcare leadership. *Frontiers of health services management*, *28*(4), 11-21.

Fuller, E., Hollingworth, L., & An, B. P. (2019). Exploring intersectionality and the employment of school leaders. *Journal of Educational Administration*. https://doi.org/10.1108/JEA-07-2018-0133

Galdas, P. (2017). Revisiting bias in qualitative research: Reflections on its relationship with funding and impact. *International Journal of Qualitative Methods.*

Geter, A., Sutton, M. Y., & Hubbard McCree, D. (2018). Social and structural determinants of HIV treatment and care among black women living with HIV infection: a systematic

review: 2005–2016. *AIDS care*, *30*(4), 409-416. https://doi.org/10.1080/09540121.2018.1426827

Gipson, A. N., Pfaff, D. L., Mendelsohn, D. B., Catenacci, L. T., & Burke, W. W. (2017). Women and leadership: Selection, development, leadership style, and performance. *The Journal of Applied Behavioral Science*, *53*(1), 32-65. https://doi.org/10.1177%2F0021886316687247

Greenidge Foster, O. S. (2021). A Phenomenological Exploration of the Leadership Development Experiences of Black Women. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=11219&context=dissertations

Guy, B., & Boards, A. (2019). A seat at the table: Exploring the experiences of underrepresented minority women in STEM graduate programs. Journal of prevention & intervention in the community, 47(4), 354-365. https://doi.org/10.1080/10852352.2019.1617383

Hague, L. Y., & Okpala, C. O. (2017). Voices of African American women leaders on factors that impact their career advancement in North Carolina community colleges. *Journal of Research Initiatives*, *2*(3), 3-40. https://digitalcommons.uncfsu.edu/cgi/viewcontent.cgi?article=1122&context=jri

Hall, A. R., Nishina, A., & Lewis, J. A. (2017). Discrimination, friendship diversity, and STEM-related outcomes for incoming ethnic minority college students. Journal of Vocational Behavior, 103, 76-87. https://doi.org/10.1016/j.jvb.2017.08.010

Harris, J. S. (2018). *Adherence to the Strong Black Woman Archetype and Sexual Agency: An Intersectional Exploration of Sexual Assertiveness, towards Deconstructing Black*

Women's Sexual Health [Doctoral dissertation, State University of New York at Stony Brook]. ProQuest.

Harvey Wingfield, A. (2019). "Reclaiming Our Time": Black Women, Resistance, and Rising Inequality: SWS Presidential Lecture. *Gender & Society*, *33*(3), 345-362. https://doi.org/10.1177%2F0891243219835456

Hays, R. D., Liu, H., & Kapteyn, A. (2015). Use of Internet panels to conduct surveys. *Behavior research methods*, *47*(3), 685-690.

Heilig, J. V., Flores, I. W., Barros Souza, A. E., Barry, J. C., & Monroy, S. B. (2019). Considering the ethnoracial and gender diversity of faculty in United States college and university intellectual communities. *Hisp. JL & Pol'y*, 1.

Hekman, D. R., Johnson, S. K., Foo, M. D., & Yang, W. (2017). Does diversity-valuing behavior result in diminished performance ratings for non-white and female leaders?. *Academy of Management Journal*, *60*(2), 771-797. https://doi.org/10.5465/amj.2014.0538

Hernandez, P. R., Bloodhart, B., Barnes, R. T., Adams, A. S., Clinton, S. M., Pollack, I., ... & Fischer, E. V. (2017). Promoting professional identity, motivation, and persistence: Benefits of an informal mentoring program for female undergraduate students. Plos one, 12(11), e0187531. https://doi.org/10.1371/journal.pone.0187531

Heward-Mills, N. L., Atuhaire, C., Spoors, C., Pemunta, N. V., Priebe, G., & Cumber, S. N. (2018). The role of faith leaders in influencing health behavior: a qualitative exploration on the views of Black African Christians in Leeds, United Kingdom. *The Pan African Medical Journal*, *30*.

Hewson, C. (2014). Qualitative approaches in Internet-mediated research: Opportunities, issues, possibilities. *The Oxford handbook of qualitative research*, 423-452.

Hilal, A. H., & Alabri, S. S. (2013). Using NVivo for data analysis in qualitative research. *International interdisciplinary journal of education*, *2*(2), 181-186.

Hilts, A., Part, R., & Bernacki, M. L. (2018). The roles of social influences on student competence, relatedness, achievement, and retention in STEM. Science Education, 102(4), 744-770. https://doi.org/10.1002/sce.21449

Hogan, V. K., de Araujo, E. M., Caldwell, K. L., Gonzalez-Nahm, S. N., & Black, K. Z. (2018). "We black women have to kill a lion everyday": An intersectional analysis of racism and social determinants of health in Brazil. *Social Science & Medicine*, *199*, 96-105. https://doi.org/10.1016/j.socscimed.2017.07.008

Holder, A., Jackson, M. A., & Ponterotto, J. G. (2015). Racial microaggression experiences and coping strategies of Black women in corporate leadership. *Qualitative Psychology*, *2*(2), 164.

