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Lessons Of Experience: An Examination Of The Opportunity Structure For Developing Senior Health Care Leaders

Anthony J. Newkirk
North Carolina Agricultural and Technical State University

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Lessons of Experience: An Examination of the Opportunity Structure
for Developing Senior Health Care Leaders

Anthony J. Newkirk

North Carolina A&T State University

A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Department: Leadership Studies

Major: Leadership Studies

Major Professor: Dr. Forrest Toms

Greensboro, North Carolina

2013

School of Graduate Studies
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Dedication

This dissertation is dedicated to my family including my mother Retha; my father and stepmother, James & Lula; my sisters, Regina, Sharon, Sonya and Alecia; and my brothers, Reginald and Clayton. It was their love, support, prayers and encouragement that gave me the strength to endure this challenging journey. My most valuable learning in life has come through the power of family where I was blessed to experience the dynamic leadership of my grandparents, Eddie & Inez, who left their legacy of community leadership that is remembered and cherished in the communities where they served until their transition. Their role model and genuine spiritual foundation has provided generations of favor to me and every member of the Newkirk family. This is to say thank you to the most powerful force upon the earth and the thing that resembles God the most—The Family.

Biographical Sketch

Anthony James Newkirk is a graduate of North Carolina A&T State University with a Bachelor's degree in Public Relations (1991) and a Master of Science degree in Counseling (1995). As a National Certified Counselor, Licensed Professional Counselor, Master Addictions Counselor and Licensed Clinical Addictions Specialist, he has over 18 years of experience as a professional counselor. He has completed a certificate program in Diversity Management at the International Institute for Diversity & Cross-Cultural Management at the University of Houston.

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Anthony is a member of the following organizations: Society for Human Resource Management (SHRM), American Society for Healthcare Human Resources Administration (ASHHRA) and the North Carolina Society for Healthcare Human Resources Administration (NCSHHRA) and Golden Key International Honor Society. He is a recent inaugural recipient of Triangle Business Journal's Leaders in Diversity Award. Anthony currently resides in Raleigh, North Carolina where he enjoys deep-sea fishing on the North Carolina coast.

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Abstract

This research study identified the opportunity structure for developing senior health care leaders by comparing the key events and key lessons reported by senior health care leaders to the key drivers for leadership development reported by corporate leaders in previous lessons of experience studies conducted by researchers at the Center for Creative Leadership (CCL).

Using a qualitative, phenomenological approach, the researcher conducted twenty audio-recorded semi-structured interviews with senior health care leaders and high potential employees at a major health care system and analyzed participants' experiences using the lessons of experience (LOE) coding scheme developed by researchers at CCL.

The results of this research study revealed that the key drivers for developing senior health care leaders are developmental relationships, challenging assignments, personal experiences and adverse situations, respectively. This result shows that senior health care leaders have learned to lead differently than corporate leaders who reported their key drivers in a different respective order: challenging assignments, developmental relationships, adverse situations, coursework and training and personal experiences. This study also found that overall, high potential employees' developmental experiences were categorically the same as the senior health care leaders,' though not to the same extent, and their sources of learning were somewhat different from senior health care leaders' sources of learning. The major implication of this study shows that a focus on maximizing the developmental relationships will build leadership capacity in health care organizations.

CHAPTER 1

Establishing the Basis of Knowledge: An Introduction to the Study

Leadership is an important component of an overall organization's success. Top health care leaders identify the development of leadership bench strength throughout the organization as a top priority for ensuring the organization's sustainability (Advisory Board Company, 2008).

The health care industry is an important component of the overall society and economy. The challenges that are associated with leading a \$1.7 trillion industry have created a need for strong leaders at all levels in health care organizations (Heffler et al., 2003).

The complexities of health care organizations and their interactions with the larger community for which they serve expose health care leaders to a tremendous diversity of experience. Health care leaders deal with fulfilling multiple roles in dealing with the dynamics of rapid change, multiple stakeholders and the achievement of performance outcomes across multiple dimensions of effectiveness (McAlearney, 2006). The development of leaders in health care organizations is a costly and worthwhile investment. Health care organizations have invested in the training and development of leaders as part of their strategy to sustain the leadership pipeline. However, health care organizations may face a leadership crisis as the current generation of chief executive officers (CEO's) nears retirement and at the same time traditional means of developing the leadership pipeline continues to erode (McAlearney, 2006).

The health care industry has not demonstrated significant progress in implementing strategies to develop leaders in an effort to provide solutions for a potential leadership crisis (Groves, 2006). The industry, as a whole, has failed to demonstrate a strategic plan that will sustain leadership across all levels. Succession planning efforts are not consistent throughout the health care industry. Succession planning cannot be a separate function of the leadership

development process. Because they share the fundamental goal of getting the right skills into the right positions, leadership development must be integrated within the organization's succession planning efforts (Conger & Fulmer, 2003).

Despite the health care industry's position as a large sector of business, overall the industry's efforts in assuring leadership success are inadequate and irresponsible as the industry lags in the formation of strong leadership development practices. The lack of leader development across all levels of leadership in health care is crucial because of the realities of mass retirements of senior and middle leaders who are reaching or are at and beyond retirement age (McAlearney, 2006).

McAlearney (2006) conducted a study to challenge the health care industry to develop a best practice model for developing leaders. Findings indicated that there are major inconsistencies as to how health care organizations develop their leaders. The study found that hospitals lack a formal mentoring program and in cases where they do have a formal mentoring program, the programs are relatively new. Secondly, the study found that formal leadership development programs existed in only one-third of the organizations studied. In addition, the research findings for this study suggest that ensuring that organizational leaders engage individuals in the leadership pipeline through support is a key component of creating an environment that will support the sustainability of future leaders within their respective organizations.

Research shows that development comes from experience through the experiential and vicarious learning in the leader development process. Knowledge about the developmental experiences of leaders is important to the efforts to develop leaders across all levels of leadership

throughout the organization (Popper, 2005). Integration of succession planning and leadership development is an effective way to build the leadership pipeline in organizations (Groves, 2007).

The development of leaders relies on the support of others (Groves, 2007). The development of leaders is an important function and requires an environment that provides nurture, meaningful experiences, feedback, mentoring and a legitimate path for growth in the organization (Grossman, 2011). An important aspect of the leader development process is the role of leader developers as an intentional resource for such support. Leader developers are those individuals who facilitate the development of leadership potential in individuals and assure that the organizational climate is conducive for developmental readiness that will support individual and organizational success (Avolio & Hannah, 2008).

Leader developers have the important task of identifying experiences for leaders that will be developmental. An important component in leader development is the ability of leaders to draw upon past elements of their experiences in order to incorporate those experiences into their present learning (Janson, 2008). The right mix of experiences provides for a greater developmental opportunity. The developmental experiences of leaders are most effective if those experiences contain elements of assessment, challenge, and support. Experiences that contain elements of assessment give people an understanding of where they are now. Experiences that contain elements of challenge force people to get out of their comfort zones. Finally, experiences that contain elements of support provide people with a belief that they can learn, grow and change. The most effective experiences in developing leaders will contain all three elements identified in this ACS (Assessment, Challenge and Support) model (Van Velsor & McCauley, 2004).

The practice of assessment provides leaders with information about their current strengths and weaknesses and also provides them with clarification about opportunities for improvement. The challenge component refers to how much a particular experience stretches the individual beyond their current capability or comfort level and forces them to face the limitations of their current skills, abilities, and competencies. Finally, the support component shows a leader that their developmental efforts are valued by others, providing the developing leader with the confidence of a system of support (Van Velsor & McCauley, 2004).

The framework of assessment, challenge and support (ACS) is partly derived from a body of knowledge referenced in the literature as lessons of experience (LOE) research (Van Velsor & McCauley, 2004). Researchers at the Center for Creative Leadership (CCL), a top provider of leadership development and leadership research worldwide, have studied the experiences of executive leaders and managers by asking them about the key events in their careers and what they have learned from these lessons.

Lessons of experience (LOE) research engages participants in an exploration of the events that stand out over the course of their careers, from which they learned a lot or experiences that developed them in some way. The research further explores lessons learned from those experiences (Lindsey, Homes, & McCall, 1987; McCall, Lombardo, & Morrison, 1988; Morrison, White, & Van Velsor, 1987; Van Velsor & Hughes-James, 1990; Douglas, 2003; CCL & Tata, 2008; Yip & Wilson, 2008; CCL & CEIBS, 2009; Wilson, Van Velsor, Chandrasekar, & Criswell, 2011). Lessons of experience research found that leaders' most developmental experiences were derived from the broad categories of challenging assignments, developmental relationships, adverse situations, course work and training, and personal events (Yip & Wilson, 2010).

The CCL studies have been conducted across several groupings with the first study focusing primarily on white male corporate executives (Lindsey et al., 1987; McCall et al., 1988). CCL researchers then used the same approach to study the experiences of corporate women (Morrison et al., 1987; Van Velsor & Hughes-James, 1990). In response to the increasing diversity among corporations, CCL researchers expanded the focus of this research approach to tap into the experiences of managers in diverse workforces to compare key events of White and African American managers (Douglas, 2003). Extending the Lessons of Experience research globally, CCL and the Tata Management Group joined forces in studying the development of leaders in India (CCL & Tata, 2008) while CCL researchers, the Civil Service College, and Public Service Division conducted a research study to explore leadership development in the Singapore public services (Yip & Wilson, 2008). And finally, CCL and the China Europe International Business School (CEIBS) replicated the LOE research to study the development of Chinese Leaders in the 21st Century (CCL & CEIBS, 2009).

Conceptually, LOE research from a health care leadership context provides insight as to whether or not the opportunity structure for development among senior health care leaders is the same or different from the opportunity structure found in the previous 20 years of this type of research which focused on corporate executives. This study will identify whether or not senior health care leaders report the same or similar developmental experiences as those reported by corporate leaders in existing lessons of experience research.

Additionally, the study will identify the developmental experiences among high potential employees in health care to see what types of experiences they report at such an early stage in their careers as well as compare those experiences to those of the senior health care leaders in order to determine the types of experiences that may be needed for their development. The key

experiences and lessons learned by high potential employees in health care and the key experiences and lessons learned by senior executive health care leaders will also be compared to the most developmental experiences reported by corporate executive leaders: developmental relationships, challenging assignments, adverse situations, course work and training, and personal experiences.

Leadership development research can benefit greatly by focusing on identifying the most effective developmental experiences of senior health care leaders, determining which lessons and events are the same or different from past research with corporate executives and identifying which lessons are learned from which events. A comparison of these findings to high potential employees will not only identify the gaps in their experiences but will provide leader developers with practical solutions for designing experiences that will help to develop future leaders and sustain existing leadership in the health care industry. A focus on developing senior health care leaders will serve as a first step to addressing the health care leadership development crisis.

This study will focus on the most frequently cited developmental experiences as they are categorized and referenced in previous CCL lessons of experience research studies: challenging assignments, developmental relationships, adverse situations, course work and training and personal experiences. Challenging assignments refer to such things as increases in scope and assignments that requires creating change. Developmental relationships entail constructive bosses and superiors and difficult people. Adverse situations include experiences that reflect a crisis, scandal, mistakes or even career setbacks. Course work and training involves the self-initiated or organization sponsored training and course work that is offered within an organization. Finally, personal experiences refer to any experience that is emotion-laden such as transitions and trauma (Yip & Wilson, 2010).

For purposes of this study, leadership development will tentatively be defined as enhancement of the capacity of teams and organizations to engage successfully in leadership tasks, focusing on building the networked connections among members that develop leadership capacity (Day, 2000). Additionally, the tentative definition of leader development is the enhancement of the capacity of individuals to engage successfully in the leadership tasks and roles in an organization, focusing on developing individual knowledge, skills, and abilities related to leadership (Day, 2000). The reference of key events is defined as experiences that drive learning and change. Key lessons represent a shift in attitudes, values, knowledge, behavior, or skill level. And finally, for purposes of this study, leader developers are those individuals who facilitate the development of leadership potential in individuals and assure that the organizational climate is conducive for developmental readiness that will support the success of the individual and the organization (Avolio & Hannah, 2008).

Problem Statement

Health care organizations need strong leadership across all levels of leadership in order to address the complex issues in this \$1.7 trillion industry (Heffler et al., 2003). Health care leaders are expected to fulfill multiple roles within their organizations which expose them to dynamics of rapid change, multiple stakeholders and the achievement of performance outcomes across multiple dimensions of effectiveness (McAlearney, 2006). The health care industry may face a leadership crisis due to the lack of succession management practices as current chief executive officers near retirement and traditional means of developing the leadership pipeline are dissipating (Groves, 2006).

While the health care industry has placed some focus on succession planning to ready senior leaders for CEO positions, the practices have been inconsistent and inadequate to address

the looming leadership crisis in the health care industry (Groves, 2006; McAlearney, 2006). Leader developers will have to integrate practices within their organizations that will build their leadership pipeline across all levels of leadership. Determining the most developmental experiences of senior health care leaders will provide valuable insight into the industry's need to develop future leaders. These insights will serve as valuable resources in the efforts to build a sustainable leadership pipeline in the health care industry (Groves, 2007).

Purpose Statement

The purpose of this research study was to understand how senior health care leaders have learned to lead. That is, this study sought to investigate the key events in their lives as leaders and what they have learned from those experiences. Secondly, this study sought to identify gaps in the development of high potential employees who are identified as potential future leaders by comparing their key events and lessons learned so far to senior health care leaders' experiences. From the onset of this research study, the researcher was aware that this comparison may generate different types of events and lessons among the high potential group, reflecting a change in focus for developing leaders in health care organizations.

Research Questions

The present study explored four central research questions concerning the key developmental experiences of senior health care leaders and high potential employees in health care. The qualitative design of the study replicated the design of previous lessons of experience research (Lindsey et al., 1987; McCall et al., 1988; Morrison et al., 1987; Van Velsor & Hughes-James, 1990; Douglas, 2003; CCL & Tata, 2008; Yip & Wilson, 2008; CCL & CEIBS, 2009; Wilson et al., 2011).

The research questions that were explored in this study are:

1. What are the differences in the key events and lessons learned of senior health care leaders as compared to those reported by corporate leaders?
2. What are the differences in the lessons of experience between male and female senior health care leaders?
3. What are the key developmental experiences of high potential employees in health care?
4. What are the gaps in the developmental experiences of high potential employees in health care as compared to the developmental experiences of senior health care leaders?

These four questions were the focus of this qualitative inquiry as the researcher engaged participants about their developmental experiences. The research questions were designed to fit the qualitative methodology of previous lessons of experience research as well as to meet the needs of this study which attempts to extend the “lessons of experience” body of knowledge to the health care sector which has not previously been included.

Significance of the Study

This study is significant for future leadership practice and future research. In regards to practice, health care institutions will acquire some practical tools for developing leaders and for developing high potential employees who are developing as leaders. For example, findings will provide insight into specific developmental experiences that may prove to accelerate the development of leaders and high potential employees who have been identified as potential leaders within the organization. This would lead to more meaningful succession planning by increasing individuals’ readiness for leadership roles throughout the leadership pipeline.

Additionally, the study is significant for future research mainly because findings will determine whether or not senior health care leaders have the same or similar developmental

experiences as corporate leaders from previous studies conducted using the lessons of experience research methodology, thus providing the health care industry with a clear research focus for addressing the industry's critical need to create depth in its preparation of leaders across all levels within specific organizations and throughout the industry as a whole.

If the study finds that the senior health care leaders have the same or similar experiences as corporate executives this will expand the lessons of experience research, making it applicable to the health care industry and possibly other industries. If the study finds that high potential employees in health care are having the same or similar experiences at this stage of their career as senior health care leaders, findings will provide valuable information for succession planning and leadership development practitioners as to the types of experiences that should be embedded into leadership development programs in order to accelerate the development of future leaders.

Additionally, if the study finds that high potential employees in health care are not having the same or similar types of experiences as senior health care leaders, the findings will provide leader developers with the knowledge of what to include and exclude in leadership development programs as to maximize the effectiveness in creating meaningful developmental experiences that builds leadership capacity for the future of the health care leadership pipeline.

Identifying the experiences that are developmental for senior health care leaders will provide useful, practical information for leadership coaches, trainers, leaders and others who work to build leadership capacity within individuals and within the health care organization. Identifying whether or not high potential employees are already having developmental experiences or not and identifying which experiences are developmental in nature, will provide tremendous insight into the future development of health care leadership development programs

and processes. This research can provide the industry with practical steps for sustaining leadership across all levels of leadership.

Delimitations

As with all research, the present study has some initial delimitations. Firstly, this study was a single-site study and included data collected from senior health care leaders and high potential employees from one hospital system. This factor may limit the generalizability of potential research findings. Secondly, this study examined the leadership development opportunity for only the current senior leaders and the current participants in the organization's leadership development program for high potential employees who wish to pursue leadership in the organization. The study did not focus on the total function of the leadership development of all employees at the hospital system. And thirdly, the focus of this study compared the research findings to the previous lessons of experience research findings.

Organization of the Study

This study is organized around five chapters. Chapter 1 introduces the topic of the study, problem statement, purpose statement, research questions, significance of the study, and the delimitations. The second chapter reviews the current literature on health care leadership challenges and lessons of experience research. Chapter 3 provides the methodology, rationale for the qualitative paradigm, research questions, study site, sample selection, instrumentation, data collection procedures, data analysis procedures and conclusion of the study. The fourth chapter will describe the results of the study. Chapter 5, the final chapter, will provide a discussion of the findings and their meaning organized around the four research questions developed for this study and will provide discussion of the results of the study and their implications for future practice and future research.

CHAPTER 2

Lessons of Experience: A Review of the Literature

This study is designed to identify the opportunity structure for developing senior health care leaders by determining whether or not their developmental experiences are the same or similar to those reported by corporate executives in previous lessons of experience research. Experiences identified in previous lessons of experience research are: developmental relationships, challenging assignments, adverse situations, course work and training, and personal experiences (Yip & Wilson, 2010). In addition, the study compared senior health care leaders' developmental experiences with high potential employees in a health care organization to see which experiences they are having at this early stage of their careers in an effort to determine the gaps in their experiences.

Chapter 1 introduced the topic of the study, problem statement, purpose statement, research questions, significance of the study and the delimitations. This chapter reviews the current literature on leadership challenges in the health care industry and the lessons of experience research.

Health Care Leadership Challenges

The challenges associated with leading a \$1.7 trillion health care industry have created a need for strong leaders at all levels in health care organizations (Heffler et al., 2003). Health care leaders are expected to fulfill multiple roles within their organizations, which expose them to dynamics of rapid change, multiple stakeholders and the achievement of performance outcomes across multiple dimensions of effectiveness (McAlearney, 2006).

Despite the fact that health care is a major sector of the U.S. economy, there is not any consistency throughout the health care industry in the development of sustainable leadership at

all levels of health care organizations. A study conducted to challenge the health care industry to develop a best practice model for developing leaders indicated that there are major inconsistencies as to how health care organizations develop their leaders and that most hospitals lack a formal mentoring program and in cases where they do have a formal mentoring program, the programs are relatively new. The study also found that formal leadership development programs existed in only one-third of the organizations studied (McAlearney, 2006).

Health care organizations may face a leadership crisis as the current generation of chief executive officers (CEO's) nears retirement and at the same time traditional means of developing the leadership pipeline at all levels of leadership, continues to erode. In a study to identify best practices of executive development and succession planning practices in health care organizations, several themes emerged that will help address the leadership crisis in the health care industry: (a) Implement formal mentoring programs and create opportunities for informally mentoring those in the leadership pipeline; (b) Develop challenging action learning assignments for high potential managers; (c) Implement organization-wide forums to expose high potential managers; (d) Consider a diverse range of internal candidates for succession and avoid grooming an heir apparent; and (e) Modify executive performance appraisal processes to ensure active participation and commitment to succession planning (McAlearney, 2006). The implications of this study suggest that leadership in health care organizations should be defined with key elements that require leadership to effectively engage leaders in the pipeline and to create an environment that supports the sustainability of the future leadership within the organization (Groves, 2006).

The development of frontline leaders is most effective when efforts are systemic and involves a commitment of the organization's entire leadership community. Systemic approaches

to leadership development, which include the involvement of multiple stakeholders, can provide the health care industry with answers to the leadership crisis and that systemically-driven leadership development initiatives enhance the leadership capabilities of frontline leaders in health care (Block & Manning, 2007).

One model of leader development in health care that is not consistent throughout the industry is the Healthcare Leadership Alliance and the American Council of Health Executives' development of competencies to assist in the development of leaders in health care organizations. These competencies have been constructed to form the American College of Healthcare Executives (ACHE) Healthcare Executive Competencies Assessment Tool as an instrument for health care executives to use in assessing their expertise in critical areas of health care management roles (ACHE, 2012).

A self-assessment tool, the instrument is designed to help individuals identify areas of strength as well as areas for development. In order to enhance feedback about possible skills gaps, one may choose to have their leader to use the tool to assess them and then compare the results to their own self-assessment. Developers of the tool also recommend that health care organizations use the tool to better define the requirements of specific roles within the organization. This is thought to be useful to organizations as they can then respond with training and development plans that are targeted for specific roles (ACHE, 2012). The HLA (Healthcare Leadership Alliance) competencies are categorized into five domains:

- Communication and relationship management
- Leadership
- Professionalism

- Knowledge of the health care environment
- Business skills and knowledge (ACHE, 2012)

Despite the comprehensiveness of the tool, there is not any evidence to show that this tool is used consistently throughout the health care industry as a method of developing leaders or building the health care leadership pipeline. While components of the model appear very relevant to health care environments, the model is not fully deployed throughout the industry in a manner that would require health care executives, and those in succession, to utilize this approach in their efforts to sustain leadership.

Lessons of Experience Research

Over the past 30 years, researchers at The Center for Creative Leadership (CCL), a top provider of leadership development and leadership research worldwide, have studied the experiences of executive leaders and managers by asking them about the key events in their careers and what they have learned from these lessons. Lessons of experience research engages participants in an exploration of the events over the course of their careers that stand out, from which they learned a lot or experiences that developed them in some way. The research further explores lessons learned from those experiences (McCall et al., 1988). Specifically, in the original inquiry participants were asked to respond to the following prompt:

When you think about your career as a manager, certain events or episodes probably stand out in your mind—things that led to a lasting change in you as a manager. Please jot down some notes for yourself identifying at least three “key events” in your career: things that made a difference in the way you manage now.

1. What happened?
2. What did you learn from it? (McCall et al., 1988).

White male executives. In the first of the CCL studies, researchers interviewed 191 executives from six U.S. Fortune 100 companies. The sample group, almost exclusively white males, identified a total of 616 key events and 1,547 lessons resulting in four major event categories respectively: job assignments, hardships, other people and other events. Job assignments included starting an operation from scratch, fixing an ailing operation, carrying out a special project or serving on a project task force, managing an operation of significant scope, and switching from a line job to a staff assignment. Hardships included business failures and mistakes; demotions, missed promotions, and lousy jobs; breaking a career rut; subordinate performance problems; and personal trauma. Other people included role models and snapshots of value-laden behavior occurring at work. Other events included coursework, early career experiences, first supervisory job roles, and personal life events. The ‘change in scope’ event was the cited the most by executives, followed by ‘project/task force’ and ‘fix it,’ all of which are from the ‘job assignments’ superordinate category. The most frequently reported lessons were related to how to direct and motivate employees, management practices and self-confidence (Lindsey et al., 1987; McCall et al., 1988).

Inclusion of women. In the second study using the lessons of experience approach, CCL researchers broadened the approach to focus on the experiences of corporate women since the initial study was almost exclusively comprised of white males (Morrison et al., 1987; Van Velsor & Hughes-James, 1990). The results of this study, which allowed for the comparison of leader development between men and women, showed that the same four major event categories surfaced as significant: job assignments, hardships, other people and other events.