Hoobler, J. M., Masterson, C. R., Nkomo, S. M., & Michel, E. J. (2018). The business case for women leaders: Meta-analysis, research critique, and the path forward. *Journal of Management*, *44*(6), 2473-2499.

Hope, M. O., Lee, D. B., Hsieh, H. F., Hurd, N. M., Sparks, H. L., & Zimmerman, M. A. (2019). Violence exposure and sexual risk behaviors for African American adolescent girls: The protective role of natural mentorship and organizational religious involvement. *American journal of community psychology*, *64*(1-2), 242-255. https://doi.org/10.1002/ajcp.12341

Hunt, J. S. (2015). Race, ethnicity, and culture in jury decision making. *Annual Review of Law and Social Science*, *11*(1), 269-288

Husserl, E. G. (1981). *Pure Phenomenology, Its Method, and Its Field of Investigatio*n. Routledge.

Husserl, E., & Gibson, W. R. B. (1983). *Ideas: general introduction to pure phenomenology*. Collier Books.

Iheduru-Anderson, K. C. (2021). The White/Black hierarchy institutionalizes White supremacy in nursing and nursing leadership in the United States. *Journal of Professional Nursing*, *37*(2), 411-421. https://doi.org/10.1016/j.profnurs.2020.05.005

Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of basic and clinical pharmacy*, *5*(4), 87.

Jenkins, T. (2019). Herstory: A Qualitative Examination of the Experiences of African American Women Senior Student Affairs Officers at Land-Grant Institutions.

John, J. J., John, E. S., Pioppo, L., Gupta, A., Chokhavatia, S., & Tilara, A. (2020). Gender Disparity in Academic Gastroenterology: Beginning of the End of the Underrepresentation of Women?. *Digestive diseases and sciences*, 1-8. https://doi.org/10.1007/s10620-020-06692-7

Jones, D. (2017). Constructing identities: Female head teachers' perceptions and experiences in the primary sector. *Educational Management Administration & Leadership*, *45*(6), 907-928. https://doi.org/10.1177%2F1741143216653973

Jones, M. S., & Solomon, J. (2019). Challenges and supports for women conservation leaders. *Conservation Science and Practice*, *1*(6), e36.

Johnson, J. C., Gamst, G., Meyers, L. S., Arellano-Morales, L., & Shorter-Gooden, K. (2016). Development and validation of the African American Women's Shifting Scale (AAWSS). *Cultural Diversity and Ethnic Minority Psychology*, *22*(1), 11.

Johnson, L. N., & Thomas, K. M. (2012). A similar, marginal place in the academy: Contextualizing the leadership strategies of Black women in the United States and South Africa. *Advances in Developing Human Resources*, *14*(2), 156-171.

Jordan, A., Shim, R. S., Rodriguez, C. I., Bath, E., Alves-Bradford, J. M., Eyler, L., & Mangurian, C. (2021). Psychiatry diversity leadership in academic medicine: guidelines for success. *American Journal of Psychiatry*, *178*(3), 224-228. https://doi.org/10.1176/appi.ajp.2020.20091371

Kalaitzi, S., Czabanowska, K., Azzopardi-Muscat, N., Cuschieri, L., Petelos, E., Papadakaki, M., & Babich, S. (2019). Women, healthcare leadership and societal culture: a qualitative study. *Journal of healthcare leadership*, *11*, 43.

Kim, Y. H. (2017). Assessing women's career barriers across racial/ethnic groups: The Perception of Barriers Scale. Journal of Counseling Psychology, 65(2), 226. https://doi.org/10.1037/cou0000251

King, N. S., & Pringle, R. M. (2019). Black girls speak STEM: Counterstories of informal and formal learning experiences. Journal of Research in Science Teaching, 56(5), 539-569. https://doi.org/10.1002/tea.21513

Kricorian, K., Seu, M., Lopez, D., Ureta, E., & Equils, O. (2020). Factors influencing participation of underrepresented students in STEM fields: matched mentors and mindsets. International Journal of STEM Education, 7(1), 1-9. https://doi.org/10.1186/s40594-020-00219-2

Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, *24*(1), 120-124.

Landay, K., Harms, P. D., & Credé, M. (2019). Shall we serve the dark lords? A meta-analytic review of psychopathy and leadership. *Journal of Applied Psychology, 104*(1), 183–196. https://doi.org/10.1037/apl0000357

Langkos, S. (2014). Research Methodology: Data collection method and research tools. *Derby, England: University of Derby. 10*(2.1), 3023-1369.

Laurencin, C. T., & Murray, M. (2017). An American crisis: the lack of Black men in medicine. *Journal of racial and ethnic health disparities*, *4*(3), 317-321. https://doi.org/10.1007/s40615-017-0380-y

Leaper, C., & Starr, C. R. (2019). Helping and hindering undergraduate women's STEM motivation: experiences with STEM encouragement, STEM-related gender bias, and sexual harassment. Psychology of Women Quarterly, 43(2), 165-183. https://doi.org/10.1177/0361684318806302

Leath, S., & Chavous, T. (2018). Black women's experiences of campus racial climate and stigma at predominantly white institutions: Insights from a comparative and within-group approach for STEM and non-STEM majors. The Journal of Negro Education, 87(2), 125-139. https://www.jstor.org/stable/10.7709/jnegroeducation.87.2.0125

Lee, T. Y., Landy, C. K., Wahoush, O., Khanlou, N., Liu, Y. C., & Li, C. C. (2014). A descriptive phenomenology study of newcomers' experience of maternity care services: Chinese women's perspectives. *BMC health services research*, *14*(1), 1-9.

Leech, N. L., & Onwuegbuzie, A. J. (2011). Beyond constant comparison qualitative data analysis: Using NVivo. *School Psychology Quarterly*, *26*(1), 70.

Livingston, S. (2018). Racism Is Still a Problem in Healthcare's C-Suite: Efforts Aimed at

Boosting Diversity in Healthcare Leadership Fail to Make Progress. *Journal of Best Practices in Health Professions Diversity*, *11*(1), 60-65. https://www.jstor.org/stable/26554292

Lomotey, K. (2019). Research on the leadership of Black women principals: Implications for Black students. *Educational Researcher*, *48*(6), 336-348. https://doi.org/10.3102%2F0013189X19858619

Longman, K., Daniels, J., Bray, D. L., & Liddell, W. (2018). How organizational culture shapes women's leadership experiences. *Administrative Sciences*, *8*(2), 8.

Luanglath, N., Ali, M. and Mohannak, K. (2019), "Top management team gender diversity and productivity: the role of board gender diversity," Equality, Diversity, and Inclusion, Vol. 38 (1), 24-86. http://doi.org/10.1108/EDI-04-2018-0067

Lussier, R. N., & Achua, C. F. (2015). *Leadership: Theory, application, & skill development*. Cengage.

Lyle-Wilson, A. (2019). Interview with Raniyah Copeland, President and CEO of the Black AIDS Institute Discussing Black Feminist Leadership, and Black Women at Risk. *Souls*, *21*(2-3), 227-235. https://doi.org/10.1080/10999949.2019.169715

Lyness, K. S., & Grotto, A. R. (2018). Women and leadership in the United States: Are we closing the gender gap?. *Annual Review of Organizational Psychology and Organizational Behavior*, *5*, 227-265. https://www.annualreviews.org/doi/abs/10.1146/annurev-orgpsych-032117-104739

Mayberry, K. R. (2018). African American Women Leaders, Intersectionality, and Organizations. *Walden Dissertations and Doctoral Studies.*

Mayer, C. H. (2017). A 'Derailed' Agenda? Black Women's Voices on Workplace Transformation. *Journal of International Women's Studies*, *18*(4), 144-163.

Mayer, C. H., Viviers, R., Oosthuizen, R., & Surtee, S. (2017). "Juggling the glass balls" workplace spirituality in women leaders. *South African Journal of Higher Education*, *31*(5), 189-205.

McCluney, C. L., & Rabelo, V. C. (2019). Conditions of visibility: An intersectional examination of Black women's belongingness and distinctiveness at work. *Journal of Vocational Behavior*, *113*, 143-152. https://doi.org/10.1016/j.jvb.2018.09.008

McDool, E., & Morris, D. (2020). Gender and Socio-economic Differences in STEM Uptake and Attainment. Centre for Vocational Education Research, LSE Discussion Paper, (29). https://cver.lse.ac.uk/textonly/cver/pubs/cverdp029.pdf

McGee, E. O. (2020). Interrogating structural racism in STEM higher education. Educational Researcher, 49(9), 633-644. https://doi.org/10.3102/0013189X20972718

McGee, E. O., & Bentley, L. (2017). The troubled success of Black women in STEM. Cognition and Instruction, 35(4), 265-289. https://doi.org/10.1080/07370008.2017.1355211

McGee, E. O., Botchway, P. K., Naphan-Kingery, D. E., Brockman, A. J., Houston, S., & White, D. T. (2021). Racism camouflaged as impostorism and the impact on black STEM doctoral students. Race Ethnicity and Education, 1-21. https://doi.org/10.1080/13613324.2021.1924137

McKinsey & Company (2018). *Race in the workplace. https://www.mckinsey.com/~/media/McKinsey/Featured%20Insights/Diversity%20and%20Inclusion/Race%20in%20the%20workplace%20The%20Black%20experience%20in%*

20the%20US%20private%20sector/Race-in-the-workplace-The-Black-experience-in-the-US-private-sector-v3.pdf

Meri, A., Hasan, M. K., & Safie, N. (2018). The Impact of Organizational Structure and System Settings on the Healthcare Individuals' Perception to Utilize Cloud Services: A Theoretical Literature Survey. *Journal of Engineering and Applied Sciences*, *13*(4), 888-897.