When the responses of men and women were compared, men learned most from job assignments (60%), followed by hardships (16%), and other people (14%). Women learned most

often from job assignments (43%), followed by other people (28%), and hardships (22%). Job assignments appeared to be the most powerful learning experiences among both men and women. Interestingly, the results showed that women cited other people at a rate that is twice that of men. The most frequently cited lessons reported by both men and women included the following: directing and motivating employees, self-confidence, basic management values, how to work with executives, understanding other people's perspective, dealing with people over whom you have no authority, and handling political situations (Van Velsor & Hughes-James, 1990).

Inclusion of ethnic minorities. In response to the increasing diversity among corporations, CCL researchers expanded the focus of this research approach to tap into the experiences of managers in diverse workforces by comparing the experiences of White and African American managers. This study identified 813 key events and 1,412 lessons by surveying 288 African American and White managers. In order to allow for comparison of the previous studies, researchers replicated the approach utilizing the event and lesson categories of job assignments, hardships, other people, and other events. Comparisons between White managers and African American managers revealed that White managers reported more challenging assignments, while more African American managers reported more hardships (Douglass, 2003).

To break the demographic comparisons down even further, White and African American males identified more challenging assignments than did their female counterparts and African American females reported more hardships than did White females. Nearly half of the 288 respondents' reported lessons that were related to managing relationships. White managers reported learning more about managing their work while African American managers reported

learning from racism they encountered at work and they reported more lessons related to negative experiences. New event categories emerged as a result of this study such as the following: race mattered, downsizing, mentors and peers, feedback and business success (Douglas, 2003). Given the increased diversity in U.S. and global corporations, the findings of this study expanded the usefulness of lessons of experience research to a broader audience.

Inclusion of global diversity (India Research Project). Extending the Lessons of Experience (LOE) research in an attempt to investigate how leaders learn, grow and develop in India, CCL and the Tata Management Group joined forces in studying the development of leaders in India by interviewing 71 executives at or above the level of general manager at eight homegrown global Indian companies who represented manufacturing, banking and financial industries. In this global expansion of the lessons of experience research, researchers replicated the LOE study model and found that leadership is learned from job experiences and not in classrooms and that the most developmental experiences come from challenging assignments, personal events, inspiring superiors and bosses, and adverse situations. The most cited events were from the challenging assignments major event category which was cited by 49% of respondents. The results of this study also revealed the 65% of all lessons learned were related to other people and leading oneself and not about running the business (CCL & Tata, 2008).

This study also found that almost half of all events cited as a source of lessons about leadership are challenging assignments. Managing and motivating subordinates, which was the second most cited by more than one-third of those interviewed is primarily learned from positive role models and bosses who are coaches. Like previous LOE studies, this study continues to raise the question of how can on-the-job experiences be leveraged and emphasized more so than coursework and training in organizations? Based on the outcomes of this study, intentionally

inserting challenging assignments into potential leaders' and leaders' daily tasks will develop them as leaders (CCL & Tata, 2008).

Inclusion of global diversity (Singapore Research Project). In order to explore leadership development in the Singapore public service, CCL researchers, the Civil Service College, and Public Service Division initiated a study in 2007. Researchers interviewed 36 public service leaders representing 12 ministries and 18 statutory boards across various functions of the Singapore government. Replicating the research methodology used in previous LOE studies, researchers sought to learn how leaders develop in Singapore.

The study found that the key events that drive leader development for Singapore leaders are challenging assignments, developmental relationships, adverse situations and coursework and training, respectively. The challenging assignments major event category was most significant for participants' development with 92% of interviewees citing events in this category that had a lasting impact on their development as leaders. Within the challenging assignments major event category, the increase in scope event was the most cited. Another significant finding was that bosses are key drivers for leadership development as 53% of interviewees report a relationship with a boss or superior as a significant source of leadership learning. This was the most frequently cited developmental experience in the study's findings. Finally, the study found that leadership lessons on managing and motivating staff and accountability are critical in the public service.

The results of the Singapore LOE study provides implications for how challenging work assignments should be a priority above other traditional leadership development methods such as coursework and training. Also, the findings suggest that there is an opportunity to develop

leaders who can produce more leaders. Finally, the results show that Singapore public service can build upon their capacity for relationship-based leadership (Yip & Wilson, 2008).

Inclusion of global diversity (China Research Project). To answer the question of how can we develop more effective leaders for China-based companies, the Center for Creative Leadership (CCL) and the Chia Europe International Business School (CEIBS) partnered to conduct an LOE study in China. The study replicated the standard LOE research methodology, interviewing 55 top-level executives from six China-based companies.

The study revealed that the key drivers for leader development for leaders in China are challenging assignments, adverse situations, personal events and developmental relationships, in respective order. Similar to the India Research Project (CCL & Tata, 2008), research findings reveal that challenging assignments at work are the most significant variable for leadership development in the 82% of interviewees cited challenging assignments as having a lasting impact on their development as leaders. Also, mistakes and failures at work or life were cited as a key driver for leadership development by more than a quarter of those interviewed. Interestingly, the most frequently cited leadership lessons learned from all events are lessons about their management values. Also, lessons on communication were critical as well (CCL & CEIBS, 2009).

Comparison of the China, India, Singapore, and U.S. Research Projects. A summative analysis of the LOE studies conducted in China, India, Singapore and the United States revealed that there are important similarities and differences in the way that leadership is learned through experience. Specifically, the results of all LOE studies conducted so far shows that there are five universal sources of leadership learning among the four countries: bosses and superiors, turnarounds, increases in job scope, horizontal moves and new initiatives. The

collective results also reveal that there are two unique sources of leadership learning that are specific to each of the countries studied:

- China: personal experiences and mistakes
- India: personal experiences and crossing cultures
- Singapore: stakeholder engagements and crises
- United States: mistakes and ethical dilemmas (Wilson et al., 2011).

Of the leadership lessons learned from experiences, three among them are ranked as universally important in all four countries. These lessons are (a) managing direct reports, (b) self-awareness, and (c) executing effectively (Wilson et al., 2011).

The cumulative and critical analysis of all LOE studies conducted up to this point suggests that the key drivers for leadership development are: (a) challenging assignments, (b) developmental relationships, (c) adverse situations, (d) course work and training, and (e) personal experiences in respective order. However, more specifically, CCL researchers concluded that stretch assignments and developmental relationships were critical to executives' development even more so than the formal training they received. Leaders learn, grow and develop from the experiences that they encounter in their lives and their experiences bring about lessons that are learned across three categories: leading self, leading others and leading the organization (Yip & Wilson, 2010). Table 1 provides a detailed description of each of the three learning categories as it pertains to leaders' learning experiences.

Experiences that contain elements of assessment, challenge and support are the most developmental. The practice of assessment provides leaders with information about their current strengths and weaknesses and with clarification about opportunities for improvement. The challenge component refers to how much a particular experience stretches the individual beyond

their current capability or comfort level and forces them to face the limitations of their current skills, abilities, and competencies. Finally, the support component shows a leader that their developmental efforts are valued by others, providing the developing leader with the confidence of a system of support (Van Velsor & McCauley, 2004).

Table 1

Categories of Lessons Learned from Experience

Learning Categories	Definition
Leading self	Lessons relate to the inner world of the manager and concern effective ways for this person to lead himself or herself and develop fully as a person. These lessons are developmental in nature, involving a transformation of the manager's self-beliefs, attitudes, identity, and habits of self-improvement and self-development.
Leading others	Lessons relate to the world of people and involve interpersonal and social skills that equip leaders to lead and work with people effectively. These lessons are social in nature, involving insights into other peoples' perspectives and group dynamics and a greater appreciation of the social process of influence and leadership.
Leading the organization	Lessons relate to working in organizations to address strategic, systemic, and cultural issues. These lessons are technical in nature, concerning strategic, operational, and functional knowledge for getting work done and managing and transforming an organization.

Overall LOE research reveals that many leadership skills are primarily learned from experience and that understanding the key experiences that teach leadership is important to the development of future leaders. The research also reveals that the developmental experiences and leadership lessons valued by leaders in some parts of the world may benefit leaders worldwide (Wilson et al., 2011).

The LOE research approach has significantly progressed over the past 30 years as researchers have applied this methodological approach to various populations. The latest

framework that extends CCL's earlier research identifies 15 types of events by grouping those events into five general clusters (Yip & Wilson, 2010):

- **Challenging assignments**

Increase in scope

Increased supervisory scope

General management job

Creating change

Project or task force

New initiative

Fix-it or turnaround

Organizational growth or downsizing

Job rotation or transition

Cross-functional transfer

Cross-regional move

Stakeholder engagement

Within the organization

With other organizations

With external constituents

Work in a different culture

Working for a foreign multinational company

International assignment

Merger, acquisition, joint venture

- **Developmental relationships**

Constructive bosses and superiors

Role model

Teacher

Catalyst

Mentor

Difficult people

Ineffective boss

Problematic subordinate

Conflict-creating coworkers

Non-work guides

Parents and other family

Others

- **Adverse situations**

Crisis

Business or financial

Organizational scandal

National security or health

Mistakes

With personal impact

With organizational impact

Career setbacks

Being fired

Demotions, missed promotions or opportunities

Ethical dilemmas

- **Course work and training**

Self-initiated

Organization sponsored

Early life or work

Midlife transition and trauma

- **Personal experience**

Various experiences that create emotion-laden memories and influence leaders'

principles

Early life or work

Midlife transition and trauma (Yip & Wilson, 2010, p. 84)

Conclusion

Health care organizations can benefit greatly from determining the most developmental experiences of their successful senior leaders in order to determine the types of developmental experiences that can be sequenced and combined to maximize learning throughout their leadership pipeline, from high potential employees to middle and emerging senior leaders. According to the lessons of experience research findings, experiences can be used in the acceleration of leader development. This is promising to an industry that is determined to lack a reliable succession of leadership. Organizations can benefit from learning the key events in their leaders' lives that stand out and from which they learned a lot or experiences that developed them in some way. The vital findings from this query will provide helpful knowledge for the

leadership pipeline within those same organizations as they work to accelerate the development of future leaders.

Previous studies using lessons of experience research have focused primarily on the key events and lessons learned among corporate leaders (CCL & CEIBS, 2009; CCL & Tata, 2008; Douglas, 2003; Lindsey et al., 1987; McCall et al., 1988; Morrison et al., 1987; Van Velsor & Hughes-James, 1990; Wilson et al., 2011; Yip & Wilson, 2008). This study expands the lessons of experience body of knowledge in two ways. First, in addition to senior leaders, this study applied the lessons of experience research to potential leaders which places an emphasis on leader development at the beginning of the leadership continuum as a pose to the executive leaders who have been the focus of previous studies. Secondly, this study focused on the health care industry which has not been an area of focus of previous lessons of experience research. Senior health care leaders have not been included in previous studies. Therefore, comparing senior health care leaders' key events and lessons learned to those identified by corporate leaders in previous research will expand the knowledge of the lessons of experience research approach.

In summary, this chapter has reviewed the current literature on health care leadership challenges and lessons of experience research. Chapter 3 provides the methodology, rationale for the qualitative paradigm, research questions, study site, sample selection, instrumentation, data collection procedures, data analysis procedures and conclusion.

CHAPTER 3

Research Methodology

Chapter 2 provided a discussion of the current literature on health care leadership challenges and lessons of experience research. This chapter provides the methodology for the research study. Methodology refers to the choices made by the researcher about the construct that was studied, methods of data gathering, forms of data analysis, as well as the planning and executing of the research study (Silverman, 2005). The chapter's focus on the research methodology of the study consists of a rationale for the qualitative design of the study, the sample selection, instrumentation, data collection procedures, data analysis procedures and a conclusion.

The purpose of this study was to explore how leaders learn, grow, and develop through their experiences. The study sought to determine the opportunity structure for developing senior health care leaders and to determine the development of high potential employees at this early stage of their careers as they seek future leadership roles in health care.

This study sought to determine whether or not senior health care leaders have the same or similar experiences as corporate leaders who have been studied in previous lessons of experience research. Additionally the study sought to identify the developmental experiences among high potential employees in health care to see what types of experiences they report at such an early stage in their careers in order to determine the gaps in their experiences as compared to the experiences that senior health care leaders deem to be most developmental.

The research question defines the project, sets boundaries and gives direction to this qualitative inquiry (O'Leary, 2004). The present study ultimately explored four research questions concerning the key events and lessons among senior health care leaders and high

potential employees in health care. The four research questions that guided this study are as follows:

1. What are the differences in the key events and lessons learned of senior health care leaders as compared to those reported by corporate leaders?
2. What are the differences in the lessons of experience between male and female senior health care leaders?
3. What are the key developmental experiences of high potential employees in health care?
4. What are the gaps in the developmental experiences of high potential employees in health care as compared to the developmental experiences of senior health care leaders?

This chapter provides a description of the methodology employed in the study including a description of the sampling procedure, interview protocol, data collection procedures and data analysis procedures. The chapter will end with a conclusion of the data analysis for the research study.

Rationale for the Qualitative Paradigm

A qualitative research methodology was used to examine the opportunity structure for developing senior health care leaders. The phenomenological research approach for this study allowed the researcher to identify the essence of participants' experiences about the phenomenon of leader development from the viewpoint of the participants (Creswell, 2009). Qualitative inquiry allowed the researcher to study the interrelationships between elements that allowed for rich observations of participants' experiences (Silverman, 2001). This approach produced findings from participants' experiences that resulted in implications for leader development in health care that will be discussed later in Chapter 5.

Sample Selection

The research study was conducted in a natural setting using a purposive sampling technique in order to address the research inquiry with particular essential groups (O'Leary, 2006). That is, an environment where study participants experience the construct of leader development allowing for talking directly to people and seeing them behave and act within the context of their natural environment (Creswell, 2009). The study was conducted at an 870-bed private, not-for-profit health care system in the Southeastern United States. The multi-hospital system employs over 8,400 employees, over 1,000 medical staff members and over 1,500 volunteers bringing their total workforce to over 10,000 members. The organization's strategic goals consist of quality outcomes, unsurpassed service, workforce excellence, fiscal responsibility and market development. One component of the organization's strategic goals emphasizes the development of the workforce, namely leadership development and succession planning.

The hospital system's workforce demographics consist of: females (81%) and males (19%). The race/ethnicity demographics of the workforce: Caucasian (66.9%); Black or African American (23.6%); Hispanic or Latino (3.4%); Asian (4.7%); American Indian/Alaska Native (.19%); Pacific Islander/Hawaiian (.07%). The minority representation of the workforce is 33% which is the same as the ethnic minority population in the same region where the health system serves the market (U.S. Census Report, 2011).

The researcher identified a sample population that met the basic criteria of the research study. Participants in the study were required to meet one of two basic criteria in order to participate in the study. Participants must have either been current participants in the first tier of the health care organization's leadership development program or they had to be in a senior

leader role in order to meet the basic inclusion criteria for the study. Senior leader positions were defined as executive level positions that include such roles as vice-president, senior vice-president, executive vice-president, chief operating officer and chief executive officer or president.

The inclusion criteria for the high potential employee group required that participants must have first qualified for participation in the organization's leadership development program which consists of five different levels. The first level among the tiers of leadership development opportunities is designed for the non-management level employees who are the focus of this research study. All levels provide specific instruction and developmental experiences applicable to the needs for each category of participants. Below is a listing of the five levels. For purposes of this study, only the Level 1 program participants will be explored in detail.

- Level 1 – Leadership development for the non-management level employee
- Level 2 – Leadership development for newly-hired or promoted supervisors, managers and/or directors
- Level 3 – Leadership development for current supervisors, managers and directors)
- Level 4 – Leadership development for current supervisors, managers and directors with outstanding potential for advanced leadership
- Level 5 – Leadership development for current directors and vice-presidents (WakeMed Leadership Academy, 2012).

The Level 1 leadership development program is a 12-month program designed to broaden the non-manager's knowledge of the health care system and help employees adapt to organizational change, sharpen critical thinking skills, and manage their work performance (WakeMed Leadership Academy, 2012).

Potential participants of the leadership academy must have completed an application process requiring at least 12 months of employment at the organization, a documented performance score of 4+ (on a five-point scale), must not have any disciplinary actions and must have completed an intense training program on the organization's culture brand which highlights behavior expectations and customer service standards.

Another criteria for candidates for the leadership development program required interested persons to obtain permission from their current manager/supervisor and submit an application program. The employee's manager was then required to submit an assessment and recommendation form that pertains to the candidate as well. Additionally, the selection process required that candidates were interviewed by a selection committee who reviewed the application, manager assessment and recommendation and rate the quality of the candidate's interview.

Once the committee selected employees into the 12-month leadership development program, participants were provided a combination of coursework, developmental assignments, community service and interactions with current leaders in the organizations. Participants in the program were required to complete 20 hours of management training through coursework in project management, coaching and feedback, leadership style, and transitioning to management.

Another component of the program was the creation of developmental experiences for participants. Program participants were assigned to a large-scale project to develop their leadership, decision-making, and situational awareness skills. In alignment with the organization's commitment to community, participation in 8 hours of volunteer community service was also a requirement of the program. The current group of high potential employees in

the leadership development program represents the fifth class of this first tier of the organization's leadership development program which began in 2007.

To date, nearly 100 employees have participated in this particular program, with a 38% promotion rate for staff to management positions and a 50% overall promotion rate for employees who move up to a higher level position within the health care organization. The organization has an overall retention rate of 91% and a leadership succession rate of 67%. The leadership succession rate is the percent of internal promotions to fill management positions with leadership positions being those positions at the supervisor level or above (WakeMed Balanced Scorecard, 2012).

The sample population was informed of the opportunity to participate in the study first through an email and participant flier that was sent directly from the researcher and explained the study, the researcher's role, the role of study participants, risks and efforts to protect participants' confidentiality (see Appendixes E and F). Both the email and the flier requested the participation of the sample in the research study. The high potential employee group also heard a brief presentation about the research study and the need for study participants during their orientation meeting for the leadership development program.

The sample population was made up of 45 individuals and consisted of 19 (42%) males and 26 (57 %) females. The total sample population consisted of 6 (13%) ethnic minorities and 37 (82%) were Caucasian. Of the ethnic minorities in the total sample populations 4 (8%) were black or African American; 1 (2%) was Hispanic; and 1 (2%) was Asian. Eighty-five percent of the total sample population was made up of individuals who identify as Caucasian. The average tenure within the organization for the sample population was 8 years of service. The average age of the entire sample population was 45 years of age.

Of the total sample population, 23 (51%) consisted of senior health care leaders. The senior health care leaders in the sample population consisted of 12 (52%) males and 11 (47%) females. The group consisted of 1 (4%) ethnic minority and 22 (95%) were Caucasian. The average tenure within the organization for the senior health care leaders in the sample population was 11 years of service. The average age of the senior health care leaders in the sample population was 54 years of age. Fifty-one percent of the total sample population was made up of the senior health care leaders.

The sample population consisted of 22 (48%) high potential employees and among this group 7 (31%) are males and 15 (68 %) are females. The high potential employees within the sample population consisted of 4 (18%) ethnic minorities and 18 (81%) Caucasians. The average tenure within the organization for the high potential employees in the sample population was 5 years of service. The average age of the high potential employees in the sample population was 36 years of age. Fifty-one percent of the total sample population was made up of the senior health care leaders while 49% of the total sample population consisted of the high potential employee group. Forty-nine percent of the total sample population consisted of the high potential employee group.

Interview Protocol

The study employed the lessons of experience research methodology previously conducted by researchers at the Center for Creative Leadership in their studies with corporate leaders' research (Lindsey et al., 1987; McCall et al., 1988; Morrison et al., 1987; Van Velsor & Hughes-James, 1990; Douglas, 2003; CCL & Tata, 2008; Yip & Wilson, 2008; CCL & CEIBS, 2009; Wilson et al., 2011). This particular research methodology uses an interview protocol that includes an interview prompt and a coding scheme for categorizing the key events and lessons

identified by participants during the interview (Center for Creative Leadership LOE Coding Scheme, 2007). Researchers conducting lessons of experience research have generally presented research participants with the following interview prompt as a focus of conversation:

When you think about your career as a manager, certain events or episodes probably stand out in your mind—things that led to a lasting change in your approach to management. Please jot down some notes for yourself identifying at least three “key events” in your career: things that made a difference in the way you manage now. What happened (Key Event)? What did you learn from it (Lesson)?

Previously, “lessons of experience research” has been applied to CEO’s, senior executives and middle and upper management in corporate settings. This study applied the lessons of experience methodology to senior health care leaders and to individuals in the leadership pipeline, both of whom previous research has not addressed. Therefore, the interview prompt for this research study was modified so that it was relevant to senior health care leader group and the high potential employee group. The interview prompt that guided the interview with the senior leader group was as follows:

When you think about your career as a leader so far, certain events or episodes probably stand out in your mind—things that led to a lasting change in your approach to leadership. Please jot down some notes for yourself identifying at least three “key events” in your career: things that made a difference in the way you lead now. What happened (Key Event)? What did you learn from it (Lesson)?

The interview prompt that guided the interview with the high potential group was as follows:

When you think about your career as a potential leader so far, certain events or episodes probably stand out in your mind—things that led to a lasting change in your approach to leadership. Please jot down some notes for yourself identifying at least three “key events” in your career: things that made a difference in the way you pursue leadership now. What happened (Key Event)? What did you learn from it (Lesson)?

The interview prompts guided the audio-recorded interviews which were then transcribed and coded by a coding team using a coding scheme designed by the Center for Creative Leadership, Inc., the originators of the lessons of experience research methodology. The coding scheme consists of a listing of 32 key event categories and 17 lesson categories with detailed descriptive summaries to guide coders in the coding process. The three coder agreement team coding process used in this study will be described in more detail in the data analysis section of this chapter. Table 2 lists the key event categories and Table 3 provides a listing of the Key Lessons Categories used in coding events and lessons in ‘lessons of experience’ research.

Table 2

Key Event Categories (Center for Creative Leadership Coding Scheme)

Event 1	Starting from Scratch	Building something from nothing or almost nothing. Organizational strategies for growth and expansion were met through such assignments as building a plant, creating a new department or subsidiary, opening a new market, or introducing a new product line.
Event 2	Managing Business Turnaround	Fixing and stabilizing, taking over an underperforming area, division, or business, turning around a failing operation, sometimes but not always through restructuring or downsizing – all were often key to successful completion of a turnaround assignment.
Event 3	Project/Task Force	Project/Task Force events are work-related discrete projects or temporary assignments, inside or outside of work, done alone or as part of a team or task force. Aimed at specific outcomes, these assignments

Table 2

(Cont.)

Event 3 (Cont.)	Project/Task Force	brought deadlines and high visibility. They typically involved grasping new content areas or activities and grappling with new relationships, including new relationships across geographic borders.
Event 4	Increase in Scope	Increase in Scope refers to an increase in responsibility (not necessarily a formal promotion) that was both broader and different from what had gone before. Increases in Scope included switching to new businesses and massive increases in numbers of people, dollars, and functions to manage.
Event 5	Lateral or Cross-functional Moves	These events involved managers who moved (not always by choice) from line operations to corporate staff roles, from staff to line, or laterally between different functions. The purpose of these assignments was to teach managers the “other side” of the business and expose them to corporate strategies and culture, but the jobs themselves varied greatly. Sometimes what is described are multiple moves over time or temporary moves, such as “loaned exec” opportunity.
Event 6	Business or Professional Failures and Mistakes	Business or Professional Failures and Mistakes are stories of managerial shortcomings (usually of the manager him/herself but sometimes those of others, observed by the manager) that derailed goals. Errors were made in hiring or in dealing with people critical to a project’s or an organization’s success. Sometimes failure to give or obtain necessary information, support, or agreement on specific issues curtailed plans and collapsed business ventures. Sometimes these were personal mistakes but all had business consequences.
Event 7	Lost Job Opportunities Demotions/Missed Promotions/Being Fired	These events are cases of demotions, missed promotions, being stuck in a job-person mismatch, or being fired. In all cases, something about the manager’s position was regarded as a career setback. These managers described how they had been demoted, fired (but not as a result of downsizing or merger), exiled to crummy jobs, or had seen a badly wanted promotion given to someone else. The common theme is that the job did not suit perceived skills and aspirations

Table 2

(Cont.)

Event 8	Breaking a Rut	Breaking a Rut is about changing careers or companies. In these events, executives traded in successful (or at least known) careers, or left one organization to join another, for a chance at something new. These moves were preceded by discontent and accompanied by a willingness to take risks. Some managers insisted on being transferred to new areas while others left companies they had been with for over a decade. The tactics varied, but their goals were the same: to find new business challenges with continued career growth.
Event 9	Subordinate Performance Problems	In these events, managers had to confront a subordinate with a problem that was performance related, or the manager had to deal with performance related problems in a class of employees (e.g., wildcat strike). The problems revolved around ineptness, alcoholism, conflicts with the organization, and older managers who had let technology pass them by.
Event 10	Personal Trauma	Personal Trauma refers to crisis or traumatic experiences with a powerful emotional impact. Executives described events in which their families, health, even their lives, were threatened by unanticipated tragedies or potentially life-threatening circumstances. These traumas stemmed from both work and personal life and include personal injury or illness, the death of others, divorce, and combat duty (but not included here is being in a leadership role in combat).
Event 11	Role Models at Work	Role Models were superiors that managers interacted with, or observed during the course of their careers, whether the role models were positive or negative. Some of these models were characterized as possessing exceptional skills or attributes. Others were remembered for their weaknesses and the impact it had on people. But, regardless of whether the role model was positive, negative, or a little of both, each case described a person or group of people who profoundly influenced the executive's approach to management.

Table 2

(Cont.)

Event 12	Values Playing Out	Values Playing Out were <u>snapshots of behavior</u> occurring at work. These were short-lived events involving a person (or persons) doing something to another person (or persons, or to self/self-destruct) that had a visible impact. The manager, as an actor in the scene or as an observer of it, drew a value-laden conclusion from it. Events of this type almost always were of short duration, occurred in chain-of-command relationships (though these can be done to a senior person), and were discussed “out of context”—that is, the “snapshot” had survived while the larger scenario in which it happened had dimmed.
Event 13	Coursework	Coursework refers to the formal training and academic programs attended by managers. The specific purpose of these events is to provide managers the opportunity to obtain information and experiences not available from their day-to-day jobs.
Event 14	Early Work	These events represent important work experiences that took place early in the managers’ careers. In most cases these were non-management jobs that introduced the aspiring manager to new environments, cultures, and management philosophies. Through this exposure, the would-be executives were given some of their first opportunities to successfully meet the requirements and challenges of the business world.
Event 15	First Supervision	First Supervision assignments welcomed these executives to the world of management and a new realm of problems: people. First Supervision events portrayed young managers in tough new situations.
Event 16	Purely Personal	Purely Personal events covered a range of personal experiences outside the workplace that contributed to managers’ development. Examples include playing on a sports team, childbirth or raising children, not having time for family, participation in scouting, family conflict or upbringing.
Event 17	Impact of Discrimination & Prejudice	Managers describe the impact of gender, race, ethnicity, religion, disability, sexual preference, etc. and diversity related dynamics in the workplace. These are not job assignments, hardships, or other people events that mention race, gender, etc. as a matter of context; rather, it is a situation or

Table 2

(Cont.)

Event 17 (Cont.)	Impact of Discrimination & Prejudice	interaction where the manager 1) experiences or observes an injustice attributed to prejudice or discrimination or 2) is the first of his/her identity group to be hired at the management or executive level. Relates to the impact of differences and/or minority status in the workplace and may or may not have to do with differential treatment. Includes diversity of style or personality that has an impact. The manager is challenged by being diverse or by managing diversity dynamics in a group.
Event 18	Mentors	Managers reporting this event describe the important role mentoring serves in the career development process: they described a superior who took special interest in their development; their devastation when their mentor left the organization; or the occasion when they successfully mentored another individual. A central theme in this category is the timing of the mentoring relationship in the individual's career. A majority of the managers who were mentored by a superior were in a job transition—either new in their position (e.g., recently promoted, serving an internship, first job after graduate school) or preparing for a promotion. Mentors help shape careers by providing advice about job changes, providing new challenges and opportunities, teaching about corporate life, introducing managers to senior managers, and specific management skills (coaching).
Event 19	Conflict with Peers	Managers reporting this event described relationships with their peers. The majority of the relationships and interactions were negative and often characterized by conflict. Core themes included 1) competition among and betrayal by peers where peers used unfair practices to make themselves look good, 2) resentment from peers who were jealous of the manager for reasons such as salary issues, work schedules, relationship with superiors, and 3) differences that were worked through and resulted in finding common ground or even friendship. Except for the last theme, the relationships often involved confrontation and the relationships were rarely mended. Although most of the peer relationships

Table 2

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Event 19 (Cont.)	Conflict with Peers	were negative in nature, a few were described as positive. Managers talked of learning from co-workers who were friends—from advice they gave or by observing their career experiences.
Event 20	Downsizing – Victims & Supervisors	Downsizing includes two themes: managers who were “survivors” in organizations that were experiencing a reduction in force, and managers who lost their jobs in reorganizations and reductions. These hardship events not only relayed the personal trauma the managers experienced, but also the trauma the organizations felt in going through reductions. Not included here are events describing managers who were responsible for implementing downsizing efforts (see event #2)
Event 21	Feedback and Coaching	This category is about job-related feedback. The majority of the managers reported <u>receiving</u> feedback; a small number of the events were about <u>giving</u> feedback. There were four themes within the events where managers received feedback: 1) managers described receiving feedback on a specific situation (e.g., specific interpersonal interactions, a specific aspect of their job or their organization), or a characteristic or ability (e.g., leadership style, communication skills, feedback on personal appearance); 2) managers mentioned receiving general feedback on their job performance, such as in a performance appraisal; 3) the event was about receiving 360-degree feedback (e.g., manager’s first time receiving feedback from multiple raters, noting a difference in perceptions of raters); and 4) managers reported receiving friendly words of advice from others on managing employees.
Event 22	Successfully Facing a Complex Challenge	The Business Successes category represents aspects of the managers’ job that turned out very well. The majority of the events in this category were job challenges and organizational issues that were doomed for failure but were overcome due to the actions of the manager, usually with shining colors. For instance, inefficient systems may have been greatly improved or unmarketable products were turned into successful ones. There are several core elements within this theme. In most cases, the

Table 2

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Event 22 (Cont.)	Successfully Facing a Complex Challenge	successes came about due to the initiative of the manager—he or she was not assigned to fix problems, invent new products, or whatever the outcome; the manager instigated the actions or processes for the consequence. Often the manager described a process that was important in the successful outcome: success through teamwork and team ownership was critical. Innovation and experimentation on the part of the manager were frequently mentioned.
Event 23	Managing Internationally	The manager is either relocated to a foreign country to take responsibility for an assignment, or given responsibility for global operations of a function, product line or a business. The manager may or may not have to expatriate but a key element is the fact that the manager has to be in direct and regular contact with unfamiliar cultures to do the job (does not include generic relocations, promotions, general increases in scope & scale, turnaround assignments, start-ups, diversity matters, etc.)
Event 24	Mergers and Acquisitions	These are lessons about leading or having significant responsibility for major aspects of a merger or acquisition.
Event 25	Other Organizational Changes or Crises	Being involved in a product recall, regulatory review, major implementation of significant systems or process change, being part of a company involved in an IPO, CEO transition, merger or acquisition (manager not in charge of overseeing it) tornado destroying business complex, union decertification, IRS investigation, and the like (does not include restructuring or downsizing)
Event 26	Relocation of Business or Family	Moving to another area of the country or world (if not on an expat assignment) as an adult or as a child
Event 27	Globalization/International Expansion of the Organization	Being part of an organization that expands internationally in any form; the event is the change to international or global operations
Event 28	High Level Stakeholder Interaction	Significant interactions with high level people representing major stakeholders, significant interactions with the board, or interactions relating to major changes in the composition of the board; changes in the quality of interactions with high level stakeholders

Table 2

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Event 29	Leading Others in High Risk Situations	Leading in combat situations, emergencies, rescue teams, other life threatening situations
Event 30	Stepping Forward to Take a Risk	Standing up for something or for self, personal advocacy for self or for own career
Event 31	Integrity Issue	Issues of personal or organizational integrity; senior executive conflict or ethical misbehavior
Event 32	Encountering Organizational Culture	Experiencing new or different organizational cultures, systems, processes, organizational attributes

Table 3

Key Lesson Categories (Center for Creative Leadership Coding Scheme)

Lesson Category 1	Learning About Oneself	Statements of self-discovery, self-trust, trusting one's gut and/or increased self-confidence or humility define this category. These lessons revolve around an increased self-awareness, awareness about the impact of one's role, and/or a heightened awareness of the importance of learning about oneself through feedback. Individuals report learning about oneself, either in terms of strengths, personal limits and/or weaknesses. This category also includes lessons about understanding the importance and value of receiving feedback. This feedback may come from others, from a situation, or from themselves. Most of the lessons revolve around personal insights regarding strengths (e.g., I am very good at managing others, I can handle a lot of stress) or weaknesses (I realized that others think I am too aloof). Some of the lessons seem to reflect a "I wish I had done it differently" mentality. Several of the lessons are related to gaining self-confidence (e.g., I learned that I am very capable) or self-trust (e.g., I learned to trust my instincts)
Lesson Category 2	Behaving with Integrity	This category is really about learning to behave with integrity when dealing oneself and with others. This category includes statements about guiding principles or values that guide appropriate and ethical, behavior as a manager. These lessons revolve around principles that managers discover that guide their behavior and serve as consistent, stable values and behaviors that are not dependent on the situation.

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Lesson Category 2 (Cont.)	Behaving with Integrity	Examples of lessons in this category include integrity, honesty, standing up for one's beliefs, being responsible and respecting others, treating people fairly, accepting blame, having courage to make decisions and stand alone, to walk the talk, communicating openly and honestly, leading by example, and understanding the importance of credibility.
Lesson Category 3	Managing & Balancing Career and Personal Life	These lessons revolve around an increased awareness of the importance of taking responsibility for managing one's career development, becoming active in planning one's career path, and finding mentors and other types of support in order to manage one's career. Included in this category are statements about discovering one's career preferences, learning to take control of one's career, seizing opportunities, understanding the importance of networking and mentors for one's career advancement, making sure that new assignments and positions fit with career goals, learning about potential assignments and career moves, finding mentors and coaches, learning that getting help is ok or that a career will have ups and downs, and learning how to balance career goals with personal goals. These lessons really revolve around learning how to make the most of the resources and individuals around you in order to advance one's career. Many of these lessons relate to 'taking charge' of one's career as opposed to letting others control it. In addition, there are also lessons learned about the importance of balance in one's life (e.g., statements of understanding how important one's family is and balancing different priorities)
Lesson Category 4	Managing Direct Reports	Managing direct reports is a category that refers to learning how to effectively lead others (direct reports and/or work teams) when one has the benefit of authority/position power. These lessons revolve around the all aspects of managing subordinates and discovering strategies for developing effective working relationships with subordinates. Some examples include lessons about goal-setting, challenging employees, team-building, delegating, managing, managing at a distance, hiring talented

Table 3

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Lesson Category 4 (Cont.)	Managing Direct Reports	staff, training, developing, motivating, supporting, coaching, hiring, protecting, mentoring, value of a strong team, value of people in the organization, and dealing with employee performance problems. The focus of these lessons is really on learning to become a better manager in order to get the work completed. Some lessons relate to a new understanding about the importance of getting work done through others (e.g., one can't do it all by oneself; one must learn to delegate and work through others).
Lesson Category 5	Managing Upwards (managing relationships with manager and other executives)	Lessons belonging to this category include statements about learning how to develop good relationships with executives (includes one's own manager and upwards, board members). These lessons revolve around an increased understanding of executives and/or how to work with executives in various contexts. Examples may include discovering something about a particular executive, discovering effective strategies for working with higher management, understanding how higher management operates, and learning from the mistakes of higher management.
Lesson Category 6	Managing Laterally	Lessons belonging this category include statements about learning how to develop effective working relationships with individuals outside of the direct reporting line (includes clients, peers, colleagues, outside individuals, etc.), in a matrix type organization, or in any situation where the manager does not have direct authority and needs to lead through influence alone. These lessons revolve around an increased understanding of these relationships and effective strategies for gaining lateral cooperation without authority. Examples include negotiating strategies, lessons about effective ways to build cross-functional teams, lessons about gaining cooperation from individual over you have no authority, dealing with people and understanding their perspective. This lesson revolve around a better understanding of how to effectively work with individuals that one does not have authority over (excluding direct reports, and managers).

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Lesson Category 7	Valuing Diversity	This category includes statements related to learning that differences in race, gender, age, skills, attitudes, and style are of value in the workplace. This category is fairly broad and looks at diversity with a broad lens (e.g., differences in style, color, age, attitude, skills, etc.). The thread that ties these lessons together is that they all relate to an better understanding or awareness of the importance of appreciating differences in teams, in organizations, and/or across departments.
Lesson Category 8	Understanding Organizational Politics and Organizational Culture	Statements about understanding and dealing with organizational politics and organizational culture define this category. These lessons revolve around the realization that organizational politics or organizational culture play a large role in organizational life or in one's leadership effectiveness.. Examples of lessons may include learning how to effectively work with realities of organizational politics (e.g., using knowledge about existing politics to effectively manage relationships), learning about the "pulse" of an organization, learning about specific aspects of an organizational culture (e.g., "performance counts"), getting buy in from local management in an international situation, or cynical lessons that revolve the discovery of organizational politics (e.g., the good-old boy network is alive and well).
Lesson Category 9	Developing Technical or Managerial Skills	This category includes statements about gaining knowledge or skills that help the individual effectively manage the work. Lessons revolve around developing knowledge about the organization or business, developing skills sets, taking courses or reading books, and developing specific task-related competencies. These lessons tend to be fairly specific, and most of the lessons relate to learning how to do something that will get the job done, learning "hard" skills (e.g., specific technical knowledge, how the business or industry works, how business works in a changed environment, how to work with clients, vendors, or customers, how a particular department works, a specific project related skill such as finance or accounting procedures, how

Table 3

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Lesson Category 9 (Cont.)	Developing Technical or Managerial Skills	to build systems and processes for getting the work done).
Lesson Category 10	Developing Interpersonal Strategic, or Cognitive Skills	Lesson in this category include statements about learning how to effectively meet job challenges through some effective behavioral strategies. Examples of lessons revolve around the importance of certain behavioral strategies for meeting the challenges of the job. These behavioral strategies include “soft” or cognitive skills such as decisiveness, strategic thinking, creativity, anticipating problems, team dynamics, optimism, goal setting, importance of visibility, perspective taking, prioritizing work, communicating effectively, listening, involving others for buy in, taking risks, understanding the importance of vision, decision-making strategies, flexibility, resourcefulness, conflict resolution strategies, problem-solving strategies, seeing organizations as systems, and dealing with ambiguity and stress.
Lesson Category 11	Managing Change or Crisis	Managing change refer to lessons about learning how to manage change efforts and the impact of decisions. These lessons include the development of effective strategies for effectively implementing one’s agenda by sharing information to increase awareness, involving others on the front end of an initiative, building consensus, getting buy-in from people, and reducing resistance. These lessons are really about learning how to more effectively initiate and managing change efforts or change initiatives within an organization. For most of these lessons, the individual is responsible for overseeing the implementation of change within the organization and has learned something about managing transitions or about the impact of change/crisis on the organization.
Lesson Category 12	Cynicism	This category is defined as a feeling of pessimism or distrust that was learned as a result of a particular event. Lessons falling within this category represent a unique type of lesson that did not readily fall into any of the other lesson categories or superordinate categories. The lessons were negative in nature and

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Lesson Category 12 (Cont.)	Cynicism	revolved around an increased sense of distrust or defensiveness toward other people or toward the organization in general. In these lessons, individuals describe feelings of anger, disappointment, and sadness. Examples of lessons falling within this category include a distrust of other people (e.g., learned not to be too trusting, learned that people won't tell you what they are thinking, friends will turn their back on you, etc.) or an increased pessimism about the organization (e.g., don't trust the organization, performance is not rewarded with organizations, decreased respect for the organization and corporate life, etc.).
Lesson Category 13	Need for Corporate Social Responsibility	These lessons focus on coming to appreciate how good we have it as a company; the importance of organizational values as a guiding force, or the importance of a triple bottom line strategy
Lesson Category 14	Global Leadership & Cultural Adaptability	Lessons in this category relate to gaining cultural adaptability, learning the importance of attending to culture in executing strategy globally, importance of rapid cultural assimilation in operating globally, learning to manage differently in a global environment
Lesson Category 15	Perseverance	These are both individual and organizational lessons about persistence, staying the course, the ability of an organization to survive and redirect, the value of hard work, never giving up.
Lesson Category 16	Challenges of Executive Leadership	These are lessons about how to lead and how not to lead, what challenges senior leaders face, and about the challenge of transitioning from a perspective of working for one's own career advancement to working for the benefit of the enterprise.
Lesson Category 17	Emotional Intelligence	These are lessons about learning compassion, caring and sensitivity, increasing one's emotional intelligence, becoming more empathetic, open and inclusive, learning the importance of trust, about spiritual connectedness and humanity, the importance of people over all else, how important emotions are in leadership.

Data Collection Procedures

The data collection process for this study included a review of the literature of past CCL studies related to lessons of experience in order to replicate some aspects of that research (Lindsey et al., 1987; McCall et al., 1988; Morrison et al., 1987; Van Velsor & Hughes-James, 1990; Douglas, 2003; CCL & Tata, 2008; Yip & Wilson, 2008; CCL & CEIBS, 2009; Wilson et al., 2011). Data collection involved the researcher asking the respondents to reflect upon and discuss an interview prompt by means of interviewing (O'Leary, 2004). According to Creswell (2009), collection of data from individuals who have experienced the phenomenon is the first step to phenomenological research. This study employed a variety of research practices such as observation, audio-recorded interviews, and transcription of naturally occurring interaction (Silverman, 2005).

In order to comply with the university's policies and procedures governing research involving human subjects, the researcher applied for permission before proceeding with data collection from the Institutional Research Board (IRB) Office of North Carolina Agricultural & Technical State University and the study site's IRB office as well. During the IRB process the researcher provided thorough explanations of the study's purpose, methodological design, sample description, data collection procedures, data analysis procedures, interview protocol, potential risks, risks and benefits, confidentiality, privacy, anonymity, data protection protocol, research ethics and avoidance of conflicts of interest. Once the IRB approvals from both the university and the study site were obtained the researcher began data collection procedures. Additionally, the researcher had previously obtained permission from the Center for Creative Leadership (CCL) to use the coding scheme previously employed in the lessons of experience studies.

In addition to the audio-recorded interview, the researcher took hand-written notes to accurately capture the experiences of participants. Relying on memory is not a reliable method for accurately documenting participants' lived experiences (Hammersley & Atkinson, 2007). The writing of fieldnotes, as this note taking is described in the literature, deepens the researcher's understanding about what she or he has observed, seen or heard in the research environment or research experience (Emerson, Fretz, & Shaw, 1995).

A qualitative research methodology was used to examine the opportunity structure for developing senior health care leaders and to compare those experiences to corporate leaders' experiences and high potential employees in health care in order to determine gaps in experience. The phenomenological research approach for this study allowed the researcher to identify the essence of participants' experiences about the phenomenon of leader development from the viewpoint of the participants (Creswell, 2009). The qualitative inquiry allows the researcher to study the interrelationships between elements that will allow for rich observations of participants' experiences (Silverman, 2001).

Study participants were contacted by the researcher via email with an attachment which contained a flyer that featured the salient points of the study and a request for participation. Participants were assured confidentiality and were informed of the purpose and significance of this research study. Participants were informed that if they become uncomfortable at any point during this research study, they could choose to end their participation.

After participants contacted the researcher indicating that they were willing to participate in the study, the researcher forwarded them an email confirming the date and time for the interview and provided participants with a copy of the consent forms to review prior to the

interview. Participants were informed that they must sign the consent form prior to the start of the interview.

Interviews were conducted either in the offices of the senior health care leaders or in a conference room which was reserved by the researcher. High potential employees were interviewed in a reserved conference room at the study site or at other facilities that were convenient to the study participant's schedule. On average, interviews lasted for 30 to 35 minutes and all interviews were conducted over the course of a three week period.

Data Analysis Procedures

The process of data analysis and interpretation of data involves moving deeper and deeper into understanding of what the data mean, accurately representing and interpreting the data (Creswell, 2009). Analysis of the transcribed interviews for this study entailed coding and thematically clustering the interviews in accordance with the key event and key lessons using the CCL coding scheme and the five event clusters and the fifteen event types found in the Yip and Wilson (2010) framework.

As the researcher would complete several of the audio-recorded interviews, the recordings were downloaded into a "dropbox" account where a transcriptionist downloaded the recordings and transcribed them verbatim in preparation for the data analysis process. Once the transcriptionist completed a transcription the document was emailed to the researcher for clarification of items and approval until all transcriptions were completed and approved.

Once all transcription was completed and to the satisfaction of the researcher, the researcher read through transcripts passages within the transcripts that related to key events and key lessons identified by study participants during the interviews. During the interviews, the researcher took notes and at the end of each session clarified what the participants had described

as the key events and the lessons that they had learned from those events. These passages were highlighted within the transcripts to serve as points of emphasis for the coding team.

Two groups of coders, each group consisting of three coders each, met to review the transcripts, identify the key events and lessons in accordance with the CCL coding scheme mentioned above. The coding process involved coders reviewing the interview transcripts and identifying the key events and lessons from the senior health care leaders and high potential employees who were the focus of this study. The design of the research study also required agreement among the coders in order for an event or lesson to be selected. For purposes of this study, agreement means that at least two thirds of the coders had to agree to a single code for a particular event or lesson. The coders were also instructed that events or lessons that were unclear would be excluded from the analysis and events or lessons that did not fit the previously identified category could be given a special code as these will reflect a new code not captured in previous lessons of experience research. The criteria for functioning as a coder for this research study involved either having completed a doctoral degree that required qualitative methodology coursework or the coder had to be currently enrolled in a doctoral degree program having already taken a course in qualitative research methodology.

Once the coding of data was completed, the researcher organized the data by entering the key events and lessons into a matrix which revealed the numbers of key events and numbers of lessons that corresponded with the interviews with senior leaders and a separate matrix for interviews with high potential employees. The researcher then combined all data into a matrix that contains number of key events and number of lessons for all participants in the research study. This matrix served as a tool for the analysis of data which will be explained in further

detail later in Chapter 4. Appendixes A through F provide samples of documents referenced in this chapter as they pertain to the data collection and data analysis processes.

Conclusion

In conclusion, a qualitative strategy of inquiry guided the phenomenological approach to this study with a social constructivist worldview that captured participants' construction of meaning as it relates to the construct of leadership. The research methodology for this study was guided by ethical practices as described by scholars of qualitative research approaches. Chapter 3 has provided the methodology, rationale for the qualitative paradigm, research questions, study site, sample selection, interview protocol, data collection procedures, data analysis procedures and a conclusion of the study's methodological approach. The methodology described in this chapter has been informed with careful consideration of previous lessons of experience research and attempts to extend this framework to the health care industry and to apply it to high potential employees, who represent a group not yet explored with this research approach. The methodology described in this chapter was determined to be sufficient to address the major research questions posed in this qualitative study.

Chapter 4 will provide a description of the results of this research study including the sample and detailed results of data analysis. Chapter 4 also examines the four research questions posed in this study in more detail:

1. What are the differences in the key events and lessons learned of senior health care leaders as compared to those reported by corporate leaders?
2. What are the differences in the lessons of experience between male and female senior health care leaders?
3. What are the key developmental experiences of high potential employees in health care?