Merriam, S. B., & Grenier, R. S. (Eds.). (2019). *Qualitative research in practice: Examples for discussion and analysis*. John Wiley & Sons.

Moen, E. L., Fricano-Kugler, C. J., Luikart, B. W., & O'Malley, A. J. (2016). Analyzing clustered data: why and how to account for multiple observations nested within a study participant? *Plos one*, *11*(1), e0146721.

Mohajan, H. K. (2018). Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment, and People*, *7*(1), 23-48

Moorosi, P., Fuller, K., & Reilly, E. (2018). Leadership and intersectionality: Constructions of successful leadership among Black women school principals in three different contexts. *Management in Education*, *32*(4), 152-159. https://doi.org/10.1177%2F0892020618791006

Morgan, M. (2020, April). Black women in leadership: The complexity of intersectionality. In *International Conference on Gender Research* (pp. 321-XI). Academic Conferences International Limited.

Mortensen, H. D. (2020). How to do a thematic analysis of user interviews. https://www.interaction-design.org/literature/article/how-to-do-a-thematic-analysis-of-user-interviews

Mousa, M., Boyle, J., Skouteris, H., Mullins, A. K., Currie, G., Riach, K., & Teede, H. J. (2021). Advancing women in healthcare leadership: a systematic review and meta-synthesis of multi-sector evidence on organisational interventions. *EClinicalMedicine*, *39*, 101084. https://doi.org/10.1016/j.eclinm.2021.101084

Moustakas, C. (1994). *Phenomenological research methods*. Sage.

Mukhwana, A. M., Abuya, T., Matanda, D., Omumbo, J., & Mabuka, J. (2020). Factors which Contribute to or Inhibit Women in Science, Technology, Engineering, and Mathematics in Africa. Nairobi: African Academy of Sciences.

Murakami, E. T., & Törnsen, M. (2017). Female secondary school principals: Equity in the development of professional identities. *Educational Management Administration & Leadership*, *45*(5), 806-824. https://doi.org/10.1177%2F1741143217717273

Nair, L., & Adetayo, O. A. (2019). Cultural competence and ethnic diversity in healthcare. *Plastic and Reconstructive Surgery Global Open*, *7*(5). https://dx.doi.org/10.1097%2FGOX.0000000000002219

Nili, A., Tate, M., & Johnstone, D. (2017). A framework and approach for analysis of focus group data in information systems research. *Communications of the Association for Information Systems*, (*40*).

Northouse, P. (2018). The History of Leadership Studies and Evolution of Leadership Theories. https://toughnickel.com/business/The-History-of-Leadership-Studies-and-Evolution-of-Leadership-Theories, 12.

Ogbolu, Y., Scrandis, D. A., & Fitzpatrick, G. (2018). Barriers and facilitators of care for diverse patients: Nurse leader perspectives and nurse manager implications. *Journal of nursing management*, *26*(1), 3-10. https://doi.org/10.1111/jonm.12498

Ong, M., Jaumot-Pascual, N., & Ko, L. T. (2020). Research literature on women of color in undergraduate engineering education: A systematic thematic synthesis. Journal of Engineering Education, 109(3), 581-615. https://doi.org/10.1002/jee.20345

Park, J. J., Kim, Y. K., Salazar, C., & Hayes, S. (2020). Student–faculty interaction and discrimination from faculty in STEM: The link with retention. Research in Higher Education, 61(3), 330-356. https://doi.org/10.1007/s11162-019-09564-w

Patterson-Stephens, S. M., & Vital, L. M. (2017). Black doctoral women: Exploring barriers and facilitators of success in graduate education. Academic Perspectives in Higher Education, 3(1), 5. : https://digitalcommons.odu.edu/aphe/vol3/iss1/5

Pearson, B. T. (2020). *African American Female Executive Leaders: Identifying and Implementing Strategies to Ensure Health, Wellness, and Well-Being*. Fisher Digital Publications.

Pew Research Center (2022). *Black Americans Have a clear vision for reducing racism but little hope it will happen. https://www.pewresearch.org/race-ethnicity/2022/08/30/black-americans-have-a-clear-vision-for-reducing-racism-but-little-hope-it-will-happen/*

Piatek-Jimenez, K., Cribbs, J., & Gill, N. (2018). College students' perceptions of gender stereotypes: making connections to the underrepresentation of women in STEM fields. International Journal of Science Education, 40(12), 1432-1454. https://doi.org/10.1080/09500693.2018.1482027

Pierszalowski, S., Bouwma-Gearhart, J., & Marlow, L. (2021). A Systematic Review of Barriers to Accessing Undergraduate Research for STEM Students: Problematizing Under-Researched Factors for Students of Color. Social Sciences, 10(9), 328. https://doi.org/10.3390/socsci10090328

Pietilä, A. M., Nurmi, S. M., Halkoaho, A., & Kyngäs, H. (2020). Qualitative research: Ethical considerations. *The application of content analysis in nursing science research* (pp. 49-69). Springer, Cham.