4. What are the gaps in the developmental experiences of high potential employees in health care as compared to the developmental experiences of senior health care leaders?

CHAPTER 4

Research Findings

Chapter 3 provided the methodology, rationale for the qualitative paradigm, research questions, study site, sample selection, interview protocol, data collection procedures, data analysis procedures and a conclusion of the study's methodological approach. This chapter provides the findings of the study in terms of demographics, participant responses and comparison of responses for various demographics with emphasis on the four research questions that guided the design of the study.

Demographics of Respondents

Overall, there were 20 respondents out of the total sample pool of 45 who participated in this research study. This resulted in an overall participation rate of 44%. The respondents consisted of eight (40%) males and 12 (60%) females. Among the total respondents, 16 (80%) were White/Caucasian and four (20%) were ethnic minorities. See Table 4 for a breakdown of respondents by race and gender. For purposes of this study, the term ethnic minorities will be used as a description for African-American and Asian respondents whose demographic data will be combined due to the lack of minority representation in this research study.

Table 4

Demographics in Terms of Race and Gender for All Respondents (n = 20)

Ethnicity	Female	Male
	<i>n</i> (%)	<i>n</i> (%)
African American	3 (15%)	0 (0%)
Asian	1 (5%)	0 (0%)
White	8 (40%)	8 (40%)

Of the White/Caucasian respondents, eight (40%) are male and eight (40%) are female. There were a total of three (20%) ethnic minority respondents in the study. Respondents in the study had an average age of 43 years and an average of eight years of tenure at the health care organization used as study site. Table 5 provides a breakdown in terms of tenure in the organization for all respondents.

Table 5

Demographics in Terms of Tenure in Organization for All Respondents (n = 20)

Tenure in Organization	Female	Male
	<i>n</i> (%)	<i>n</i> (%)
< 1 – 3 years	3 (15%)	5 (25%)
4–7 years	4 (20%)	1 (5%)
8–11 years	1 (5%)	2 (10%)
12–15 years	2 (10%)	0 (0%)
20 years or above	2 (10%)	0 (0%)

Note. Average tenure for all respondents = 8 years

Among the senior health care leader group, 4 (40%) are male and 6 (60%) are female. Of this group, 9 (90%) were White/Caucasian and one (10%) was an ethnic minority. Of this group, six respondents (60%) are female and four (40%) are male. For a breakdown of senior leader respondents by race and gender, see Table 6.

Table 6

Demographics in Terms of Race and Gender for the Senior Leader Group (n = 10)

Ethnicity	Female	Male
	<i>n</i> (%)	<i>n</i> (%)
African American	1 (15%)	0 (0%)
White	5 (40%)	4 (40%)

The average age of senior health care leader respondents was 52 years. The average tenure in the organization was 10 years and the average experience as a senior health care leader was 13 years for respondents in this group (Table 7 and Table 8). For respondents in the high potential employee group, 4 (40%) are male and 6 (60%) are female. Of this group, 7 (70%) are White/Caucasian and 3 (30%) are ethnic minorities. Table 9 provides a demographic breakdown of high potential employee respondents by race and gender. Of this group the average age of respondents was 35 years and the average tenure in the organization was 5 years as shown in Table 10.

Table 7

Demographics in Terms of Tenure in Organization for the Senior Leader Group (n = 10)

Tenure in Organization	Female	Male
	n (%)	n (%)
< 1 – 3 years	1 (10%)	2 (20%)
4–7 years	1 (10%)	0 (0%)
8–11 years	0 (0%)	2 (20%)
12–15 years	2 (20%)	0 (0%)
20 years or above	2 (20%)	0 (0%)

Note. Average tenure among health care executive group = 10 years

Table 8

Demographics in Terms of Overall Tenure as a Senior Health Care Leader: Vice-President and Above (n = 10)

Tenure as Health Care Executive	Female	Male
	n (%)	n (%)
7–11 years	3 (30%)	3 (30%)
12–18 years	2 (20%)	0 (0%)
26 years or above	1 (10%)	1 (10%)

Note. Average tenure as a health care executive = 13 years

Table 9

Demographics in Terms of Race and Gender for the High Potential Employee Group (n = 10)

Ethnicity	Female	Male
	n (%)	n (%)
African American	2 (20%)	0 (0%)
Asian	1 (10%)	0 (0%)
White	3 (30%)	4 (40%)

Table 10

Demographics in Terms of Tenure in Organization for the High Potential Group (n = 10)

Tenure in Organization	Female	Male
	n (%)	n (%)
< 1 – 3 years	2 (20%)	3 (30%)
4–7 years	3 (30%)	1 (10%)
8–11 years	1 (10%)	0 (0%)
12–15 years	0 (0%)	0 (0%)
20 years or above	0 (0%)	0 (0%)

Note. Average tenure all respondents = 5 years

There are four research questions which have guided this research study. The first research question sought to explore the leadership development of senior health care leaders in comparison to those experiences reported by corporate leaders in previous lessons of experience research. Overall, respondents in the senior health care leader group reported 38 total events across 14 event categories and 118 different lessons across 15 lesson categories. Among the senior health care leaders, respondents cited the most events from the ‘developmental relationships’ superordinate category ($n = 20$; 52.6%) and the most lessons cited were from this same superordinate category ($n = 67$; 56.7%). Within the ‘developmental relationships’ superordinate category, the most frequently cited events were ‘role models at work’ ($n = 9$;

22.8%) and respondents cited (a) 'learning from oneself' ($n = 8$; 6.7%) (b) 'managing direct reports' ($n = 6$; 5.0%); and (c) 'developing interpersonal, strategic, or cognitive skills' ($n = 4$; 3.3%) lesson types in respective order. Seventy percent of the senior leader group reported learning significant lessons from the 'role models at work' event type.

The second most cited superordinate category for the senior leader group was 'values playing out' (14.2%; $n = 8$) where respondents cited the 'behaving with integrity' (5.9%; $n = 7$) and 'learning about oneself' (5.0%; $n = 6$) lesson types in respective order. Fifty percent of participants in the senior leader group reported learning significant lessons from the 'values playing out' event type. The third most frequently cited subordinate event category was the 'personal experience' category where senior leader respondents reported learning from 'purely personal' (10.5%; $n = 4$) events where they cited the 'learning about oneself' (3.3%; $n = 4$) and 'behaving with integrity' (2.5%; $n = 3$) lesson types respectively. Thirty percent of the senior leader respondents reported learning lessons from the 'purely personal' event type within the 'personal experience' superordinate event category.

Overall, 56.7% ($n = 67$) of all lessons learned by the senior leader group were learned from experiences in the 'developmental relationships' superordinate category with the most lessons learned from the 'role models at work' (27.9%; $n = 32$) where respondents cited the 'learning about oneself,' 'managing direct reports' and 'developing interpersonal, strategic, or cognitive skills' lesson types in respective order. Respondents also reported learning significantly from the 'values playing out' (14.7%; $n = 24$) event type where respondents cited the 'behaving with integrity' and 'learning about oneself' lesson types. The second highest number of lessons were learned from experiences in the 'challenging assignments' superordinate category where respondents cited mostly the 'successfully facing a complex challenge' (8.4%; n

= 10) and ‘increase in scope’ (5.78; $n = 7$) event types. The third highest number of lessons that were cited came from the ‘personal experience’ superordinate category where respondents learned the most from the ‘purely personal’ (8.4%; $n = 10$) event type.

Overall, One-hundred percent of the senior leader group reported experiences that resulted in ‘learning about oneself’ while 90% of respondents in this group had experiences cited the ‘behaving with integrity’ lesson type. Seventy percent of participants in this group learned lessons related to ‘developing interpersonal, strategic and cognitive skills’ and ‘managing direct reports. Fifty percent of respondents in the senior leader group cited the ‘emotional intelligence’ lesson type. Table 11 illustrates the frequencies of events and lessons for senior leader respondents.

Table 11

Frequencies for Senior Health Care Leader Events ($n = 38$) and Lessons Reported Per Event ($n = 118$)

Event Category	Overall Sample Count of Events	Number of Lessons Associated with Each Event Category
	n (%)	n (%)
Challenging Assignments		
Starting from scratch	1 (1.4)	4 (1.9)
Project/Task Force	1 (4.2)	3 (3.4)
Increase in Scope	3 (8.5)	7 (5.8)
Successful Facing a Complex Challenge	2 (2.8)	10 (4.9)
Encountering Organizational Culture	1 (1.4)	5 (2.4)
First Professional Job	1 (1.4)	2 (.98)
Integrity Issue	1 (1.4)	2 (.98)
Total	10 (26.3%)	33 (27.9%)

Table 11

(Cont.)

Event Category	Overall Sample Count of Events	Number of Lessons Associated with Each Event Category
	<i>n</i> (%)	<i>n</i> (%)
Adverse Situations		
Business or Professional Failures and Mistakes	2 (2.8)	3 (1.4)
Lost Job Opportunities/Demotions/ Missed Promotions/Being Fired	2 (4.2)	5 (3.4)
Total	4 (10.5%)	8 (6.7%)
Developmental Relationships		
Role Models at Work	9 (22.8)	32 (27.9)
Values Playing Out	8 (14.2)	24 (14.7)
Mentors	1 (1.4)	5 (2.4)
Feedback & Coaching	2 (5.7)	6 (6.8)
Total	20 (52.6%)	67 (56.7%)
Coursework and Training		
Total	0 (0%)	0 (0%)
Personal Experience		
Purely Personal	4 (10.5)	10 (8.4)
Total	4 (10.5%)	10 (8.4%)

Events Involving Role Models at Work for Senior Health Care Leader Respondents

The most cited superordinate category was the ‘developmental relationships’ category where the ‘role models at work’ event type was the most frequently cited by the senior leader group. The ‘role models at work’ event type reflected leaders’ experiences where role models were superiors that senior leaders interacted with, or observed during the course of their careers, whether the role models were positive or negative. Some of these role models were characterized as possessing exceptional skills or attributes. Others were remembered for their weaknesses and the impact it had on people. But regardless of whether the role model was

positive, negative, or a little of both, each case described a person or group of people who profoundly influenced the executive's approach to management. Below are examples of senior leaders' experiences, either negative or positive, with 'role models at work':

- “He was very self-deprecating and passed the credit to his team without exception, every time. And, of course, we on the team knew he was a great leader. But he declined time and time again to accept the accolades . . . and I thought that was powerful . . . I think many employees saw him do that in a variety of contexts, and I think it meant a lot to them that he did it. And I don't think it was lip service.” (White female)
- “And at the time I was experiencing a great deal of frustration about our inability as an organization to just make a decision . . . I am so frustrated with (name) because (name) can't make a decision without having (number) people at the table . . . I just want to make a decision and move on.” (White female)
- “. . . he would frequently be a no-show for our meetings . . . the hour would come and pass and you wouldn't hear anything from him. I would go into his office and he would be sitting at his desk, and he would have a stack of messages to return and one night I literally watched him (as he met with me) sort them in 10 rows across and , like 5 rows down. And I thought, you could return a third of those in the amount of time you take to sort them.” (White male)
- “Well, in my first administrative role in a hospital the CEO I had was really tough and someone that I guess I considered to be unfair the way he dealt with people . . . he did things almost it seemed like to make you uncomfortable . . . he would pull his glasses down over his nose and look at me over the top of his glasses as if he was interrogating me.” (Black female)

- “So I think one of the greatest influences were the two women I had the great pleasure of reporting directly to.” (White female)
- “There are two individuals with whom I had the pleasure of reporting . . . that for me always served as a nice reminder as who I did not want to be. Everybody thought he was fabulous, but behind closed doors—it was kind of Dr. Jekyll and Mr. Hyde. And then the other individual . . . what I found was every decision that he made was based on where he wanted to go from his career, so his decisions were not always the right decisions.”
(White female)
- “He was just rude and brassy, and you know, the organization hadn’t done anything right in 100 years . . . everybody hated him. But I would try to take up for him . . . Because that was my job. He was my boss.” (White female)
- “. . . a willingness to teach even the lowest amongst us, which I was. I was a technician and he would take several hours out of every week to teach me . . . he would sit down one-on-one and do things. Incredible willingness for personal leadership to be able to do that with people that was at a level low in the organizational structure.” (White Male)

Events Involving Values Playing Out for Senior Health Care Leadership Respondents

The second most frequently cited experience by senior leaders, also in the ‘developmental relationship’ superordinate category, was the ‘values playing out’ event type. The ‘values playing out’ event type represents snapshots of behavior occurring at work. These were short-lived events involving a person (or persons) doing something to another person (or persons, or to self/self-destruct) that had a visible impact. The manager, as an actor in the scene or as an observer of it, drew a value-laden conclusion from it. Events of this type almost always were of short duration, occurred in chain-of-command relationships, and were discussed “out of

context”—that is, the “snapshot” had survived while the larger scenario in which it happened had dimmed. Respondents described their experiences related to this event type as follows:

- “I found myself in a situation where I had become very friendly with several of the people who actually reported to me . . . where we actually hung out together . . . did things together and I think that causes you to lose sight of the workplace even if you try to separate it . . .” (Black female)
- “I starting just rounding with people a little bit and I just didn’t find it that productive use of their time or my time . . . what I would instead do was spend basically a day in the life. So I spent one day with Environmental Services . . . I used to complain very frequently . . . And I would always say, oh my gosh! How long does it take to clean a room? After that point in time, I never said that again.” (White female)
- “So my first day there . . . I don’t know what led me to do this. Uh, we had a meeting and we prayed . . . A prayer by its nature is a religious thing, but the point wasn’t just a cause to be faithful to our religious calling. It was actually to say, we’ve actually got an opportunity in all the little interactions that we have to actually love these people. That doesn’t always mean we have to be perfectly nice or anything, but we have to love them.” (White male)

Events Involving Increase in Scope for Senior Health Care Leader Respondents

The second most frequently cited events by senior leaders were found in the ‘challenging assignments’ superordinate category where respondents mostly referenced events that belong to the ‘increase in scope’ event type . ‘Increase in scope’ refers to an increase in responsibility (not necessarily a formal promotion) that was both broader and different from what had gone before. ‘Increases in scope’ included switching to new businesses and massive increases in numbers of

people, dollars, and functions to manage. Respondents reported the following experiences related to ‘increase in scope’:

- “Two weeks in my boss called me in and said we’ve got this half million dollar project we need you to head up. We need you to redesign the (hospital clinical department). Here’s the general vicinity where it’s going to go. Here’s the budget we’re considering. And we need to have drawings and a plan put together, like, in three months.” (White male)
- “I was really getting burned out, so a position was created, a project leader for the implementation of [an information system] . . . So [Leader] asked me if I wanted to do that. I had never touched a computer. [I said] Sure! Love to!” (White female)
- “I arrived to do basic science which is more lab research . . . And as soon as I got there, the head of the lab . . . had to leave and return to Germany, so I immediately within three months inherited a lab of 20 to 30 PhDs and 100 techs and a budget of about 16 million [16 million dollars].” (White male)

Events Involving Purely Personal Experiences for Senior Health Care Leader Respondents

The ‘purely personal’ event type, which falls under the ‘personal experience’ superordinate category, represented the third most frequently cited superordinate category and event type in this research study. Purely personal events covered a range of personal experiences outside the workplace that contributed to manager’s development. Examples include playing on a sports team, childbirth or raising children, not having time for family, participation in scouting, family conflict or upbringing. Examples of ‘purely personal’ events cited by senior health care leaders in this study are as follows:

- “My family had gone out for a meal and the bill came back, and it was incorrect. And my father, without a moment’s hesitation, summons the—we called them waitresses then; servers now—and said that there was an error with the bill, and she was just perplexed and rather defensive and assured him that everything on the bill was actually what we had consumed and ordered. And he said, ‘You are absolutely right. Everything on the bill we did order . . . However, it is missing something. You failed to charge me for [some item that we had ordered].’” And her reaction completely changed. She said, ‘You mean you are telling me that the bill is wrong because I have under-charged you?’ And he said ‘Yes.’ And she was stunned. She said, ‘I think you’re the first customer that has ever brought an error to my attention that was an error in the customer’s favor.’” (White female)
- “. . . I think my general approach comes from the way I was brought up with my parents. I grew up with two working parents who said, ‘You do what the boss asks you to do, you go to work every day, you don’t call out sick.’ You know, I never missed a day of school. If I was sick, they said, ‘Suck it up. You’ll feel better when you get there.’ And they always put their work first. They took a lot of pride in what they did; they didn’t complain about their boss and their employer; they were appreciative to have a job. So I think that’s what really created the work ethic.” (White female)
- “And from my grandmother’s perspective . . . we kind of were soul mates . . . So she sold eggs and collard seeds, and from that was probably really my first true lessons of work ethic, financial independence, and understanding how to build a business and really how to maintain and run a business. She had a favorite saying about things and her work ethic and what needed to be done. I would say something like, ‘Grandma, it would be nice if

we didn't have to do the collard seeds today.' And she'd say, '. . . You've got to do, so you might as well do it.'" (White female)

The senior health care leaders in this research study did not report any significant experiences related to 'coursework and training,' a superordinate category designated for the 'coursework' or 'adverse situations,' a superordinate category designated for the events types 'business or professional failures and mistakes' or the 'lost job opportunities/demotions/missed promotions/being fired' event type.

Events Involving First Professional Job for Senior Health Care Leader Respondents—New Event Type

The 'first professional job' event type was added in order to capture those experiences that did not quite relate to the 'early work' or 'first supervision' event type but were significant developmental experiences early in the leader's or high potential employee's career. This event type is mentioned only to acknowledge the creation of this event type through the coding process. However, the 'first professional job' event type was not significant for senior health care leaders interviewed in this research study where only one senior leader respondent cited an event belonging to this particular event type.

Lessons Involving Role Models at Work for Senior Health Care Leader Respondents

The highest number of lessons that were reported by senior leaders was lessons learned through the 'role models at work' event type where respondents cited mostly the 'learning about oneself,' 'managing direct reports,' 'developing interpersonal, strategic, or cognitive skills,' and 'behaving with integrity' lessons types as illustrated in examples below:

- "I learned that it's much better to compliment your team, and it will inspire them to do even more because they'll want to please a leader that recognizes what they do. And so if

as a leader a part of your objective is to get the most out of your people, helping them feel that what they do is important and matters. You know, it's carrot or stick." (White female)

- "And I've also learned that I think your non-verbal communication is probably 93,000 times stronger than your verbal communications." (White female)
- "I try to return phone calls, you know if I get a call from somebody I do my very best to get to it as soon as I possibly can. I don't like voicemail for that reason because I don't pay enough attention to it, I like the standard, take a note, or send me an email . . . It's just, it's a courtesy thing to me. It's the same way with signatures. If something is in my signature box, I sign it today. I don't leave without—it only takes a few minutes to go through it all—I just get it done." (White male)
- ". . . I think what I learned from that experience is a lot of things of how not to treat people and how not to lead people . . . it really made an impact on my career and on my thoughts on how I would deal with people and how I would lead people. I believe you can work with people and get the same or better outcome by treating them with respect and dignity instead of by intimidation and fear. So one of my goals is always [to not try] being intimidating to anyone or to pull fear into anyone . . . that's not a part of my leadership style." (Black female)
- ". . . I learned about what it means to be a female in a largely male-driven role. How do you present yourself and interact, especially with physicians with whom you will need to work in a collegial manner . . . I feel comfortable with who I am as a leader, but I'm also not uncomfortable wearing backless shoes because I love shoes! It's not being afraid of

who you are and being feminine, but also understanding how you have to present when you're working with a largely male-dominated service.” (White female)

- “So taking the time to acknowledge people to say, ‘Thank you for a job well done,’ to, again, make them understand that what they did was, in fact, extraordinary and not just ordinary even though they feel that it was just doing their job.” (White female)
- “He had very high expectations, and I think I developed that same orientation. He probably had the biggest impact on me as a leader, not necessarily in a good way . . . I learned where all of my resources were . . . if you don't know the answers, you look it up or you call somebody-you network.” (White female)
- “I learned . . . to not be egotistical, not assume you know all the answers. Get input from people, but I think as much as anything, it was just his pompous, egotistical manner that people hated [about] him.” (White female)
- “He would make them see how it would be beneficial from all sides. And there was various ways he could do it. And truly it was, and it always came back to kind of the good of the patient. And you could tell how he did that. That was probably one leadership skills that was very important.” (White male)

Lessons Involving Values Playing Out for Senior Health Care Leader Respondents

The second most frequently cited lessons for the senior leader respondents were the lessons learned through the ‘values playing out’ event type where respondents cited mostly the ‘behaving with integrity’ and ‘learning about oneself’ lesson types. Examples of lessons learned from the ‘values playing out’ event type by senior leader respondents are as follows:

- “I learned from that that we, in leadership roles, are extremely put under a microscope, and that we have to maintain our professional integrity and our personal integrity. And

when we follow the rules, and [when] we don't follow the rules, it's only going to be magnified by everyone else . . . I learned that if I'm gonna walk the walk, I have to talk the talk. And what I say is what I will do, and [what] I will do is what I'll say. And the day that I can't do that, maybe I'm not in the right place." (White female)

- “. . . I learned that I could not be friends with the people who work for me...one of my goals now is to-always be respectful and treating people with dignity, but not to be so friendly, become such friends with my employees that we hang out because, I think It shadows my ability to be able to see what's going on in the workplace.” (Black female)
- “So when we make decisions based on too narrow a slice of reality, we're going to pay the price.” (White male)
- “So that is, it's always a nice reminder for me to do something like that because it gives me a much greater appreciation and understanding for the challenges that they encounter, some of the resources that they may or may not have that would help them do their jobs a lot better, and gives you a whole different perspective.” (White female)
- “Now I think in the end, not only the individual you're selecting is important, but how they're going to work with the team is extremely important and that's not something you can talk about in the interview or it's something you do, but to be knowledgeable about how teams work or don't work and to fill the gaps for the team, not for the organization is how you get the organization to [do] well.” (White male)

Lessons Involving Purely Personal Experiences for Senior Health Care Leader

Respondents

The third highest lessons learned from an event category were those lessons learned from the 'purely personal' event type where senior leader respondents cited mostly the 'learning about

oneself' and 'behaving with integrity' lesson types. The 'purely personal' event type belongs to the 'personal experiences' superordinate category. The following reflects examples where senior leaders learned through 'purely personal' experiences:

- And you know, I don't know what your definition of leadership is, but to me a part of it is honesty and integrity . . . not only was my father honest without a moment's hesitation when financially it was to his detriment to be honest, but there was no hesitation on his part to simply do the right thing. And it shouldn't be a big deal to do the right thing and to be honest." (White female)
- "I learned that you take pride in anything you do; try to do it the best you can; that loyalty, dedication, commitment is important; that if you say you're going to do something, you do it; if someone is depending on you to do something, you do it; that you put others first; don't ask anybody to do anything you wouldn't do . . . Nothing is beneath you. You do what you need to do to get the job done." (White female)
- "You got it to do, I might as well do it! And you know, just some of those core concepts of how she managed that little component to me has helped me maintain some focus about the things that I needed to do or had to do and just trying to keep focus on what I knew that business to be, which is what she did." (White female)

Events and Lessons by Gender for Senior Health Care Leader Respondents

The second research question sought to determine whether or not there are gender differences in the lessons of experience among senior health care leaders. Among the senior leader group females reported 22 events and 74 lessons while males reported 16 events and 44 lessons. The most frequently cited events and lessons were found in the 'developmental relationships' superordinate category where females reported 11 (28.9%) events and 42 (35.5%)

lessons and males reported 9 (23.6%) events and 25 (21.1%) lessons. Both male and female respondents cited the most events and lessons from the ‘developmental relationships’ and ‘challenging assignments’ superordinate categories respectively.