Polit, D. F., & Beck, C. T. (2014). *Essentials of nursing research. Appraising evidence for nursing Practice.* (8th ed). Wolters Kluwer Health/Lippincott Williams & Wilkins.

Prescod-Weinstein, C. (2020). Making Black women scientists under white empiricism: the racialization of epistemology in physics. Signs: Journal of Women in Culture and Society, 45(2), 421-447. https://www.journals.uchicago.edu/doi/full/10.1086/704991#

Randel, A. E., Galvin, B. M., Gibson, C. B., & Batts, S. I. (2021). Increasing career advancement opportunities through sponsorship: An identity-based model with illustrative application to cross-race mentorship of African Americans. Group & Organization Management, *46*(1), 105-142. https://doi.org/10.1177%2F1059601120978003

Rainey, K., Dancy, M., Mickelson, R., Stearns, E., & Moller, S. (2018). Race and gender differences in how sense of belonging influences decisions to major in STEM. International journal of STEM education, 5(1), 1-14. https://doi.org/10.1186/s40594-018-0115-6

Rankin, Y. A., & Thomas, J. O. (2020, February). The intersectional experiences of black women in computing. In Proceedings of the 51st ACM Technical Symposium on Computer Science Education (pp. 199-205). https://doi.org/10.1145/3328778.3366873

Ranney, M. L., Meisel, Z. F., Choo, E. K., Garro, A. C., Sasson, C., & Morrow Guthrie, K. (2015). Interview-based qualitative research in emergency care part II: Data collection, analysis, and results reporting. *Academic Emergency Medicine*, *22*(9), 1103-1112.

Roberts, K., Dowell, A., & Nie, J. B. (2019). Attempting rigor and replicability in the thematic analysis of qualitative research data; a case study of codebook development. *BMC medical research methodology*, *19*(1), 1-8.

Robinson, K., Shakeshaft, C., Grogan, M., & Newcomb, W. S. (2017, April). Necessary but not sufficient: The continuing inequality between men and women in educational leadership, findings from the American Association of School Administrators mid-decade survey. In *Frontiers in Education* (Vol. 2, p. 12). Frontiers. https://www.frontiersin.org/articles/10.3389/feduc.2017.00012/full

Robles, H. (2019). Underrepresented students in STEM (Doctoral dissertation). http://hdl.handle.net/20.500.12648/1420

Rollins, L., Sy, A., Crowell, N., Rivers, D., Miller, A., Cooper, P., & Ofili, E. (2018). Learning and action in community health: Using the health belief model to assess and educate African American Community residents about participation in clinical research. *International journal of environmental research and public health*, *15*(9), 1862. https://doi.org/10.3390/ijerph15091862

Sajed, A. N., & Amgain, K. (2020). Coronavirus disease (COVID-19) outbreak and the strategy for prevention. *Europasian Journal of Medical Sciences*, *2*(1), 1-3.

Salles, A., Awad, M., Goldin, L., Krus, K., Lee, J. V., Schwabe, M. T., & Lai, C. K. (2019). Estimating implicit and explicit gender bias among health care professionals and surgeons. *JAMA network open*, *2*(7), e196545-e196545. doi:10.1001/jamanetworkopen.2019.6545

Saunders, M., Lewis, P., & Thornhill, A. (2019). *Research methods for business students*. Pearson.

Sawyer, R. D. (2017). The lack of African American women CEOs in corporate America: A qualitative phenomenological study. [Doctoral dissertation, Walden University]. ProQuest.

Sebastian, J., Camburn, E. M., & Spillane, J. P. (2018). Portraits of principal practice: Time allocation and school principal work. *Educational administration quarterly*, *54*(1), 47-84. https://doi.org/10.1177%2F0013161X17720978

Selzer, R., Howton, A., & Wallace, F. (2017). Rethinking women's leadership development: Voices from the trenches. *Administrative Sciences*, *7*(2), 18.

Sharma, M. (2019). Applying feminist theory to medical education. *The Lancet*, *393*(10171),

Sherry, S. H., & Perez, J. (2019). Leadership Theories and United States Demographic Shifts: Responsiveness in the Workplace. *Journal of Research Initiatives*, *5*(1), 8-9. https://digitalcommons.uncfsu.edu/cgi/viewcontent.cgi?article=1230&context=jri

Shi, H. Y., Levy, A. N., Trivedi, H. D., Chan, F. K., Ng, S. C., & Ananthakrishnan, A. N. (2018). Ethnicity influences phenotype and outcomes in inflammatory bowel disease: a systematic review and meta-analysis of population-based studies. *Clinical Gastroenterology and Hepatology*, *16*(2), 190-197.

Silver, R. (2017). Healthcare leadership's diversity paradox. *Leadership in Health Services*, *30*(1), 68-75. https://doi.org/10.1108/LHS-02-2016-0007

Simonsen, K. A., & Shim, R. S. (2019). Embracing diversity and inclusion in psychiatry leadership. *Psychiatric Clinics*, *42*(3), 463-471.

Smith, A. N., Watkins, M. B., Ladge, J. J., & Carlton, P. (2019). Making the invisible visible: Paradoxical effects of intersectional invisibility on the career experiences of executive

Black women. *Academy of Management Journal*, *62*(6), 1705-1734. https://doi.org/10.5465/amj.2017.1513

Stewart, M. (2021). Women of Color Continue to Be Shut Out of Leadership Positions in Health Care. *Insightintodiversity.* Retrieved 16 August 2021, from https://www.insightintodiversity.com/women-of-color-continue-to-be-shut-out-of-leadership-positions-in-medicine-and-health-care-but-one-school-is-working-to-change-that/.

Stockard, J., Rohlfing, C. M., & Richmond, G. L. (2021). Equity for women and underrepresented minorities in STEM: Graduate experiences and career plans in chemistry. Proceedings of the National Academy of Sciences, 118(4). https://doi.org/10.1073/pnas.2020508118

Storberg-Walker, J., & Madsen, S. R. (2017). *The women and leadership theory think tank report 2015*. George Washington University.

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian journal of hospital pharmacy*, *68*(3), 226.

Tan, T. Q. (2019). Principles of inclusion, diversity, access, and equity. *The Journal of infectious diseases*, *220* (Supplement_2), S30-S32. https://doi.org/10.1093/infdis/jiz198

Tangel, V., White, R. S., Nachamie, A. S., & Pick, J. S. (2019). Racial and ethnic disparities in maternal outcomes and the disadvantage of peripartum black women: a multistate analysis, 2007–2014. *American journal of perinatology*, *36*(08), 835-848. DOI: 10.1055/s-0038-1675207

Toledo, P., Duce, L., Adams, J., Ross, V. H., Thompson, K. M., & Wong, C. A. (2017). Diversity in the American Society of Anesthesiologists leadership. *Anesthesia & Analgesia*, *124*(5), 1611-1616. https://doi.org/10.1213/ANE.0000000000001837

Townsend, C. V. (2021). Identity politics: Why African American women are missing in administrative leadership in public higher education. *Educational Management Administration & Leadership*, *49*(4), 584-600. https://doi.org/10.1177%2F1741143220935455

Triangulation, D. S. (2014, September). The use of triangulation in qualitative research. *Oncology nursing forum* Vol. 41(5) 545.

Trujillo, T., Møller, J., Jensen, R., Kissell, R. E., & Larsen, E. (2018). Images of educational leadership: How principals make sense of democracy and social justice in two distinct policy contexts. *Educational Administration Quarterly*, 0013161X20981148. https://doi.org/10.1177%2F0013161X20981148

Turman, E. (2019). Black women's faith, Black women's flourishing. *The Christian Century.* https://www.christiancentury.org/article/critical-essay/Black-women-s-faith-Black-women-s-flourishing

U.S. Department of Labor Statistics (DOL) (2019). *Projections overview and highlights, 2019–29*. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjehsfv39j7AhUlQ_EDHfaID4AQFnoECBgQAQ&url=https%3A%2F%2Fwww.bls.gov%2Fopub%2Fmlr%2F2020%2Farticle%2Fprojections-overview-and-highlights-2019-29.htm&usg=AOvVaw2P_M0_Kh-s4JJAm6w1cjf

Vaismoradi, M., & Snelgrove, S. (2019, September). Theme in qualitative content analysis and thematic analysis. *Forum Qualitative Socialforschung/Forum: Qualitative Social Research,* Vol. 20 (3).

Vanderbroeck, P., & Wasserfallen, J. B. (2017). Managing gender diversity in healthcare: getting it right. *Leadership in Health Services*, *14*(6), 19-27. https://doi.org/10.1108/LHS-01-2016-0002

Van Eeuwijk, P., & Angehrn, Z. (2017). *How to Conduct a Focus Group Discussion (FGD).* Methodological Manual.

Vilakati, V. M., & Schurink, W. J. (2021). An explorative-descriptive qualitative-constructivist study of three African leaders' experiences and perceptions regarding the translation of shared African human values into leadership and business practice. *SA Journal of Human Resource Management*, *19*, 12.