Within the ‘developmental relationships’ superordinate category females reported mostly the ‘role models at work’ (18.4%; $n = 7$) event where they cited mostly the ‘learning about oneself’ and ‘behaving with integrity’ lesson types. Also within this same superordinate category and secondly, females reported the ‘values playing out’ (7.8%; $n = 3$) event where cited the second highest number of lessons in this superordinate category (11%; $n = 13$) and cited mostly the ‘behaving with integrity’ lesson type. However, the most frequently cited event in the ‘developmental relationships’ superordinate category for male respondents was the ‘values playing out’ (9.3%; $n = 11$) event where males cited mostly the ‘behaving with integrity’ and ‘learning about oneself’ lesson types.

The second most frequently reported events for both males and females were in the ‘challenging assignments’ superordinate category where females reported 5 (21.4%) events and 17 (14.4%) lessons learned from those events. Males reported 5 (13.1%) events and 16 (13.5%) lessons from this same superordinate category. Within this superordinate category females reported learning lessons from various events representing a variety a lesson types, none of which were significant.

Interestingly, neither male nor female respondents reported any events from the ‘managing business turnaround’ or ‘first supervision’ event categories. Males in the senior leader group did not report any events from the ‘starting from scratch,’ ‘project/task force,’ or ‘integrity issue’ event categories while female respondents did not report any events from the ‘encountering organizational culture’ and ‘first professional job’ event categories.

Thirdly, only female respondents cited events in the ‘personal experience’ superordinate category where they reported experiences that were ‘purely personal’ ($n = 4$; 10.5%). Events and lessons cited from the ‘adverse situations’ superordinate category were not significant for either male or female respondents. Interestingly, neither male nor female respondents in the senior leader group reported experiences from the ‘coursework and training’ superordinate category. Table 12 shows a breakdown of the frequencies for all events by gender and the lessons reported for each event category from senior leader respondents.

Table 12

Frequencies for All Events by Gender for Senior Health Care Leaders ($n = 38$) and Lessons Reported Per Event for Senior Health Care Leaders ($n = 118$)

Event Category	Senior Leaders			
	Male		Female	
	Events <i>n</i> (%)	Lessons <i>n</i> (%)	Events <i>n</i> (%)	Lessons <i>n</i> (%)
Challenging Assignments				
Starting From Scratch	0 (0)	0 (0)	1 (2.6)	4 (3.3)
Managing Business Turnaround	0 (0)	0 (0)	0 (0)	0 (0)
Project/Task Force	0 (0)	0 (0)	1 (2.6)	3 (2.5)
Increase In Scope	2 (5.2)	4 (3.3)	1 (2.6)	3 (2.5)
Successful Facing a Complex Challenge	1 (2.6)	5 (4.2)	1 (2.6)	5 (4.2)
Encountering Organizational Culture	1 (2.6)	5 (4.2)	0 (0)	0 (0)
First Supervision	0 (0)	0 (0)	0 (0)	0 (0)
First Professional Job	1 (2.6)	2 (5.2)	0 (0)	0 (0)
Integrity Issue	0 (0)	0 (0)	1 (2.6)	2 (5.2)
Total	5 (13.1%)	16 (13.5%)	5 (13.1%)	17 (14.4%)
Adverse Situations				
Business or Professional Failures and Mistakes	2 (5.2)	3 (2.5)	0 (0)	0 (0)
Lost Job Opportunities/Demotions/ Missed Promotions/Being Fired	0 (0)	0 (0)	2 (5.2)	5 (4.2)
Total	2 (5.2)	3 (2.5)	2 (5.2)	5 (4.2)

Table 12

(Cont.)

Event Category	Senior Leaders			
	Male		Female	
	Events <i>n</i> (%)	Lessons <i>n</i> (%)	Events <i>n</i> (%)	Lessons <i>n</i> (%)
Developmental Relationships				
Role Models at Work	2 (5.2)	7 (5.9)	7 (18.4)	25 (21.1)
Values Playing Out	5 (13.1)	11 (9.3)	3 (7.8)	13 (11)
Mentors	1 (2.6)	5 (4.2)	0 (0)	0 (0)
Feedback & Coaching	1 (2.6)	2 (1.6)	1 (2.6)	4 (3.3)
Total	9 (23.6%)	25 (21.1%)	11 (28.9%)	42 (35.5%)
Coursework and Training				
Coursework	0 (0)	0 (0)	0 (0)	0 (0)
Total	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Personal Experience				
Personal Trauma	0 (0)	0 (0)	0 (0)	0 (0)
Purely Personal	0 (0)	0 (0)	4 (10.5)	10 (8.4)
Total	0 (0%)	0 (0%)	4 (10.5%)	10 (8.4%)

Events and Lessons for High Potential Employee Respondents

Research Questions 3 and 4 sought to identify the key developmental experiences of high potential employees and how those experiences compare to the experiences of the senior health care leaders. Overall, respondents in the high potential employee group reported 32 total events across 13 event categories and 86 different lessons across 13 lesson categories. Among the high potential employee group, the most frequently cited events were from the ‘developmental relationships’ (35.3%; $n = 11$) superordinate category where respondents cited ‘role models at work’ (21.8%; $n = 7$) event and where they mostly cited the ‘learning about oneself’ (5.8%; $n = 5$), ‘behaving with integrity’ (5.8%; $n = 5$), and ‘managing direct reports’ (4.6%; $n = 4$) lesson types. Fifty percent of the high potential employee respondents reported significant learning from the ‘role models at work’ event type.

The second most frequently cited events were from the ‘challenging assignments’ (37.5%; $n = 12$) superordinate category. Within the ‘challenging assignments’ superordinate category respondents cited the most experiences from the ‘increase in scope (9.3%; $n = 3$) event type where they cited mostly the ‘learning about oneself’ (2.3%; $n = 2$) and ‘developing technical or managerial skills’ (2.3%; $n = 2$) lesson types. Thirty percent of the respondents in this group reported learning lessons from the ‘increase in scope’ event type.

The ‘coursework and training’ (12.5%; $n = 4$) and ‘personal experience’ (12.5%; $n = 4$) superordinate categories were both tied as the third most frequently cited superordinate categories. From the ‘coursework and training’ superordinate category respondents cited ‘coursework’ (12.5%) where they cited mostly the ‘learning about oneself’ (4.6%; $n = 4$) lesson type. From the ‘personal experience’ superordinate category respondents cited the ‘purely personal’ (9.3%; $n = 3$) event type as most significant and the ‘learning about oneself’ (3.4%; $n = 3$) lesson type.

Overall, the high potential employees cited the majority of lessons from the ‘developmental relationships’ (45.3%; $n = 39$) superordinate event category with the majority of the lessons having been learned from the ‘role models at work’ (29%; $n = 25$) event type. The second highest lessons cited were from the ‘challenging assignments’ (32.5%; $n = 28$). All high potential employees in the study cited ‘learning about oneself’ (26.7%; $n = 23$) while 80% of respondents in this group cited the ‘behaving with integrity’ (15.1%; $n = 13$) lesson type. Also, 70% of respondents in this group cited the ‘emotional intelligence’ lesson type. Table 13 provides an exhaustive description of the frequency of events and lessons for high potential employee respondents in this research study.

Table 13

Frequencies for High Potential Employee Events (n = 32) and Lessons Reported Per Event (n = 86)

Event Category	Overall Sample Count of Events	Number of Lessons Associated with Each Event Category
	<i>n</i> (%)	<i>n</i> (%)
Challenging Assignments		
Starting From Scratch	1 (3.1)	5 (5.8)
Managing Business Turnaround	1 (3.1)	2 (2.3)
Project/Task Force	2 (6.2)	4 (4.6)
Increase in Scope	3 (9.3)	5 (5.8)
First Supervision	2 (6.2)	3 (3.4)
First Professional Job	2 (6.2)	8 (9.3)
Early Work	1 (3.1)	1 (.49)
Total	12 (37.5%)	28 (32.5%)
Adverse Situations		
Lost Job Opportunities/Demotions/ Missed Promotions/Being Fired	1 (3.1)	2 (2.3)
Total	1 (3.1%)	2 (2.3%)
Developmental Relationships		
Role Models at Work	7 (21.8)	25 (29.0)
Values Playing Out	2 (6.2)	6 (6.9)
Feedback & Coaching	2 (6.2)	8 (9.3)
Total	11 (34.3%)	39 (45.3%)
Coursework and Training		
Coursework	4 (12.5)	9 (10.4)
Total	4 (12.5%)	9 (10.4%)
Personal Experience		
Personal Trauma	1 (3.1)	3 (3.4)
Purely Personal	3 (9.3)	5 (5.8)
Total	4 (15.6%)	8 (9.3%)

Events Involving Role Models at Work for High Potential Employee Respondents

The most frequently cited superordinate category for the high potential employee respondents was the ‘developmental relationships’ category where the ‘role models at work’ event type was the most frequently cited. The role models at work event type reflected high potential employees’ experiences where role models were superiors that they interacted with, or observed during the course of their careers, whether the role models were positive or negative. Some of these role models were characterized as possessing exceptional skills or attributes. Others were remembered for their weaknesses and the impact it had on people. But regardless of whether the role model was positive, negative, or a little of both, each case described a person or group of people who profoundly influenced the high potential employee’s approach to management. Below are examples of high potential employees’ experiences with ‘role models at work’:

- “Yeah, when I was in the Navy. I had a first class, we were underway, and I’ll never forget this—man, what a time. We were underway and aircraft warning lights had gone out, and as they say, ‘We had to have them working.’ So the first class looks at me and says, ‘I need you to go . . .’ Because I always climbed the mast, I enjoyed climbing the mast. He says, ‘I need you to replace the aircraft warning lights.’ And I was like, ‘But we’re underway.’ And he’d say, ‘We are.’ Now picture a ship out at sea, kind of rocking back and forth, and where you have to replace the aircraft warning lights is the highest peak on a mast . . . So there’s a period of time, even though just for a couple of feet, that you’re susceptible to fall. And I was underway, and the ship doing the leaning back and forth from the ocean, I was a little concerned. My first class was with me, said, ‘I’ll tell

you what. I'd never ask you to do anything I wouldn't do myself. I'll go up there with you.' (White male)

- “She had such a commanding presence yet was so soft-spoken but was so admired and respected by her colleagues because a lot of the times in meetings she did not talk a lot, but she was quick to listen and slow to speak which is a key and important thing.” (White female)
- “And over time over a period of years, the VP of Nursing came to me and just, when I was actually . . . We were doing a job fair and she came to me and just told me how much she admired what I had done, and it really broke that barrier.” (White female)
- “I realized there were certain key characteristics of my supervisor that were not conducive to her managing people. One of those was a lack of trust for her employees; somehow I managed to escape this issue with her, but I did notice that it happened with quite a few of the people that were under her supervision.” (White female)
- “I could go to her and she was always available which, in turn, made me realize that I needed to make sure that I had time available for all of these individuals I was supervising.” (White male)

Events Involving Increase in Scope for High Potential Employee Respondents

The second most frequently cited superordinate category was ‘challenging assignments’ where the ‘increase in scope’ event type was the most frequently cited within this superordinate category. ‘Increase in scope’ refers to an increase in responsibility (not necessarily a formal promotion) that was both broader and different from what had gone before. Increases in scope included switching to new businesses and massive increases in numbers of people, dollars, and

functions to manage. Respondents reported the following experiences related to ‘increase in scope’:

- “And my small path was getting into the lead position, so when you are a tech and you go into the lead position, it comes with additional responsibilities.” (Asian female)
- “They wanted to hold me to a higher standard than everyone else as far as taking an unspoken leadership role, and that was voiced to me but not everybody else in the department, and I got a lot of . . . negative feedback from the staff.” (White female)

Events Involving Coursework Experiences for High Potential Employee Respondents

The third most frequently cited superordinate category was ‘coursework and training’ where the ‘coursework’ event type was cited the most by the high potential employee respondents in this research study. The ‘coursework’ event type refers to the formal training and academic programs attended by the high potential employee. The specific purpose of these events is to provide the high potential employees the opportunity to obtain information and experiences not available from their day-to-day jobs. Some examples of experiences with ‘coursework’ among the high potential employees in this study are:

- “. . . I was in an executive MHA program at [University] . . . and it entailed a lot of group work, and you know, when you don’t get to choose who you’re working with, which is pretty much every real-life work situation, there are always issues in the group. So it was people that I didn’t know as well, and I found that one particular group member was not pulling their weight throughout the entire semester. And about midway through the semester, when I thought, ‘Oh my gosh. I really have to complain to the professor because this is just becoming a burden on the rest of us’ . . .” (White female)

- “I attended a career panel before I graduated, not really sure of what I was going to do with a microbiology major. And at the career panel there was a pharmacist from [University] who was on the career panel, and he started to describe his particular position in pharmacy and in academia as a teacher and as a preceptor and those kinds of things, and then also some of his clinical responsibilities and his patient interaction and those kinds of things. And for my personality being, just enjoying helping people, whether it’s helping people feel better, feel healthier, helping them cope with a disease they might have in some way and being interested in the health field at the time, that just kind of struck me as, “Hey, there’s a great career path where there really seemed to be no limit.” (White male)
- “. . . Through [graduate school] I did a residency at the [hospital] and part of our initial, kind of summer before the residency, we were asked to read a book by Steven Covey, *Seven Habits of Highly Effective People*.” (White male)

Events Involving Purely Personal Experiences for High Potential Employee Respondents

Among the high potential employees, the ‘personal experience’ superordinate category was the fourth most frequently cited category with the ‘purely personal’ event type as the most cited event within this superordinate category. ‘Purely personal’ events covered a range of personal experiences outside the workplace that contributed to high potential employees’ development. Examples in this research study included playing on a sports team and relationships with peers as illustrated below:

- “I had some coaches that really reflected a lot in my life, not only in baseball, but also in football—two different philosophies, but nonetheless, they would pull me off to the side to have conversations with us. And one of the things I remember about my high school

baseball coach, he made the statement, ‘You’re not judged by the number of times you succeed, but by the number of times you have failed and gotten back up and tried, tried again.’” (White male)

- “My football coach, he would tell me that, ‘As an individual, we can only go so far. But as a team, we can accomplish many great things. And the key is trust.’ He says, ‘But trust is earned, not given.’” (White male)
- “I was, they nominated and voted me as the president of a pharmacy organization that I hold near and dear to my heart . . . and I didn’t realize that my constituents thought of me as a leader either, but because again, I was just doing what I love. I was serving . . .” (Black female)

The high potential employees in this research study did not report any significant experiences related to ‘adverse situations,’ a superordinate category designated for the event types ‘business or professional failures and mistakes’ or the ‘lost job opportunities/demotions/missed promotions/being fired’ event type.

Events Involving First Professional Job for High Potential Employee Respondents—New Event Type

The ‘first professional job’ event type was added in order to capture those experiences that did not quite relate to the ‘early work’ or ‘first supervision’ event type but were significant developmental experiences early in the leader’s or high potential employee’s career. As mentioned previously, this event type is mentioned only to acknowledge the creation of this event type through the coding process. However, the ‘first professional job’ event type was not significant for high potential employees interviewed in this research study where only two high

potential employee respondents cited an event belonging to this particular event type and resulting in one lesson learned from each of the two events reported.

Lessons Involving Role Models at Work for High Potential Employee Respondents

The highest number of lessons that were reported by high potential employee respondents leaders were lessons learned through the ‘role models at work’ event type where respondents cited mostly the ‘learning about oneself,’ ‘behaving with integrity,’ ‘managing direct reports,’ and ‘emotional intelligence’ lesson types as illustrated in examples below:

- “There’s, God knows how many different ways of managing and ways of setting up an organization . . . But I guess for me, from my experience, it’s better for the employee when it’s not as heavy-handed or top down.” (White male)
- “I learned if I can have somebody else do something, I can do it too. I’m no better than anybody else. If I can say to whoever, ‘I need you to go do this,’ I can do it too. I’m not afraid; I may not know how, but I’m not afraid to go help you or to do it. We’re in this together. It’s not about me—it’s about us. And anything I can do to make us a team is what I’m willing to do, and if it’s by leading by example and going to help the guys, I absolutely will. I won’t hesitate one bit.” (White male)
- “I learned that there’s always two sides to every story . . . nothing is ever what it initially seems to be; that you have to be objective; and you have to bring that human side to things and really understand what everybody needs and outcomes can be made in different ways.” (White female)
- “I have looked back and asked myself several times, ‘What have I learned from that?’ And I just really, really believe that doing the right things all the time, being present, being there, respecting and trusting the workforce is everything.” (White female)

- “I learned that you shouldn’t hire someone if you don’t think you can trust them to do the job you’ve hired them to do; so the first thing I would say is ‘Hire well.’ And the second thing is you have to allow employees to do the job that you’ve hired them to do, and you have to give them the tools in order to do the job. And sometimes as leaders we want things done a certain way, but we have to trust people that we’ve hired and give them the opportunity to develop their skills. And I decided from that point on that my management style was definitely not micro-management.” (White female)
- “. . . make sure that they know that I am approachable . . . always be available to those under you. Management as well as the employees that aren’t management; if you’re above somebody, always be available.” (White male)

Lessons Involving Coursework Experiences for High Potential Employee Respondents

The second highest number of lessons for high potential respondents was from the ‘coursework’ event type where respondents cited mostly the ‘learning about oneself’ lesson type. The examples below show examples of respondents learning experiences through a variety of lesson types, including ‘learning about oneself’ as shown in the examples below:

- “. . . I realized that everyone has different motivations for being in the program, and this person’s motivation was not the same as mine . . . And once I realized that everyone has motivations for why they’re there, I found it a little bit easier to find ways to motivate my group members to complete the task at hand. I think putting yourself in somebody else’s shoes, whether you agree with their shoes or not, helps you to communicate with them in a way that you can get a little bit more of what you need . . . So I think this particular person will stand out in my mind as a key event of an epiphany of, ‘This is how you relate to people that maybe don’t have the same motivation that you do.’” (White female)

- “That book to me was tremendous, and I think just helping me understand the importance of just organization and time management when you’re in a leadership role is absolutely crucial. I mean, and even now, you know, I have some leadership roles that I play, but not in a formal manager role or supervisor role. But even now, just with my own work/personal balance, if I didn’t know some of those skills and really try to pursue some of those time management skills, life would be chaos. And it still is somewhat chaotic at times, but I think those time management skills are just imperative and try myself to develop those knowing that as I progress, they’re going to become more and more important.” (White male)

Lessons Involving Increase in Scope Experiences for High Potential Employee Respondents

Tied for the third highest frequency of lessons in this research study, were the ‘increase in scope’ and ‘purely personal’ event types which both revealed significant lessons. High potential employees cited mostly the ‘learning about oneself’ and ‘developing technical or managerial skills’ lesson types through their experiences related to the ‘increase in scope’ event type. Some examples of those learning experiences are as follows:

- “And I have been given opportunities; that’s the main thing. Opportunities are also important . . . And to identify it, to be recognized by others and then giving you an opportunity. All three are needed to be where I am right now. So, I’m hoping I can make a little bit of a difference in my department and in future overall.” (Asian female)
- “I learned how to have tough skin, personally; not to let the talk and the chitter-chatter bother me because it got to a point where it was affecting my work also; so I just had to take a good look at myself and say, ‘Hey. This isn’t me.’ I had to learn how to kind of push all that to the side and not worry about it. So I guess in not so many words, I

learned how to do my work first and not worry about whether people like me or talk about me or want me in their friend group.” (White female)

Lessons Involving Purely Personal Experiences for High Potential Employee Respondents

High potential employee respondents reported significant learning through ‘purely personal’ experiences where they cited mostly the ‘learning about oneself’ lesson type as demonstrated in the example below:

- “I learned that I’m stronger than what I think or what I thought. I think that was one of the more strenuous experiences I’ve ever had to actually just have to put my emotions to the side and think of other people and put their emotions ahead of mine – that was one of the hardest things I’ve ever had to do. And what did I learn? I learned that as a leader, sometimes you have to do that. You have to think of others before yourself and . . . But you still need to take care of yourself after all is said and done. You have to . . . You can’t lead other people unless you take care of yourself also, but there’s a time and a place for everything so you just need to know how to prioritize those things.” (Black female)
- “And to me, that speaks volumes because no matter what we do in life, we’re going to have failures, and it’s not so much to reflect on what we do—the failure itself; it’s what we do with that failure because we’re all susceptible to fail. I’ve always [looked] at it as, ‘Okay, I failed. But let me see what I can do this time so I won’t fail so I can succeed this time.’ So there’s always, it’s always takes me to another arrival; so it opens my eyes to a broader horizon, I guess, if you want to say.” (White male)
- “So I think that’s really important to me, it trust and being honest with everybody, as honest as you can be sometimes. But nonetheless, still honest; you listen to what they

have to say, you give positive feedback or some sort of feedback—that way they know you really listened to them. I may not be what they want to hear, but at least you were listening to them and you were honest with them.” (White male)

- “As far [as] what I learned about that experience that kind of drove home the point ‘Do what you love and people will follow.’ And again, that same lesson was driven home again that will take you far.” (Black female)
- “Confidence, learning that I can lead by my example. I don’t have to follow or go along with everybody else.” (White female)

Gaps in the Experiences of High Potential Employees as Compared to the Experiences of Senior Health Care Leaders

Research Question four of this research study inquired about the gaps in the developmental experiences of high potential employees in health care as compared to the developmental experiences of senior health care leaders. The findings in this research study showed that high potential employees in this research study are developing similarly to the senior health care leaders in that they cited the same top two drivers for leadership development: first, developmental relationships and secondly, challenging assignments. However, high potential employees’ did not have the same important lessons determined to be significant by the senior health care leaders, namely, developing technical or managerial skills and developing interpersonal, strategic, or cognitive skills.

So the gaps in experiences of high potential employees as compared to senior health care leaders has to do with their lack of experience with knowledge or skills that help the individual effectively manage the work or experiences where they can learn lessons that revolve around developing knowledge about the organization or business. The high potential employees do not

yet have a depth of experiences that will afford them to development specific task-related competencies related to technical or managerial skills.

Another gap identified is the lack of interpersonal, strategic, or cognitive skills which refers to experiences that teach how one can effectively meet job challenges through some effective behavioral strategies such as decisiveness, strategic thinking, creativity, anticipating problems, team dynamics, optimism, goal setting, importance of visibility, perspective taking, prioritizing work, communicating effectively, listening, involving others for buy in, taking risks, understanding the importance of vision, decision-making strategies, flexibility, resourcefulness, conflict resolution strategies, problem-solving strategies, seeing organizations as systems, and dealing with ambiguity and stress (LOE Coding Scheme, 2007).

Comparison of Results of Previous LOE Studies to the Study's Current Results

The first research question sought to compare the results of previous lessons of experience research studies to the results of this current study to determine similarities and differences in the key drivers for leadership development, universal sources of learning and the universally important lessons. The previous studies' focus was on the leadership development of corporate leaders while the current study focused on the leadership development of senior health care leaders and the gaps in the development of high potential employees at this stage of their careers when their experiences are compared to the senior health care leaders.

The key drivers for leadership development for corporate leaders studied over the past 20 years by researchers at Center for Creative Leadership and their collaborative partners are challenging assignments, developmental relationships, adverse situations, coursework and training and personal experiences in respective order. This collection of research studies reveal that the universal sources of leadership learning for the corporate leaders have been bosses and

superiors, turnarounds, increases in job scope, horizontal moves, and new initiatives respectively. The universally important lessons for this group have been managing direct reports, self-awareness, and executing effectively, in respective order.

The results of the current study show that the key drivers for leadership development for senior health care leaders are developmental relationships, challenging assignments, personal experiences and adverse situations. In this study, senior health care leaders did not report any events related to the coursework and training superordinate event category. The sources of leadership learning for the senior health care leader respondents in this research study are role models at work, values playing out, purely personal and increase in scope, respectively. The most important lessons reported by the senior health care leader respondents were learning about oneself, behaving with integrity, developing technical or managerial skills, and developing interpersonal, strategic, or cognitive skills.