Vue, R., Haslerig, S. J., & Allen, W. R. (2017). Affirming race, diversity, and equity through Black and Latinx students' lived experiences. *American Educational Research Journal*, *54*(5), 868-903. https://doi.org/10.3102/0002831217708550

Waite, R., & Nardi, D. (2019). Nursing colonialism in America: Implications for nursing leadership. *Journal of Professional Nursing*, *35*(1), 18-25. https://doi.org/10.1016/j.profnurs.2017.12.013

Wallington, C. F. (2020). Barriers, borders, and boundaries: Exploring why there are so few African American males in the public relations profession. *Public Relations Journal*, *12*(3), 1-17. https://prjournal.instituteforpr.org/wp-content/uploads/Wallington_Final1_-Edited_PRJJune2020.pdf

Warren, R. C., Shedlin, M. G., Alema-Mensah, E., Obasaju, C., & Hodge Sr, D. A. (2019). Clinical trials participation among African Americans and the ethics of trust: Leadership perspectives. *Ethics, Medicine and Public Health*, *10*, 128-138. https://doi.org/10.1016/j.jemep.2019.100405

Weerarathna, R. S., & Hapurugala, S. (2019). The effect of gender on career progression: A conceptual model. *International Journal of Business and Management*, *14*(7), 13-18. https://doi.org/10.5539/ijbm.v14n7p23

West, S. (2019). *Leadership: A critical text*. Sage.

Wiley, K., Bustamante, R., Ballenger, J., & Polnick, B. (2017). African American Women Superintendents in Texas: An Exploration of Challenges and Supports. *Journal of School Administration Research and Development*, *2*(1), 18-24.

Wilson, S. (2019). Racism Is Real. Racism Is Complicated. Racism Is Real Complicated. *Family Medicine*, *51*(1), 8-10. https://doi.org/10.22454/fammed.2019.413518

Yearby, R. (2018). Internalized oppression: The impact of gender and racial bias in employment on the health status of women of color. *Seton Hall L. Rev.*, *49*, 1037.

APPENDIX A

IRB APPROVAL

From: do-not-reply@cayuse.com
Subject: [External] IRB-FY21-22-1040 - Initial: Initial - Expedited
Date: July 13, 2022 at 3:16:01 PM CDT
To: [redacted]

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

July 13, 2022

[redacted]
Ellen Ziegler

Re: IRB Approval - IRB-FY21-22-1040 A PHENOMENOLOGICAL STUDY OF BLACK WOMEN IN LEADERSHIP: EXPLORING THE LIVED EXPERIENCES OF WOMEN IN THE HEALTHCARE FIELD

Dear [redacted]

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: July 13, 2022. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent

document(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX B

CONSENT FORM

Title of the Project: A Phenomenological Study of Black Women in Leadership: Exploring the Lived Experiences of Women in the Healthcare Field
Principal Investigator: [redacted]

Invitation to be part of a Research Study

You are invited to participate in a research study. To participate, you must be a Black woman in a top leadership position in the healthcare field for at least three years. Taking part in this research project is voluntary.

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

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

The study explores how African American women describe their top leadership experiences in the healthcare field through the great man theoretical lens. The central phenomenon of the study will explore the factors influencing the underrepresentation of African American women in top leadership positions in the healthcare field.

What will happen if you take part in this study?

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

1. Participate in an audio- and video-recorded virtual interview for approximately one hour.
2. 4-5 participants will be randomly selected to participate in an audio- and video-recorded, one-hour virtual focus group.
3. Allow the researcher to observe you and take notes as you go about your workday (15-60 minutes).
4. Participants will have the opportunity to review their transcripts to ensure accuracy.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a better understanding of African American women's top leadership experiences in the healthcare field, including success and risk factors.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a participant. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, anyz

information that could identify you will be removed before the data is shared.

- In this study, participant responses will be kept confidential through the use of pseudonyms. Interviews and focus groups will be conducted virtually in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. Hard copy data will be stored in a locked cabinet. After three years, all electronic records will be deleted, and hard copies shredded.
- Interviews, focus groups, will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with individuals outside of the group.

Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

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 decide to withdraw, data collected from you apart from focus group data will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

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

The researcher conducting this study is [redacted]. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or [redacted]. You can also contact her faculty sponsor, [redacted] at [redacted].

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, **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.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you agree to participate 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 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 and video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

APPENDIX C

Invitation Flyer

PARTICIPANTS NEEDED

A PHENOMENOLOGICAL STUDY OF BLACK WOMEN IN LEADERSHIP: EXPLORING THE LIVED EXPERIENCES OF WOMEN IN THE HEALTHCARE FIELD

- Are you a Black woman?
- Have you worked in a top leadership position in the healthcare field for at least 3 years?

If you answered **yes** to all of the above questions, you may be eligible to participate in a research study.

This research study explores how Black women describe their top leadership experiences in the health care field through the great man theoretical lens. The central phenomenon of the study will explore the factors influencing the underrepresentation of Black women in top leadership positions in the healthcare field. Participants will be asked to participate in an audio- and video-recorded, virtual interview (45-60 minutes), 4-5 participants will be asked to participate in an audio- and video-recorded virtual focus group (60 minutes), and participants will be asked to allow the researcher to observe them going about their workday (15-60 minutes). All participants will be able to review their interview and focus group transcripts to ensure accuracy.