The key driver for leadership development for high potential employee respondents in this research study were developmental relationships, challenging assignments, coursework and training, personal experiences and adverse situations in respective order. The sources of leadership learning for the high potential employee respondents was role models at work, coursework and training, increase in scope, and purely personal. And, the most important lessons reported by the high potential employees in this research study were learning about oneself, behaving with integrity and emotional intelligence. Table 14 shows a comparison of the results of previous lessons of experience studies to the results of the current study.

Table 14

Comparison of Results of Previous LOE Studies to the Current Study's Results

Key Drivers for Leadership Development—Synthesis of all Previous LOE Studies (Yip & Wilson, 2010)	Key Drivers for Leadership Development for Senior Health Care Leaders	Key Drivers for Leadership Development for High Potential Employees
Challenging Assignments	Developmental Relationships	Developmental Relationships
Developmental Relationships	Challenging Assignments	Challenging Assignments
Adverse Situations	Personal Experiences	Coursework & Training
Coursework & Training	Adverse Situations	Personal Experiences
Personal Experiences	*Senior leader respondents did not report any events related to coursework and training	Adverse Situations
Universal Sources of Leadership Learning	Sources of Leadership Learning	Sources of Leadership Learning
1. Bosses and superiors	1. Role models at work	1. Role models at work
2. Turnarounds	2. Values playing out	2. Coursework and training
3. Increases in job scope	3. Purely personal	3. Increase in scope
4. Horizontal moves	4. Increase in scope	4. Purely personal
5. New initiatives		
Universally Important Lessons	Most Important Lessons	Most Important Lessons
Managing direct reports	Learning about oneself	Learning about oneself
Self-awareness	Behaving with integrity	Behaving with integrity
Executing effectively	Developing technical or managerial skills	Emotional intelligence
	Developing interpersonal, strategic, or cognitive skills	

Additional LOE Insights Revealed in this Research Study

The following sections provide information that is not specific to any of the research questions but is related to the focus of the past CCL research studies. In addition to the findings related to the research questions, the study reveals significant findings related to events and

lessons by gender for high potential employee respondents, events and lessons by race/ethnicity for all respondents and an analysis of results by learning category for all respondents, senior health care leader respondents and high potential employee respondents.

Events and Lessons by Gender for High Potential Employee Respondents

Among the high potential employee group, females reported 19 events and 53 lessons while male respondents reported 13 events and 33 lessons. The most frequently cited events and lessons were found in the ‘developmental relationships’ and ‘challenging assignments’ superordinate category. In the ‘developmental assignments’ superordinate category females reported 6 (18.7%) events and 24 (27.5%) lessons and males reported 5 (15.6%) events and 15 (17.4%) lessons.

Within the ‘developmental relationships’ superordinate category females reported mostly the ‘role models at work’ (12.5%; $n = 4$) event type where females cited mostly the ‘learning about oneself’ and ‘emotional intelligence’ lesson types (18.6%; $n = 16$). Male respondents also reported mostly the ‘role models at work’ (9.3%; $n = 3$) event type where they cited mostly the (10.46%; $n = 9$) from the ‘behaving with integrity’ lesson type (10.46%; $n = 9$). Male respondents reported the second highest number of lessons from the ‘values playing out’ event type where they cited mostly the ‘behaving with integrity’ lesson type while female respondents reported their second highest events from the ‘feedback and coaching’ event type and cited mostly the ‘learning about oneself’ lesson type. Interestingly, female respondents among the high potential employee group did not report any experiences related to the ‘values playing out’ event type and neither male nor female respondents reported any experiences from the ‘mentors’ event type.

The second highest frequency of events and lessons for the high potential employee group was from the ‘challenging assignments’ superordinate category. Within the ‘challenging assignments’ superordinate category female respondents reported the greatest frequency of events from the ‘increase in scope’ event type where they cited mostly the ‘learning from oneself’ and ‘developing technical or managerial skills’ lesson types. However, female respondents reported the greatest number of lessons from the ‘first professional job’ event category (6.2%; $n = 2$) where they cited mostly ‘learning about oneself’ and ‘behaving with integrity’ lesson types.

Interestingly, neither male nor female respondents reported any events from the ‘successfully facing a complex challenge’ ‘encountering organizational culture’ and ‘integrity issue’ event types. Males in the high potential group did not report any events from the ‘managing business turnaround,’ ‘increase in scope,’ ‘first supervision,’ ‘first professional job’ or ‘early work’ event types while female respondents did not report any events from the ‘starting from scratch’ event type. The third most cited events and lessons reported were from the ‘coursework and training’ superordinate category where males reported more events than women and cited mostly the ‘learning about oneself’ lesson type and females cited a variety of lesson types, none significant.

The high potential employee respondents also reported events and lessons from the ‘personal experience’ superordinate category where males reported more lessons from purely personal experiences and females reported more lessons from personal trauma. None of the responses in this superordinate category were significant to this study’s findings. And finally, the least cited events among the high potential employee group were related to the ‘adverse

situations' event type. Table 15 shows a breakdown of the frequencies for all events by gender and the lessons reported for each event category from high potential employee respondents.

Table 15

Frequencies for All Events by Gender for High Potential Employees (n = 32) and Lessons Reported Per Event for High Potential Employees (n = 86)

Event Category	High Potential Employees			
	Male		Female	
	Events n (%)	Lessons n (%)	Events n (%)	Lessons n (%)
Challenging Assignments				
Starting From Scratch	1 (3.1)	5 (5.8)	0 (0)	0 (0)
Challenging Assignments (cont.)				
Managing Business Turnaround	0 (0)	0 (0)	1 (3.1)	2 (2.3)
Project/Task Force	1 (3.1)	2 (2.3)	1 (3.1)	2 (2.3)
Increase In Scope	0 (0)	0 (0)	3 (9.3)	5 (5.8)
Successful Facing a Complex Challenge	0 (0)	0 (0)	0 (0)	0 (0)
Encountering Organizational Culture	0 (0)	0 (0)	0 (0)	0 (0)
First Supervision	0 (0)	0 (0)	2 (6.2)	3 (3.4)
First Professional Job	0 (0)	0 (0)	2 (6.2)	8 (9.3)
Integrity Issue	0 (0)	0 (0)	0 (0)	0 (0)
Early Work	0 (0)	0 (0)	1 (3.1)	1 (3.1)
Total	2 (6.2%)	7 (8.1%)	10 (31.2%)	21 (24.4%)
Adverse Situations				
Business or Professional Failures and Mistakes	0 (0)	0 (0)	0 (0)	0 (0)
Lost Job Opportunities/Demotions/ Missed Promotions/Being Fired	1 (3.1)	2 (2.3)	0 (0)	0 (0)
Total	1 (3.1%)	2 (2.3%)	0 (0%)	0 (0%)
Developmental Relationships				
Role Models at Work	3 (9.3)	9 (10.46)	4 (12.5)	16 (18.6)
Values Playing Out	2 (6.2)	6 (6.9)	0 (0)	0 (0)
Mentors	0 (0)	0 (0)	0 (0)	0 (0)
Feedback & Coaching	0 (0)	0 (0)	2 (6.2)	8 (9.3)
Total	5 (15.6%)	15 (17.4%)	6 (18.7%)	24 (27.9%)

Table 15

(Cont.)

Event Category	High Potential Employees			
	Male		Female	
	Events <i>n</i> (%)	Lessons <i>n</i> (%)	Events <i>n</i> (%)	Lessons <i>n</i> (%)
Coursework and Training				
Coursework	3 (4.2)	5 (2.4)	1 (1.4)	4 (1.9)
Total	3 (4.2%)	5 (2.4%)	1 (1.4%)	4 (1.9%)
Personal Experience				
Personal Trauma	0 (0)	0 (0)	1 (3.1)	3 (3.4)
Purely Personal	2 (6.2)	4 (4.6)	1 (3.1)	1 (3.1)
Total	2 (2.8%)	4 (1.9%)	2 (6.2%)	4 (1.9%)

Events and Lessons by Race/Ethnicity for All Respondents

Because of the small number of ethnic minorities ($n=4$) in this research study, Asian and African American participants in the study are referenced as ethnic minority in the data analysis. Ethnic minorities reported 13 total events across 12 different event categories and 25 different lessons across nine different lesson categories. Among the ethnic minorities in the study, respondents reported more events associated with the superordinate category of “challenging assignments” (11.4%) of which ethnic minorities learned the highest number of lessons (6.3%) from events in this same category. Whites had the highest number of events in the ‘developmental relationships’ (40%) superordinate category and cited mostly lessons in the superordinate category ‘developmental relationships (48%).

The second highest number of events for Whites was in the ‘challenging assignments’ (20%) where they learned 23.5% of the lessons from events in this category. Different from the white respondents, ethnic minorities did not identify any events related to ‘starting from scratch,’

‘project/task force,’ ‘successfully facing a complex challenge,’ ‘encountering organizational culture,’ ‘business or professional failures and mistakes,’ ‘mentors,’ or ‘coursework.’ Likewise, different from ethnic minorities, whites did not identify any events related to ‘Managing a business turnaround,’ ‘first supervision,’ ‘integrity issue,’ ‘early work,’ and ‘personal trauma.’ Table 16 provides an exhaustive description of the frequency of events and lessons reported by race for all respondents in this research study.

Table 16

Frequencies for All Events by Race/Ethnicity Category (n = 70) and Lessons Reported Per Event (n = 204)

Event Category	Whites		Ethnic Minorities	
	Events n (%)	Lessons n (%)	Events n (%)	Lessons n (%)
Challenging Assignments				
Starting From Scratch	2 (1.4)	9 (4.4)	0 (0)	0 (0)
Managing Business Turnaround	0 (0)	0 (0)	1 (1.4)	2 (.98)
Project/Task Force	3 (1.4)	7 (.98)	0 (0)	0 (0)
Increase In Scope	4 (5.7)	9 (4.4)	2 (2.8)	3 (1.4)
Successful Facing a Complex Challenge	2 (1.4)	10 (2.4)	0 (0)	0 (0)
Encountering Organizational Culture	1 (1.4)	5 (2.4)	0 (0)	0 (0)
First Supervision	0 (0)	0 (0)	2 (2.8)	3 (1.4)
First Professional Job	2 (2.8)	8 (3.9)	1 (1.4)	2 (.98)
Integrity Issue	0 (0)	0 (0)	1 (1.4)	2 (.98)
Early Work	0 (0)	0 (0)	1 (1.4)	1 (.49)
Total	14 (20%)	48 (23.5%)	8 (11.4%)	13 (6.3%)
Adverse Situations				
Business or Professional Failures and Mistakes	2 (2.8)	3 (1.4)	0 (0)	0 (0)
Lost Job Opportunities/Demotions/ Missed Promotions/Being Fired	2 (2.8)	5 (2.4)	1 (1.4)	2 (.98)
Total	4 (5.7%)	8 (3.9%)	1 (1.4%)	2 (.98%)

Table 16

(Cont.)

Event Category	Whites		Ethnic Minorities	
	Events <i>n</i> (%)	Lessons <i>n</i> (%)	Events <i>n</i> (%)	Lessons <i>n</i> (%)
Developmental Relationships				
Role Models at Work	15 (21.4)	55 (26.9)	1 (1.4)	2 (.98)
Values Playing Out	9 (12.8)	27 (13.2)	1 (4.2)	3 (1.4)
Mentors	1 (1.4)	5 (2.4)	0 (0)	0 (0)
Feedback & Coaching	3 (4.2)	11 (5.3)	1 (1.4)	3 (1.4)
Total	28 (40%)	98 (48.0%)	3 (4.2%)	8 (3.9%)
Coursework and Training				
Coursework	4 (5.7)	9 (4.4)	0 (0)	0 (0)
Total	4 (5.7%)	9 (4.4%)	0 (0%)	0 (0%)
Personal Experience				
Personal Trauma	0 (0)	0 (0)	1 (1.4)	3 (1.4)
Purely Personal	6 (8.5)	14 (6.8)	1 (1.4)	1 (.49)
Total	6 (8.5%)	14 (6.8%)	2 (8.5%)	4 (1.9%)

Analysis of Results by Learning Category for all Respondents

Another way to look at the data collected in this study is to categorize the data by learning category. Previous LOE researchers have distinguished the lessons that are learned through experience across three categories: leading self, leading others, and leading the organization (Yip & Wilson, 2010). In the ‘leading self’ learning category, lessons relate to the inner world of the manager and concern effective ways for this person to lead him or herself and develop fully as a person. These lessons are developmental in nature, involving a transformation of the manager’s self-beliefs, attitudes, identity, and habits of self-improvement and self-development.

Secondly, the lessons in the 'leading others' learning category relate to the world of people and involve interpersonal and social skills that equip leaders to lead and work with people effectively. These lessons are social in nature, involving insights into other peoples' perspectives and group dynamics and a greater appreciation of the social process of influence and leadership. And finally, the 'leading the organization' learning category is comprised of lessons that relate to working in organizations to address strategic, systemic, and cultural issues. These lessons are technical in nature, concerning strategic, operational, and functional knowledge for getting work done and managing and transforming an organization (Yip & Wilson, 2010).

The frequencies of lessons learned by all respondents in this research study shows that highest number of lessons cited in this study, 45% ($n = 92$), are related to the 'leading self' learning category of which respondents cited mostly the 'learning about oneself' and 'behaving with integrity' lesson types respectively. The second highest number of lessons reported by respondents was from the 'leading others' (30.8%; $n = 63$) lesson category where respondents reported cited mostly the 'emotional intelligence' and 'managing direct reports' lessons types respectively. And thirdly, respondents reported learning from the 'leading the organization' (24%; $n = 49$) learning category and cited mostly the 'developing technical or managerial skills' and 'developing interpersonal, strategic, or cognitive skills' lesson types in respective order. Table 17 provides a listing of the frequencies for lessons by learning category for all respondents in this research study.

Table 17

Frequencies for All Lessons (n = 204) by Learning Category

Event Category	Overall Sample Count of Lessons <i>n</i> (%)
Leading Self	
Learning about Oneself	56
Behaving with Integrity	33
Perseverance	3
Total	92 (45%)
Leading Others	
Managing direct reports	18
Managing upwards	4
Managing laterally	7
Valuing diversity	6
Emotional intelligence	21
Understanding organizational politics and organizational culture	7
Total	63 (30.8%)
Leading the Organization	
Managing & balancing career and personal life	4
Developing technical or managerial skills	21
Developing interpersonal, strategic, or cognitive skills	17
Managing change or crisis	4
Challenges of executive leadership	2
Cynicism	1
Total	49 (24%)

Analysis of Results by Learning Category for Senior Health Care Leader Respondents

Similar to the overall results, among the senior leader group the highest frequency of lessons learned in this research study (45.7%; $n = 54$) belong to the ‘leading self’ learning category where respondents cited mostly the ‘learning about oneself’ and the ‘behaving with integrity’ lesson types respectively. The second highest number of lessons reported by the senior leader respondents was from the ‘leading others’ (29.6%; $n = 35$) lesson category where respondents cited mostly the ‘managing direct reports’ and ‘emotional intelligence’ lessons types, respectively.

And thirdly, respondents reported learning from the ‘leading the organization’ (24.5%; $n = 29$) learning category where they mostly cited the ‘developing technical or managerial skills’ and ‘developing interpersonal, strategic, or cognitive skills’ lesson types equally. Table 18 will provide a listing of the frequencies for lessons by learning category for the senior leader respondents in this research study.

Table 18

Frequencies for Lessons for Senior Health Care Leaders (n = 118) by Learning Category

Event Category	Senior Health Care Leader Count of Lessons <i>n</i> (%)
Leading Self	
Learning about Oneself	33
Behaving with Integrity	20
Perseverance	1
Total	54 (45.7%)
Leading Others	
Managing direct reports	11
Managing upwards	2
Managing laterally	3
Valuing diversity	3
Emotional intelligence	10
Understanding organizational politics and organizational culture	6
Total	35 (29.6%)
Leading the Organization	
Managing & balancing career and personal life	1
Developing technical or managerial skills	12
Developing interpersonal, strategic, or cognitive skills	12
Managing change or crisis	1
Challenges of executive leadership	2
Cynicism	1
Total	29 (24.5%)

Analysis of Results by Learning Categories for High Potential Employee Respondents

In order to analyze the results further, responses have been categorized based on how lessons are learned across the categories: leading self, leading others and leading the organization. Overall, 44%.1% ($n = 38$) of the total lessons were learned from the ‘leading self’ learning category where respondents mostly cited the ‘learning about oneself’ and the ‘behaving with integrity’ lesson types respectively.

The second most frequently reported learning category by which respondents learned lessons was the ‘leading others’ (32.5%; $n = 28$) category where respondents reported learning the most lessons from the ‘emotional intelligence’ and ‘managing direct reports’ lesson types in respective order. The third most frequently cited lessons were from the ‘leading the organization’ (23.2%; $n = 20$) learning category where respondents reported mostly the ‘developing technical or managerial skills’ and ‘developing interpersonal strategic, or cognitive skills’ lesson types. Table 19 shows a breakdown of the frequencies for lessons by learning categories for all respondents in this research study.

Chapter 4 has provided the findings of the study in terms of demographics, participant responses and comparison of responses for various demographics with emphasis on the research questions that guided the design of the study. Chapter 5 will provide an overall discussion of research findings and based on the four research questions that guided this study, the relationship of the findings to prior research, implications of this study and findings for future practice and future research, the limitations of this study and a conclusion of this research study.

Table 19

Frequencies for Lessons for High Potential Employees (n = 86) by Learning Category

Event Category	High Potential Employees Count of Lessons <i>n</i> (%)
Leading Self	
Learning about Oneself	23
Behaving with Integrity	13
Perseverance	2
Total	38 (44.1%)
Leading Others	
Managing direct reports	7
Managing upwards	2
Managing laterally	4
Valuing diversity	3
Emotional intelligence	11
Understanding organizational politics and organizational culture	1
Total	28 (32.5%)
Leading the Organization	
Managing & balancing career and personal life	3
Developing technical or managerial skills	9
Developing interpersonal, strategic, or cognitive skills	5
Managing change or crisis	3
Total	20 (23.2%)

CHAPTER 5

Discussion

This study examined how senior health care leaders have learned to lead. Using the lessons of experience framework, the study was designed to examine the key events and lessons learned by senior health care leaders as well as high potential employees in a health care organization. This study also examined the key developmental experiences of senior health care leaders as compared to the key developmental experiences identified by corporate leaders in lessons of experience research conducted by researchers at the Center for Creative Leadership over the past 20 years (Yip & Wilson, 2010). Previous lessons of experience research has focused solely on corporate leaders, whereas, this study sought to extend this body of knowledge by incorporating the experiences of senior health care leaders as well as high potential employees who are in the leadership pipeline in the health care organization.

The research question defines the project, sets boundaries and gives direction to this qualitative inquiry (O'Leary, 2004). The four research questions that served as a guide for this study have addressed the researchers' inquiry regarding senior health care leaders' developmental experiences as compared to those of corporate leaders, gender differences in the experiences of senior health care leaders, the extent to which high potential employees in health care have experienced key developmental experiences, and gaps in the developmental experiences of high potential employees as compared to the senior health care leaders.

This chapter is divided into five sections and will provide a discussion of the results of this research study. The first section will provide an overall discussion of research findings and based on the four research questions that guided this study. The second section discusses the relationship of the findings to prior research. The third second will discuss the implications of

this study and findings for future practice and future research. The next section will discuss the limitations of this study in detail. And the final section will provide a conclusion of this research study.

Discussion of Research Findings

Research Question 1. *What are the differences in the key events and lessons learned of senior health care leaders as compared to those reported by corporate leaders?*

The first research question inquired about the key developmental experiences and lessons learned of senior health care leaders and whether or not they are similar or different from those reported by corporate leaders. A Synthesis of previous lessons of experience research across various cultures found that the key drivers for leadership development are challenging assignments, developmental relationships, adverse situations, coursework and training, and personal experiences in respective order (Yip & Wilson, 2010).

The current study's findings showed differences in respondents' reporting of how they have learned to lead in that senior health care leaders reported their most significant leadership development experiences in a different respective order than the reporting of corporate leaders. Differently from the results from corporate leaders, senior health care leaders reported that their key drivers for leadership development were developmental relationships, challenging assignments, personal experiences and adverse situations, respectively. None of the senior health care leader respondents cited events in the 'coursework and training' major category which might be explained by the fact that they are so far removed from the time of their formal education considering that they have been in the organization and have functioned as health care leaders for so long. The average tenure in the organization among the senior health care leader respondents is 10 years and the average tenure for this group as a senior health care leader

overall, including their experiences at other organizations, is 13 years. At this phase of their careers, the senior health care leaders may value the learning from their observations of both negative and positive role models and other learning opportunities that have been more developmental in nature than their formal education or other training processes. Another explanation for the lack of focus on coursework and training for this group might be the lack of continuing education and training resources in health care organizations that may be quite different from other corporate industries. Additionally, an explanation for this may be the differences in the organizational climate of corporate organizations and health care organizations. In corporate organizations the emphasis on coursework and training is linked to business growth and profits while in health care industry the focus has historically been on service delivery. Not until recent years have health care leaders begun to focus on the importance of the health care organization as a profitable business.

Though in a different respective order, both the corporate leaders and the senior health care leaders cited the same superordinate categories as the most cited and second most cited. The corporate leaders identified 'challenging assignments' as the most frequently cited superordinate category, while the senior health care leaders identified the 'developmental relationships' superordinate category as the most frequently cited. In contrast, the corporate leaders cited the 'developmental relationships' superordinate category as the second most frequently cited while the senior health care leaders identified the 'challenging assignments' superordinate category as the second most frequently cited.

One explanation for the difference in senior health care leaders' experiences could be the fact that health care environments, particularly hospitals are quite relational by the nature of the industry. Most hospital cultures are driven by missions and values that are laden with themes of

caring, compassion and service. These environments are people-oriented allowing for impactful relationships with regards to patients and staff. This dynamic could explain senior health care leaders' experience of developmental relationships which lead to significant leadership learning and their value of relational elements that contribute to their development more so than corporate leaders who are not as likely to interface with this unique type of environment in their day to day functioning.

Universal sources of leadership learning reported by corporate leaders in the previous LOE studies were 'bosses and superiors,' 'turnarounds,' 'increases in scope,' horizontal moves,' and 'new initiatives' in respective order. The results of this study showed that senior health care leaders' sources of leadership learning come mostly from 'role models at work,' 'values, playing out,' 'purely personal,' and 'increases in scope' events respectively. Both the corporate leaders and the senior health care leaders have in common the 'bosses and superiors,' that are titled as 'role models at work' in this study, and the 'increases in job scope' event type, which are titled as 'increase in scope' in this research study, as sources of leadership learning.

As far as sources of learning, the results of the current study show great similarity to the results of the corporate leaders' studies. In previous studies results reveal that corporate leaders cited 'managing direct reports,' 'self-awareness' and 'executing effectively' as universally important lessons while this study's results indicate that senior health care leaders cite 'learning about oneself,' 'behaving with integrity,' 'developing technical or managerial skills,' and 'developing interpersonal, strategic, or cognitive skills' as the most important lessons learned from experiences. It is interesting that the senior health care leaders did not cite the 'managing direct reports' lesson as a major source of learning when in prior LOE research studies the corporate leaders overwhelmingly cited the 'managing direct reports' lesson type. This may be

explained by the nature of health care organizations and the lack of focus on the management of people but rather a focus on the management of processes. Again this is a difference in the health care climate and the corporate industry. In the corporate industry the management of people is tied to the profitability and performance, whereas, in the health care industry, the greater value is attributed to processes that add value to service delivery.

These results show some similarity in the results as the ‘self-awareness’ lesson type has since been changed to reflect the ‘learning about oneself’ lesson type. Additionally, the ‘executing effectively’ lesson type, as it was designated in the earlier studies, has since been changed to incorporate experiences related to either ‘developing technical or managerial skills’ or ‘developing interpersonal, strategic, or cognitive skills. This means that the senior health care leaders derived all of the universally important lessons that the corporate leaders gleaned from their experiences. However, the senior health care leaders report one additional lesson, ‘behaving with integrity,’ not reported by corporate leaders as a universally important lesson. Differently from senior health care leaders, corporate leaders reported managing direct reports as a universally important lesson.

In summary, senior health care leaders have learned to lead differently from corporate leaders in that the top key drivers for leadership development for senior health care leaders is developmental relationships and in contrast, the top key driver for leadership development for corporate leaders is challenging assignments. Table 14 provides a comparative illustration of the results of this research study to the results of previous LOE studies.

Research Question 2. *What are the differences in the lessons of experience between male and female senior health care leaders?*

The second research question sought to determine whether or not there are gender differences in the lessons of experience among senior health care leaders. There are slight differences in the lessons of experience reported by male and female senior health care leader respondents in this research study. The results of this study reveal that among the senior leader respondents, females reported significantly more events and lessons while males reported a much lesser number of events and lessons than female respondents. Both female and male respondents reported their most frequently cited key events from the developmental relationships major category with females reporting more events from the 'role models at work' event category of which they also reported learning the most lessons from this same event category. Male respondents reported the 'values playing out' more frequently and also reported the majority of lessons from this same event category.

Within the 'developmental relationships' superordinate category females mostly cited the 'role models at work' where females cited mostly the 'learning about oneself' and 'managing direct report lesson types. Secondly, females reported the 'values playing out' where they cited the second highest number of lessons in this superordinate category citing mostly the 'behaving with integrity' lesson type from the 'developmental relationships' superordinate category also. However, the most frequently cited event in the 'developmental relationships' superordinate category for male respondents was the 'values playing out' event where males cited mostly the 'behaving with integrity' and 'learning about oneself' lesson types.

The second most frequently reported events for both males and females was the 'challenging assignments' superordinate category where female and male respondents reported nearly the same number of events and lessons with female respondents reporting 5 events and 17 lessons and male respondents reporting 5 events and 16 lessons from this same superordinate

category. Within this superordinate category females reported learning lessons from various events representing a variety of lesson types, none of which were significant.

Interestingly, neither male nor female respondents reported any events from the ‘managing business turnaround’ or ‘first supervision’ event categories. Males in the senior leader group did not report any events from the ‘starting from scratch,’ ‘project/task force,’ or ‘integrity issue’ event categories while female respondents did not report any events from the ‘encountering organizational culture’ and ‘first professional job’ event categories. The ‘first professional job’ event category is the only new event type identified through the coding process for this research study and represents experiences that did not quite relate to the ‘early work’ or ‘first supervision’ event type but were significant developmental experiences early in the leader’s or high potential employee’s career.

Thirdly, only female respondents cited events in the ‘personal experience’ superordinate category where they reported experiences that were ‘purely personal. Events and lessons cited from the ‘adverse situations’ superordinate category were not significant for either male or female respondents. Interestingly, neither male nor female respondents in the senior leader group reported experiences from the ‘coursework and training’ superordinate category.

Research Question 3. *What are the key developmental experiences of high potential employees in health care?*

The third research question sought to identify the key events and lessons learned by high potential employees in health care. Though not to the same extent as the senior health care leaders, the results of this research study showed that high potential employees have had some key developmental experiences at this early phase of their careers that, in some cases, are similar to the experiences identified by senior health care leaders as key to their development as leaders.

Overall, high potential employee respondents reported that the key drivers for their leadership development are experiences from major event categories ‘developmental relationships,’ ‘challenging assignments,’ ‘coursework and training,’ ‘personal experiences’ and ‘adverse situations’ in respective order.

Similar to the results of senior health care leaders, high potential employees reported that the top two drivers of their leadership development are experiences from the ‘developmental relationships’ and ‘challenging assignments’ major categories. Differently from the senior health care leader responses, high potential employees reported ‘coursework and training’ as the third most frequently cited major event category while the senior leader respondents did not cite any events related to this major event category. This can be explained by the fact that, at this phase of their careers, the high potential employees are focused on obtaining the proper education and credentials that will prepare them for promotional opportunities in the future.

The sources of learning for high potential employee respondents were lessons from the ‘role models at work,’ ‘coursework and training,’ ‘increase in scope,’ and ‘purely personal’ event types, respectively. The high potential employee respondents share similar learning experiences with the senior health care leader respondents in that they report three of the four sources of learning identified by the senior leader respondents though in a different respective order: ‘role models at work,’ ‘increase in scope,’ and ‘purely personal.’

Differently than senior leader respondents, high potential employee respondents did not report the ‘values playing out’ event type as a significant source of learning. Also differently than the senior health care leader respondents, high potential employees reported the ‘coursework and training’ event type as a significant source of learning. The ‘coursework and training’ event type was cited more by the high potential employee respondents. High potential

employees were more likely to be involved in formal educational programs as a means to advance their careers. This could also explain why this event type would function as a major source of learning for the high potential employee group as this phase of their career and as they develop as future leaders.

As far as lessons, the high potential employees reported that their most important lessons were ‘learning about oneself,’ ‘behaving with integrity’ and ‘emotional intelligence.’ Similar, to the senior health care leader respondents, the high potential employees’ top two most significant lessons were ‘learning about oneself’ and ‘behaving with integrity.’ High potential employee respondents reported the same top two important lessons as the senior health care leader respondents. However, the findings of this research study reveal that there are gaps in the developmental experiences of high potential employees as compared to the senior health care leaders’ experiences which will be discussed in detail in the section below. Table 14 provides a comparative illustration of the results of this research study to the results of previous LOE studies.

Research Question 4. *What are the gaps in the developmental experiences of high potential employees in health care as compared to the developmental experiences of senior health care leaders?*

The fourth and final research question sought to find out whether or not there are gaps in the developmental experiences of high potential employees in health care when their experiences are compared to those of senior health care leaders. The results of this study show that high potential employee respondents report similar developmental experiences to those of the senior health care leaders even at this early stage of their careers. At the same time, there are also gaps in their experiences as compared to the experiences of senior health care leaders. As

mentioned earlier, high potential employee respondents reported the same top two important lessons as the senior health care leader respondents. Also, although high potential respondents, like the senior leader respondents, did report the 'increases in scope' event type as a source of leadership learning, their experiences are quite different in magnitude because they are reporting more increased responsibilities not to the level of those reported by the senior health care leaders. The 'increase in scope' experiences reported by senior health care leaders included switching to another division, and massive increases in the number of people, dollars, and functions to manage. On the other hand, the 'increase in scope' experiences reported by the high potential respondents were not of this same magnitude but simply reflected increases in responsibilities such as a broader set of job duties such as increased tasks, increased projects, expanded territory of responsibilities that were different than what they were doing before.

However, differently from the senior leaders, high potentials did not report significant lessons from 'developing technical or managerial skills' or 'developing interpersonal, strategic, or cognitive skills.' This can be explained by the fact that the high potential employees do not have the depth of experience and skill level the senior health care leaders have been able to acquire through their years within the organization and the number years that they have been a health care leader overall. This finding signifies a tremendous opportunity for developing high potential employees through experiences that will allow them to learn important lessons through the development of technical or managerial skills and experiences that will provide valuable learning by developing their interpersonal, strategic, or cognitive skills.

The 'developing technical or managerial skills' lesson type relates to those experiences where the leader or high potential employees gains knowledge or skills that help the individual effectively manage the work. Lessons revolve around developing knowledge about the

organization or business, developing skills sets, taking courses or reading books, and developing specific task-related competencies. The ‘developing interpersonal, strategic, or cognitive skills’ lesson type refers to experiences that teach how one can effectively meet job challenges through some effective behavioral strategies such as decisiveness, strategic thinking, creativity, anticipating problems, team dynamics, optimism, goal setting, importance of visibility, perspective taking, prioritizing work, communicating effectively, listening, involving others for buy in, taking risks, understanding the importance of vision, decision-making strategies, flexibility, resourcefulness, conflict resolution strategies, problem-solving strategies, seeing organizations as systems, and dealing with ambiguity and stress (Center for Creative Leadership LOE Coding Scheme, 2007).

Also, unlike the senior health care leaders, high potential employees identified the ‘emotional intelligence’ lesson type an important lesson. The ‘emotional intelligence’ lesson refers to learning from experiences that teach compassion, caring and sensitivity, increasing one’s emotional intelligence, becoming more empathetic, open and inclusive, learning the importance of trust, about spiritual connectedness and humanity, the importance of people over all else, how important emotions are in leadership (Center for Creative Leadership LOE Coding Scheme, 2007). Table 13 provides a detailed illustration of the frequencies of events and lessons reported by high potential employee respondents in this research study. Table 14 provides a comparison of the results for senior health care leader respondents as compared to the results of high potential employee respondents.

Relationship of the Findings to Prior Research

The findings of the present study support the results of previous research in some instances and contradict the results of prior studies in other respects. The first research question

looked at the differences and similarities of this current research study when compared to previous LOE research. For example, prior research indicated that the key drivers of for leadership development for corporate leaders are experiences related to challenging assignments, developmental relationships, adverse situations, coursework and training and personal experiences, in respective order (Yip & Wilson, 2010).

Slightly different from previous research, the results of this study revealed that the key drivers for leadership development for senior health care leaders are experiences related to developmental relationships, challenging assignments, personal experiences and adverse situations, in respective order. The synthesis of previous lessons of experience research revealed that challenging assignments are the top driver while the present study identified developmental relationships as the most cited or key driver for the leadership development of senior health care leaders. The results of this present study did not report and experiences regarding coursework and training for the senior leader respondents.

In the original lessons of experience research study conducted by CCL researchers (Lindsey et al., 1987; McCall et al., 1988) the study, which consisted almost exclusively of white male respondents, found that the most cited events that led to leadership development experiences were from job assignments, hardships, other people and other events. These major event categories have since changed slightly to reflect expanded definitions of the major event categories, key events and key lessons. The present study's results contradict these findings in that the present study reports major event categories reported by senior health care leaders in a different respective order: developmental relationships, challenging assignments, personal experiences and adverse situations.

This study's findings also contradict the results of a CCL study conducted in partnership with the Tata Management Group in India where researchers found that leaders' most significant learning came from experiences related to challenging assignments, inspiring superiors and bosses and adverse situations. Once again, this study's findings showed challenging assignments as the key driver of leaders' development whereas the current study identifies the key driver of leaders' development to be developmental relationships (CCL & Tata, 2008).

Like all previously mentioned research studies, the Singapore study, a collaboration of CCL and the Civil Service College and Public Service Division found that leaders' most significant experiences came from major event categories challenging assignments, developmental relationships, adverse situations and coursework and training, in respective order. The present study, as compared to all previously mentioned study differs in its findings (Yip & Wilson, 2008).

In a study to determine the key drivers that drive Chinese leader development, CCL and the China Europe International Business School that leaders' development was mostly impacted by experiences that provide challenging assignments, developmental relationships, adverse situations, and personal events, in respective order. Again, this result contracts the outcomes of this study where senior health care leaders cited learning their most developmental experiences in a different priority (CCL & China Europe International Business School, 2009).

The second research question explored gender differences in the male and female senior health care leader respondents. The present study contradicts the second CCL study which included the participation of female executives and revealed the same four major event categories as the original CCL study: job assignments, hardships, other people and other events (Morrison et al., 1987; Van Velsor & Hughes-James, 1990). This research study revealed that

job assignments were the most powerful learning experiences for both male and female respondents, which differs from the present study which reveals that developmental relationships provide the most powerful learning experiences for senior health care leaders, both male and female. Once again the present study found that the key drivers for the leadership development of senior health care leaders to be developmental relationships, challenging assignments, personal experiences and adverse situations, in respective order.

As it relates to research questions three and four, the results of this study revealed that the high potential employees have experienced categorically some similar developmental experiences as the senior leaders. However, there are gaps in the developmental experiences of high potential employees when compared to the experiences of senior health care leaders, particularly the fact that they have not experienced the most important lessons that were identified by senior health care leaders; ‘developing technical or managerial skills’ and ‘developing interpersonal, strategic, or cognitive skills.’ This finding further confirms the previous claims by researchers indicating that the health care industry will benefit from exposing high potential employees with assignments that will provide them with the skills necessary to ready them for future leadership opportunities throughout the leadership pipeline in health care organizations (Conger & Fulmer, 2003; Groves, 2006; McAlearney, 2006).

Overall, the past studies that used the lessons of experience methodological approach, have all summarily concluded that the key drivers of leadership development are challenging assignments, developmental relationships, adverse situations, coursework and training and personal experiences. The results of this research study suggest that senior health care leaders learned how to lead differently than corporate leaders and this can be explained by the relational environment of which health care leaders develop their skills.

Implications for Future Practice and Research

This research study replicated the design of previous studies and has revealed findings that will extend the lessons of experience body of knowledge. The results of this study provide significant implications for future practice and future research related to the development of senior health care leaders and for developing others in the leadership pipeline in health care organizations. The usefulness of the results of this research study to future practice and future research are described in detail in the following sections.

Implications for future practice. As far as future practice, the findings of this study provide practical knowledge for leader developers to use in their efforts to develop the leadership pipeline in health care organizations. Particularly, leadership development programs in health care organizations can benefit greatly from these results by inserting the key drivers for leadership development identified in this research study, namely experiences that provide or allows leaders to reflect upon developmental relationships, challenging assignments, personal experiences and adverse situations.

Secondly, create and implement developmental processes using experiential designs with foundations in day to day experiences in management and health care service delivery perspective. Ensuring that learning is derived from experiences related to roles models at work, values playing out, purely personal and increase in scope experiences will maximize the leadership development of leaders and others who are developing as leaders.

Thirdly, build program content focusing on developing experiences that can produce the most important lessons as identified in this research study, particularly lessons related to learning about oneself and also lessons that teach leaders about behaving with integrity which were

identified as important to both senior health care leader respondents and high potential employee respondents.

Fourthly, case studies that illustrate both positive and negative experiences of leader development will serve as a learning tool for both those who are developing as leaders and those who facilitate their development. The findings in this study provide leader developers with a great opportunity to use the stories collected in this qualitative inquiry to bring depth to the learning of others.

The fifth implication for future practice is the usefulness of this study's results for health care organization's performance programs. Inserting expectations of developing others into the performance standards and job descriptions of all leaders will increase the capacity of leadership development for the organization as well as create a cascading sense of responsibility for leadership development from the top leaders down to supervisory level leaders. This will further reinforce other recommendations mentioned that would include embedding elements of the outcomes of this study into performance standards and job descriptions of leaders.

And finally, another important implication for future practice is the usefulness of this research for the succession planning efforts of health care organization. Succession planning is an important strategy for ensuring that an organization's depth of leadership is prepared to fill roles in the future. The results of this study offer practical tools that would be useful to succession planning efforts. For example, requiring existing leaders to have an annual goal of contributing to the development of an identified successor in their chain of command would increase the organization's capacity for leadership development. Holding leaders accountable for developing other leaders will produce an environment that enhances the development of leaders and grooms future leaders.

The results of this study, particularly the key drivers for leadership development, the sources of leadership learning and the most important lessons identified by senior health care leaders and high potential employees, will assist facilitators in constructing succession planning models that are specific to the needs of health care organizations. Specifically, health care organizations can develop criteria for those who will be included in a succession based on a combination of organizational needs and readiness for development based on the candidate's experiences with significant learning identified in the results of this research study.

Implications for future research. In terms of the implications of this study for future research, the results of this study provide a foundation for extending future lessons of experience research to the health care industry as a whole to include a large number of health care organizations of different sizes, from different regions and across various cultures. A research study focused on the development of senior health care leaders that extends to a large number of hospitals will better determine whether or not these findings and the previous lessons of experience research are generalizable to the health care industry as a whole. Additionally, extending this methodological approach to the health care industry and analyzing the institutional differences may provide insight into the differences in the development of senior health care leaders based on their experiences in large versus smaller health care organizations, private versus not-for-profit organizations, or hospital-based versus ambulatory organizations.

Secondly, an opportunity for future research, based on the findings in this study, is to design a study that measures the development of high potential employees using a coding scheme designed specifically for this group who are at an early stage of their career and desiring to fulfill leadership roles in the health care industry. While this study compared the key events and lessons of high potential employees to the key events and lessons identified by senior health

care leaders, the coding scheme was originally designed using the experiences of corporate leaders who, like senior health care leaders, have much more significantly advanced experiences than the high potential employee group might have at this point in their careers. Designing a coding scheme specific to high potential employee development will advance research and will provide results with more useful practical applications for developing this important group in the health care leadership pipeline.

Thirdly, the results of this research study, which reveal significant differences in the way that senior health care leaders learn to lead as compared to the leadership development of corporate leaders, can be further explored through case study research which could provide a deeper exploration into the reasons why senior health care leaders learn important leadership lessons differently than corporate leaders. An in-depth qualitative inquiry of this nature will broaden the exploration of how senior health care leaders or others in the leadership pipeline have learned to lead, contributing even more information that will be useful to the industry's development of best practices for developing leaders.

The fourth implication for future research is the usefulness of this study's results ensuring diversity in the future leadership of health care organizations. The fact that this study's sample included too few ethnic minority senior health care leaders and high potential employees to thoroughly analyze reinforces the fact that health care organizations, like other industries, lack representation in their top leadership to reflect the populations served by the health care organization. A study that provides a comparison of how ethnic minority health care leaders have learned to lead as compared to the leadership learning reported by white health care leaders will provide significant insight to the health care industry that will assist in the recruitment and retention of minority leaders in health care organizations. Future research that contributes to

diversity in health care leadership is valuable to the industry's goals around cultural competence and addressing issues of health and health care disparities.

The fifth implication for future research is fact that the results of this research study provide interesting knowledge for the discussion of replacing top leaders in health care organizations. As top leaders in health care organizations continue to move towards retirement age, it will be essential to determine a successor for these important roles. Expanding this research to determine best practices for bridging senior leaders to the CEO role can contribute greatly to this necessary exercise of the health care industry.

And finally, as with prior LOE research, a study that produces an events-lessons matrix based on the results of this study will provide significant insight to this body of knowledge. This analysis will provide the context for a more practical application of these research findings.

Limitations

As with any research there are several limitations of the present study. First, though the focus of the CCL research studies have been to describe which lessons are learned from which events, due to the small sample size of this research study, the focus of this study was on the research questions. Future research might address the event-lesson matrix which has been a focus of prior LOE research. Second, the sample for this study included only a small number of ethnic minorities which limited the exhaustive comparative analysis of results based on the racial differences of respondents in this research study. A representative number of ethnic minorities at the senior leader level would have provided useful data related to racial comparisons in the development of senior health care leaders. Thirdly, though the coding scheme for identifying lessons and events was replicated from the CCL studies and was beneficial for comparing the senior health care leaders to the corporate leaders, the coding scheme was not originally designed

for high potential employees and may need further assessment to determine applicable key events and lessons for this group. Fourthly, the results of this study are not necessarily generalizable to other health care organizations, hospitals or the health care industry as a whole because the study only included one hospital system. Extending this approach to numerous hospitals will determine how applicable the results are to the industry as a whole.

Despite these limitations, this study provided valuable information about how senior health care leaders have learned to lead and how health care organizations can develop future leaders in health care by focusing on the development of their leadership pipeline, namely, high potential employees who desire to go into leadership roles.

Conclusions

The purpose of this research study was to understand how senior health care leaders have learned to lead by identifying the key events in their experiences as leaders and what they have learned from those experiences. Secondly, this study sought to identify gaps in the development of high potential employees at this point in their careers as compared to the development of senior health care leaders. The examination of key events and lessons cited by senior health care leaders and high potential employees provide helpful insight into the experiences that will be most significant in accelerating the development of both groups, increasing the capacity for health care organizations to maximize leadership.

The results of this study make an important contribution to the literature by extending the lessons of experience research to include health care leaders and high potential employees in the leadership pipeline. As it relates to the first and second research questions, the results of this study reveal that senior health care leaders learn mostly from developmental relationships, namely those experiences where they observe leaders that they interact with on a daily basis

from which they learn behaviors and styles they would like to emulate as well as behaviors and styles that they would like to avoid.

The major source of learning for health care leaders is from their positive and negative observations of role models in their work setting that provides them with significant insight as to how they would like to lead and be perceived by followers. Secondly, senior health care leaders learn significantly from challenging assignments, namely those assignments that increase their responsibility, broadening the scope of what they do, providing them with an experience that is different from the job that were previously doing.

Regarding the third research question in this study, the high potential employees, in some instances, have learned similarly to the senior health care careers even at this early stage of their careers. The study shows that high potential employees are having some key developmental experiences that produce learning similar to the learning outcomes of senior health care leaders. High potential employees show some similarity in that they identified developmental relationships and challenging assignments as the top two key drivers of their development. These results are encouraging and suggest that health care organizations can enhance the development of high potential employees by simply modifying strategies and programs already used to develop top leaders in their organizations. However, in addressing the fourth research question the findings also reveal that high potential employees have not learned two lessons determined to be most important by senior health care leaders; ‘developing technical or managerial skills’ and ‘developing interpersonal, strategic, or cognitive skills.’ This is identified as a gap in their development at this phase of their careers.

Though this study was limited to one single health care organization, the results indicate that there is tremendous opportunity for hospitals to maximize and accelerate the development of

health care senior leaders and to build the leadership pipeline by creating experiences that will provide significant learning for high potential employees who strive to fill various leadership roles up to the senior leadership role. Using research based practices to guide leadership development programs in health care will ensure that resources are maximized during this time when retirements of leaders are looming and resources to invest in the development of future leaders are scarce. As evidenced by the findings related to the first research question, by emphasizing strategies geared to the experiences of senior health care leaders, leadership development programs in health care can build upon this practical knowledge by creating experiences to align with certain learning priorities as found in the research.

The alignment of leadership development with all core organizational strategies will be a key factor to the continuity of this important strategy. A focus on the health care organization as a business will lead to further development of senior health care leaders during this period of dynamic and rapid change the health care industry. Otherwise, the complexity of a rapid change environment will undermine the investment of time and energy needed to hardwire a culture developing leaders across the leadership continuum from supervisors to senior leaders.