Consent information will be provided.

[redacted], a doctoral candidate in the School of Education at Liberty University, is conducting this study.

If you are interested in participating or have questions about the study, please contact [redacted]

APPENDIX D

Site Approval Letter

May 4, 2022

Dear [redacted]

After carefully reviewing your research proposal entitled A Phenomenological Study of Black Women in Leadership: Exploring the Lived Experiences of Women in the Healthcare Field, permission has been granted to contact our faculty/staff/others and invite them to participate in your study.

✓☐ We are requesting a copy of the results upon study completion and/or publication.]

Sincerely,

[redacted]

APPENDIX E

Standardized Open-Ended Interview Questions

Screening Questions

1. Are you a Black woman in a top leadership position in the healthcare field?
2. Have you been in a top leadership position for at least 3 years?
3. How many years of experience do you have in the healthcare field?
4. What is your current role at your healthcare facility?

Standardized Open-Ended Interview Questions

1. Why did you choose the healthcare industry?
2. How do you ensure your department delivers and adheres to the institutional objectives?
3. How do you demonstrate the value of the services you deliver to the clients at the hospital?
4. What challenges have you encountered that you feel are limiting regarding the intersections of race, gender, social class, and spirituality?
5. What are some of the experiences you have encountered as a Black female executive during your career?
6. What are some of the coping strategies you have developed to mitigate the challenges encountered as a Black woman in a leadership position?
7. What collaboration efforts you have personally spearheaded with other Black women leaders to educate and improve the living experiences of others aspiring to become leaders in the healthcare sector?
8. How would you describe instances you have created opportunities for young aspiring Black female leaders within the institution?
9. How does your decision-making process differ from your White female and male counterparts, who are also executives working in healthcare?
10. Are there any compromises you have had to make as a Black woman in a high-profile leadership position? What were the implications?
11. How would you describe your relationship with your colleagues and staff?

APPENDIX F

Research Observation Protocol

(I will use a scheduled, non-participant observation style)

1. Which areas of the hospital do the executives operate in on a day-to-day basis?
2. What does a standard work schedule for the executives entail? (Record time stamps and any other additional relevant contexts).
3. What are some of the common themes to emerge from all women?
4. What services do they provide with regard to their respective administrative roles?
5. What challenges do they encounter daily based on their religion, race, gender, and social class?
6. What sort of coping mechanisms have they developed in response to these challenges?
7. How do their leadership positions influence their interaction and engagement with colleagues, staff, and patients?
8. How do female executives behave in the workplace? (Conceptualize their conversations and relate their actions, attitudes, and experiences to the context of the observation.)
9. What are some reflexive comments from the executives?

APPENDIX G

Observations Procedure

1. Selection of the research inquiry's setting and obtaining all the required approvals and access to conduct the study.
2. Identify broad themes and characteristics to inform on the specific aspects of this study. Furthermore, identify the research participants selected for observation with the help of the site administrators.
3. Establish myself as a non-participant observer for this research inquiry.
4. Develop an appropriate observation protocol, which will guide my field notes.
5. Record specific descriptions and interpretations of the observations concerning the phenomenon under study.
6. Build a foundational rapport with the participants after introducing myself.
7. Adhere to all the protocols and guidelines of the institution during my observation, then slowly withdraw using appropriate observational procedures.
8. Develop good research notes rich in the narrative description that will aid in conceptualizing the research inquiry.

APPENDIX H

Standardized Focus Group Questions

1. In what ways do you think your unique traits, skills, attributes, experiences, and background are valued at your place of work?
2. How would you identify and describe aspects of your social or holistic identity that you dissociate from while at your workplace?
3. What are the aspects of your spiritual, cultural, emotional, or physical self that you actively or passively diminish at work?
4. Do the roles of women in leadership bring additional benefits to the leadership department?
5. What qualities of women would you say act as barriers to their promotion to top leadership positions?
6. How would you describe the quality social and emotional support from your co-workers?
7. Could you describe moments you considered quitting or resigning from your executive positions in your institutions? What culminated in such feelings?
8. What are the challenges that your coworkers noticed that affected your ability to participate in your day-today activities? Can you describe in detail what these challenges are?
9. How have these unique challenges impacted and influenced your decision-making processes and job descriptions?
10. How would you describe the quality of support provided to develop your skills and progress in your career, and how could your institutions better support you?

11. How would you describe your overall experiences at the organization in reference to your colleagues?
12. To what extent would you describe your interactions, whether formally or informally, with your colleagues across the institution, and how often do you interact with them outside your departments?
13. Describe instances where you encountered bias and prejudice or discrimination in your workplace regarding your spirituality, gender, and/or race?
14. What behaviors, characteristics, and contributions do you conceptualize as most valued and rewarded within your workplaces?
15. What do you usually do or need to get ahead of your workplace's barriers and intersectional challenges?
16. How would you describe your leadership style within the context of your workplace?