References

- Advisory Board Company. (2008). *Setting the health system performance ambition: Strategies for capturing health system advantage*. Executive Summary. Retrieved from <http://www.advisory.com/Research/Health-Care-Advisory-Board/Studies/2008/Setting-the-Health-System-Performance-Ambition>
- American College of Healthcare Executives. (2012). *ACHE Healthcare Executive Competences Assessment Tool 2013*. Retrieved from http://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf
- Avolio, B. J., & Hannah, S. T. (2008). Developmental readiness: Accelerating leader development. *Consulting Psychology Journal: Practice and Research*, 60, 331–347. doi:10.1037/1065-9293.60.4.331
- Block, L. A. M., & Manning, L. J. (2007). A systemic approach to developing frontline leaders in healthcare. *Leadership in Health Services*, 20(2), 85–96. doi:10.1108/17511870710745420
- Center for Creative Leadership Coding Scheme. (2007). Greensboro, NC: Center for Creative Leadership.
- Center for Creative Leadership & China Europe International Business School. (2009). *Developing Chinese leaders in the 21st century*. Greensboro, NC: Center for Creative Leadership. Retrieved from <http://www.ccl.org/leadership/pdf/research/DevelopingChineseLeaders.pdf>
- Center for Creative Leadership & Tata Management Training Center. (2008). *Developing future leaders for high-growth Indian companies: New perspectives*. Greensboro, NC: Center

- for Creative Leadership. Retrieved from <http://www.ccl.org/leadership/pdf/research/DevelopingFutureLeaders.pdf>
- Conger, J. A., & Fulmer, R. M. (2003). Developing your leadership pipeline. *Harvard Business Review*. Retrieved from <http://hbr.org/2003/12/developing-your-leadership-pipeline/ar/1>
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed). Thousand Oaks, CA: Sage.
- Day, D. (2000). Leadership development: A review in context. *Leadership Quarterly*, 11(4), 582–613.
- Douglas, C. A. (2003). *Key events and lessons for managers in a diverse workforce: A report on research and findings*. Greensboro, NC: Center for Creative Leadership.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (1995). *Writing ethnographic fieldnotes*. Chicago, IL: The University of Chicago Press.
- Grossman, R. J. (2011, August). The care and feeding of high-potential employees. *HR Magazine*, pp. 34–39.
- Groves, K. S. (2006). *Views from the top: CEO perspectives on executive development and succession planning practices in healthcare organizations*. Retrieved from <http://bschool.pepperdine.edu/appliedresearch/content/groves1.pdf>
- Groves, K. S. (2007). Integrating leadership development and succession planning best practices. *Journal of Management Development*, 26(3), 239–260.
- Hammersley, M., & Atkinson, P. (2007). *Ethnography: Principles in practice* (3rd ed). New York, NY: Routledge.
- Heffler, S., Smith, S., Keehan, S., Clemens, M., Won, G., & Zezza, M. (2003). Health Spending Projections for 2002-2012. *Health Affairs*. doi:10.1377/hlthaff.w3.54

- Janson, A. (2008). Extracting leadership knowledge from formative experiences. *Leadership, 4*, 73–94. doi:10.1177/1742715007085770
- Lindsey, E. H., Homes, V., & McCall, Jr., M. W. (1987). *Events in executives' lives*. Greensboro, NC: Center for Creative Leadership.
- McAlearney, A. S. (2006). Leadership development in healthcare: A qualitative study. *Journal of Organizational Behavior, 27*, 967–982.
- McCall, M. W., Jr., Lombardo, M. M., & Morrison, A. (1988). *The lessons of experience: How successful executives develop on the job*. San Francisco, CA: New Lexington Press.
- Morrison, A. M., White, R. P., & Van Velsor, E. (1987). *Breaking the glass ceiling: Can women reach the top of America's largest corporations?* Boston, MA: Addison-Wesley.
- O'Leary, Z. (2004). *The essential guide to doing research*. London: Sage.
- Popper, M. (2005). Main principles and practices in leadership development. *Leadership & Organization Development Journal, 25*(1), 62–75. doi:10.1108/01437730510575598
- Silverman, D. (2001). *Interpreting qualitative data* (2nd ed.). London: Sage.
- Silverman, D. (2005). *Doing qualitative research* (2nd ed.). London: Sage.
- U.S. Census Report. (2011).
- Van Velsor, E., & Hughes-James, M. W. (1990). *Gender differences in the development of managers: How women managers learn from experience*. Greensboro, NC: Center for Creative Leadership.
- Van Velsor, E., & McCauley, C. (Eds.). (2004). *Handbook of leadership development* (pp. 1–22). San Francisco, CA: Jossey-Bass.
- WakeMed Balanced Scorecard. (2012).
- WakeMed Leadership Academy. (2012).

Wilson, M., Van Velsor, E., Chandrasekar, A., & Criswell, C. (2011). *Grooming top leaders:*

Cultural perspectives from China, India, Singapore and the United States. Greensboro,

NC: Center for Creative Leadership.

Yip, J., & Wilson, M. (2008). *Developing public service leaders in Singapore.* Greensboro, NC:

Center for Creative Leadership.

Yip, J., & Wilson, M. (2010). *Handbook of leadership development.* San Francisco, CA: Jossey-

Bass.

*Appendix A**Research Questions*

1. What are the differences in the key events and lessons learned of senior health care leaders as compared to those reported by corporate leaders?
2. What are the differences in the lessons of experience between male and female senior health care leaders?
3. What are the key developmental experiences of high potential employees in health care?
4. What are the gaps in the developmental experiences of high potential employees in health care as compared to the developmental experiences of senior health care leaders?

*Appendix B**Interview Prompt*

When you think about your career as a leader (potential leader) so far, certain events or episodes probably stand out in your mind—things that led to a lasting change in your approach as to leadership. Please jot down some notes for yourself identifying at least three “key events” in your career: things that made a difference in the way you lead now (pursue leadership now). What happened (Key Event)? What did you learn from it (Lesson)?

Appendix C

Key Events Categories

Key Events Categories
Center for Creative Leadership
March 2007

Event 1: Starting from Scratch

Building something from nothing or almost nothing. Organizational strategies for growth and expansion were met through such assignments as building a plant, creating a new department or subsidiary, opening a new market, or introducing a new product line.

Event 2: Managing Business Turnaround

Fixing and stabilizing, taking over an underperforming area, division, or business, turning around a failing operation, sometimes but not always through restructuring or downsizing – all were often key to successful completion of a turnaround assignment.

Event 3: Project/Task Force

Project/Task Force events are work-related discrete projects or temporary assignments, inside or outside of work, done alone or as part of a team or task force. Aimed at specific outcomes, these assignments brought deadlines and high visibility. They typically involved grasping new content areas or activities and grappling with new relationships, including new relationships across geographic borders.

Event 4: Increase in Scope

Increase in Scope refers to an increase in responsibility (not necessarily a formal promotion) that was both broader and different from what had gone before. Increases in Scope included switching to new businesses and massive increases in numbers of people, dollars, and functions to manage.

Event 5: Lateral or Cross-functional Moves

These events involved managers who moved (not always by choice) from line operations to corporate staff roles, from staff to line, or laterally between different functions. The purpose of these assignments was to teach managers the “other side” of the business and expose them to corporate strategies and culture, but the jobs themselves varied greatly. Sometimes what is described are multiple moves over time or temporary moves, such as “loaned exec” opportunity.

Event 6: Business or Professional Failures and Mistakes

Business or Professional Failures and Mistakes are stories of managerial shortcomings (usually of the manager him/herself but sometimes those of others, observed by the manager) that derailed goals. Errors were made in hiring or in dealing with people critical to a project’s or an organization’s success. Sometimes failure to give or obtain necessary information, support, or

agreement on specific issues curtailed plans and collapsed business ventures. Sometimes these were personal mistakes but all had business consequences.

Event 7: Lost Job Opportunities Demotions/Missed Promotions/Being Fired

These events are cases of demotions, missed promotions, being stuck in a job-person mismatch, or being fired. In all cases, something about the manager's position was regarded as a career setback. These managers described how they had been demoted, fired (but not as a result of downsizing or merger), exiled to crummy jobs, or had seen a badly wanted promotion given to someone else. The common theme is that the job did not suit perceived skills and aspirations

Event 8: Breaking a Rut

Breaking a Rut is about changing careers or companies. In these events, executives traded in successful (or at least known) careers, or left one organization to join another, for a chance at something new. These moves were preceded by discontent and accompanied by a willingness to take risks. Some managers insisted on being transferred to new areas while others left companies they had been with for over a decade. The tactics varied, but their goals were the same: to find new business challenges with continued career growth.

Event 9: Subordinate Performance Problems

In these events, managers had to confront a subordinate with a problem that was performance related, or the manager had to deal with performance related problems in class of employees (e.g., wildcat strike). The problems revolved around ineptness, alcoholism, conflicts with the organization, and older managers who had let technology pass them by.

Event 10: Personal Trauma

Personal Trauma refers to crisis or traumatic experiences with a powerful emotional impact. Executives described events in which their families, health, even their lives, were threatened by unanticipated tragedies or potentially life-threatening circumstances. These traumas stemmed from both work and personal life and include personal injury or illness, the death of others, divorce, and combat duty (but not included here is being in a leadership role in combat).

Event 11: Role Models at Work

Role Models were superiors that managers interacted with, or observed during the course of their careers, whether the role models were positive or negative. Some of these models were characterized as possessing exceptional skills or attributes. Others were remembered for their weaknesses and the impact it had on people. But, regardless of whether the role model was positive, negative, or a little of both, each case described a person or group of people who profoundly influenced the executive's approach to management.

Event 12: Values Playing Out

Values Playing Out were snapshots of behavior occurring at work. These were short-lived events involving a person (or persons) doing something to another person (or persons, or to self/self destruct) that had a visible impact. The manager, as an actor in the scene or as an observer of it, drew a value-laden conclusion from it. Events of this type almost always were of short duration, occurred in chain-of-command relationships (though these can be done to a senior

person), and were discussed “out of context”—that is, the “snapshot” had survived while the larger scenario in which it happened had dimmed.

Event 13: Coursework

Coursework refers to the formal training and academic programs attended by managers. The specific purpose of these events is to provide managers the opportunity to obtain information and experiences not available from their day-to-day jobs.

Event 14: Early Work

These events represent important work experiences that took place early in the managers’ careers. In most cases these were non-management jobs that introduced the aspiring manager to new environments, cultures, and management philosophies. Through this exposure, the would-be executives were given some of their first opportunities to successfully meet the requirements and challenges of the business world.

Event 15: First Supervision

First Supervision assignments welcomed these executives to the world of management and a new realm of problems: people. First Supervision events portrayed young managers in tough new situations.

Event 16: Purely Personal

Purely Personal events covered a range of personal experiences outside the workplace that contributed to managers’ development. Examples include playing on a sports team, childbirth or raising children, not having time for family, participation in scouting, family conflict or upbringing.

Event 17: Impact of Discrimination & Prejudice

Managers describe the impact of gender, race, ethnicity, religion, disability, sexual preference, etc. and diversity related dynamics in the workplace. These are not job assignments, hardships, or other people events that mention race, gender, etc. as a matter of context; rather, it is a situation or interaction where the manager 1) experiences or observes an injustice attributed to prejudice or discrimination or 2) is the first of his/her identity group to be hired at the management or executive level. Relates to the impact of differences and/or minority status in the workplace and may or may not have to do with differential treatment. Includes diversity of style or personality that has an impact. The manager is challenged by being diverse or by managing diversity dynamics in a group.

Event 19: Mentors

Managers reporting this event describe the important role mentoring serves in the career development process: they described a superior who took special interest in their development; their devastation when their mentor left the organization; or the occasion when they successfully mentored another individual. A central theme in this category is the timing of the mentoring relationship in the individual’s career. A majority of the managers who were mentored by a superior were in a job transition—either new in their position (e.g., recently promoted, serving an internship, first job after graduate school) or preparing for a promotion. Mentors help shape careers by providing advice about job changes, providing new challenges and opportunities,

teaching about corporate life, introducing managers to senior managers, and specific management skills (coaching).

Event 20: Conflict with Peers

Managers reporting this event described relationships with their peers. The majority of the relationships and interactions were negative and often characterized by conflict. Core themes included 1) competition among and betrayal by peers where peers used unfair practices to make themselves look good, 2) resentment from peers who were jealous of the manager for reasons such as salary issues, work schedules, relationship with superiors, and 3) differences that were worked through and resulted in finding common ground or even friendship. Except for the last theme, the relationships often involved confrontation and the relationships were rarely mended. Although most of the peer relationships were negative in nature, a few were described as positive. Managers talked of learning from co-workers who were friends--from advice they gave or by observing their career experiences.

Event 21: Downsizing—Victims & Survivors

Downsizing includes two themes: managers who were “survivors” in organizations that were experiencing a reduction in force, and managers who lost their jobs in reorganizations and reductions. These hardship events not only relayed the personal trauma the managers experienced, but also the trauma the organizations felt in going through reductions. Not included here are events describing managers who were responsible for implementing downsizing efforts (see event #2)

Event 22: Feedback and Coaching

This category is about job-related feedback. The majority of the managers reported receiving feedback; a small number of the events were about giving feedback. There were four themes within the events where managers received feedback: 1) managers described receiving feedback on a specific situation (e.g., specific interpersonal interactions, a specific aspect of their job or their organization), or a characteristic or ability (e.g., leadership style, communication skills, feedback on personal appearance); 2) managers mentioned receiving general feedback on their job performance, such as in a performance appraisal; 3) the event was about receiving 360-degree feedback (e.g., manager’s first time receiving feedback from multiple raters, noting a difference in perceptions of raters); and 4) managers reported receiving friendly words of advice from others on managing employees.

Event 23: Successfully Facing a Complex Challenge

The Business Successes category represents aspects of the managers’ job that turned out very well. The majority of the events in this category were job challenges and organizational issues that were doomed for failure but were overcome due to the actions of the manager, usually with shining colors. For instance, inefficient systems may have been greatly improved or unmarketable products were turned into successful ones. There are several core elements within this theme. In most cases, the successes came about due to the initiative of the manager—he or she was not assigned to fix problems, invent new products, or whatever the outcome; the manager instigated the actions or processes for the consequence. Often the manager described a process that was important in the successful outcome: success through teamwork and team

ownership was critical. Innovation and experimentation on the part of the manager were frequently mentioned.

Event 24: Managing Internationally

The manager is either relocated to a foreign country to take responsibility for an assignment, or given responsibility for global operations of a function, product line or a business. The manager may or may not have to expatriate but a key element is the fact that the manager has to be in direct and regular contact with unfamiliar cultures to do the job (does not include generic relocations, promotions, general increases in scope & scale, turnaround assignments, start ups, diversity matters, etc.)

Event 25: Mergers and Acquisitions

These are lessons about leading or having significant responsibility for major aspects of a merger or acquisition.

Event 26: Other Organizational Changes or Crises

Being involved in a product recall, regulatory review, major implementation of significant systems or process change, being part of a company involved in an IPO, CEO transition, merger or acquisition (manager not in charge of overseeing it) tornado destroying business complex, union decertification, IRS investigation, and the like (does not include restructuring or downsizing)

Event 27: Relocation of business or family

Moving to another area of the country or world (if not on an expat assignment) as an adult or as a child

Event 28: Globalization/international expansion of the organization

Being part of an organization that expands internationally in any form; the event is the change to international or global operations

Event 29: High level stakeholder interaction

Significant interactions with high level people representing major stakeholders, significant interactions with the board, or interactions relating to major changes in the composition of the board; changes in the quality of interactions with high level stakeholders

Event 30: Leading others in high risk situations

Leading in combat situations, emergencies, rescue teams, other life threatening situations

Event 31: Managing at a distance Deleted

Leading a geographically distant team, telecommuting.

Event 32: Stepping forward to take a risk

Standing up for something or for self, personal advocacy for self or for own career

Event 33: Integrity Issue

Issues of personal or organizational integrity; senior executive conflict or ethical misbehavior

Event 34: Encountering organizational culture

Experiencing new or different organizational cultures, systems, processes, organizational attributes

*Appendix D**Lesson Categories*

Lesson Categories
Center for Creative Leadership
March, 2007

Lesson Category 1: Learning about Oneself

Statements of self-discovery, self-trust, trusting one's gut and/or increased self-confidence or humility define this category. These lessons revolve around an increased self-awareness, awareness about the impact of one's role, and/or a heightened awareness of the importance of learning about oneself through feedback. Individuals report learning about oneself, either in terms of strengths, personal limits and/or weaknesses. This category also includes lessons about understanding the importance and value of receiving feedback. This feedback may come from others, from a situation, or from themselves. Most of the lessons revolve around personal insights regarding strengths (e.g., I am very good at managing others, I can handle a lot of stress) or weaknesses (I realized that others think I am too aloof). Some of the lessons seem to reflect a "I wish I had done it differently" mentality. Several of the lessons are related to gaining self-confidence (e.g., I learned that I am very capable) or self-trust (e.g., I learned to trust my instincts)

Lesson Category 2: Behaving with Integrity

This category is really about learning to behave with integrity when dealing oneself and with others. This category includes statements about guiding principles or values that guide appropriate and ethical, behavior as a manager. These lessons revolve around principles that managers discover that guide their behavior and serve as consistent, stable values and behaviors that are not dependent on the situation. Examples of lessons in this category include integrity, honesty, standing up for one's beliefs, being responsible and respecting others, treating people fairly, accepting blame, having courage to make decisions and stand alone, to walk the talk, communicating openly and honestly, leading by example, and understanding the importance of credibility.

Lesson Category 3: Managing & Balancing Career and Personal Life

These lessons revolve around an increased awareness of the importance of taking responsibility for managing one's career development, becoming active in planning one's career path, and finding mentors and other types of support in order to manage one's career. Included in this category are statements about discovering one's career preferences, learning to take control of one's career, seizing opportunities, understanding the importance of networking and mentors for one's career advancement, making sure that new assignments and positions fit with career goals, learning about potential assignments and career moves, finding mentors and coaches, learning that getting help is ok or that a career will have ups and downs, and learning how to balance career goals with personal goals. These lessons really revolve around learning how to make the most of the resources and individuals around you in order to advance one's career. Many of these lessons relate to 'taking charge' of one's career as opposed to letting others control it. In

addition, there are also lessons learned about the importance of balance in one's life (e.g., statements of understanding how important one's family is and balancing different priorities)

Lesson Category 4: Managing Direct Reports

Managing direct reports is a category that refers to learning how to effectively lead others (direct reports and/or work teams) when one has the benefit of authority/position power. These lessons revolve around the all aspects of managing subordinates and discovering strategies for developing effective working relationships with subordinates. Some examples include lessons about goal-setting, challenging employees, team-building, delegating, managing, managing at a distance, hiring talented staff, training, developing, motivating, supporting, coaching, hiring, protecting, mentoring, value of a strong team, value of people in the organization, and dealing with employee performance problems. The focus of these lessons is really on learning to become a better manager in order to get the work completed. Some lessons relate to a new understanding about the importance of getting work done through others (e.g., one can't do it all by oneself; one must learn to delegate and work through others).

Lesson Category 5: Managing Upwards (managing relationships with manager and other executives)

Lessons belonging to this category include statements about learning how to develop good relationships with executives (includes one's own manager and upwards, board members). These lessons revolve around an increased understanding of executives and/or how to work with executives in various contexts. Examples may include discovering something about a particular executive, discovering effective strategies for working with higher management, understanding how higher management operates, and learning from the mistakes of higher management.

Lesson Category 6: Managing Laterally

Lessons belonging this category include statements about learning how to develop effective working relationships with individuals outside of the direct reporting line (includes clients, peers, colleagues, outside individuals, etc.), in a matrix type organization, or in any situation where the manager does not have direct authority and needs to lead through influence alone. These lessons revolve around an increased understanding of these relationships and effective strategies for gaining lateral cooperation without authority. Examples include negotiating strategies, lessons about effective ways to build cross-functional teams, lessons about gaining cooperation from individual over you have no authority, dealing with people and understanding their perspective. This lesson revolves around a better understanding of how to effectively work with individuals that one does not have authority over (excluding direct reports, and managers).

Lesson Category 7: Difference Mattered Lesson category deleted, 2007

This category is defined as a discovery that one's identity (gender, racial, ethnic, religious) does impact perceptions and treatment by others within an organization. Most of these lessons relate to the injustices that exist in the workplace. Most of these lessons fall into two types: the individual experiences a deeper understanding of the personal impact of prejudice (e.g., racism is alive and well, I learned that I was not trusted because of my color) or the individual learns that they are being constantly scrutinized (e.g., they have to repeatedly prove themselves, they have to work twice as hard, higher standards are set for them, etc.)

Lesson Category 8: Valuing Diversity

This category includes statements related to learning that differences in race, gender, age, skills, attitudes, and style are of value in the workplace. This category is fairly broad and looks at diversity with a broad lens (e.g., differences in style, color, age, attitude, skills, etc). The thread that ties these lessons together is that they all relate to an better understanding or awareness of the importance of appreciating differences in teams, in organizations, and/or across departments.

Lesson Category 9: Understanding Organizational Politics and Organizational Culture

Statements about understanding and dealing with organizational politics and organizational culture define this category. These lessons revolve around the realization that organizational politics or organizational culture plays a large role in organizational life or in one's leadership effectiveness. Examples of lessons may include learning how to effectively work with realities of organizational politics (e.g., using knowledge about existing politics to effectively manage relationships), learning about the "pulse" of an organization, learning about specific aspects of an organizational culture (e.g., "performance counts"), getting buy in from local management in an international situation, or cynical lessons that revolve the discovery of organizational politics (e.g., the good-old boy network is alive and well).

Lesson Category 10: Developing Technical or Managerial Skills

This category includes statements about gaining knowledge or skills that help the individual effectively manage the work. Lessons revolve around developing knowledge about the organization or business, developing skills sets, taking courses or reading books, and developing specific task-related competencies. These lessons tend to be fairly specific, and most of the lessons relate to learning how to do something that will get the job done, learning "hard" skills (e.g., specific technical knowledge, how the business or industry works, how business works in a changed environment, how to work with clients, vendors, or customers, how a particular department works, a specific project related skill such as finance or accounting procedures, how to build systems and processes for getting the work done).

Lesson Category 11: Developing Interpersonal, Strategic, or Cognitive Skills

Lesson in this category include statements about learning how to effectively meet job challenges through some effective behavioral strategies. Examples of lessons revolve around the importance of certain behavioral strategies for meeting the challenges of the job. These behavioral strategies include "soft" or cognitive skills such as decisiveness, strategic thinking, creativity, anticipating problems, team dynamics, optimism, goal setting, importance of visibility, perspective taking, prioritizing work, communicating effectively, listening, involving others for buy in, taking risks, understanding the importance of vision, decision-making strategies, flexibility, resourcefulness, conflict resolution strategies, problem-solving strategies, seeing organizations as systems, and dealing with ambiguity and stress.

Lesson Category 12: Managing Change or Crisis

Managing change refer to lessons about learning how to manage change efforts and the impact of decisions. These lessons include the development of effective strategies for effectively implementing one's agenda by sharing information to increase awareness, involving others on the front end of an initiative, building consensus, getting buy-in from people, and reducing resistance. These lessons are really about learning how to more effectively initiate and managing

change efforts or change initiatives within an organization. For most of these lessons, the individual is responsible for overseeing the implementation of change within the organization and has learned something about managing transitions or about the impact of change/crisis on the organization.

Lesson Category 13: Cynicism

This category is defined as a feeling of pessimism or distrust that was learned as a result of a particular event. Lessons falling within this category represent a unique type of lesson that did not readily fall into any of the other lesson categories or superordinate categories. The lessons were negative in nature and revolved around an increased sense of distrust or defensiveness toward other people or toward the organization in general. In these lessons, individuals describe feelings of anger, disappointment, and sadness. Examples of lessons falling within this category include a distrust of other people (e.g., learned not to be too trusting, learned that people won't tell you what they are thinking, friends will turn their back on you, etc.) or an increased pessimism about the organization (e.g., don't trust the organization, performance is not rewarded with organizations, decreased respect for the organization and corporate life, etc.).

Lesson 14: Need for corporate social responsibility

These lessons focus on coming to appreciate how good we have it as a company; the importance of organizational values as a guiding force, or the importance of a triple bottom line strategy

Lesson 15: Global leadership & cultural adaptability

Lessons in this category relate to gaining cultural adaptability, learning the importance of attending to culture in executing strategy globally, importance of rapid cultural assimilation in operating globally, learning to manage differently in a global environment

Lesson 16: Perseverance

These are both individual and organizational lessons about persistence, staying the course, the ability of an organization to survive and redirect, the value of hard work, never giving up.

Lesson 17: Challenges of executive leadership

These are lessons about how to lead and how not to lead, what challenges senior leaders face, and about the challenge of transitioning from a perspective of working for one's own career advancement to working for the benefit of the enterprise.

Lesson 18: Emotional Intelligence

These are lessons about learning compassion, caring and sensitivity, increasing one's emotional intelligence, becoming more empathetic, open and inclusive, learning the importance of trust, about spiritual connectedness and humanity, the importance of people over all else, how important emotions are in leadership.

*Appendix E**Sample Emails to Study Participants*Sample Email to Study Participants

March 26, 2013

Dear Management Pathways Participants,

I am a member of the WakeMed workforce and am also a doctoral candidate pursuing the doctor of philosophy degree in Leadership Studies at North Carolina A&T State University in Greensboro, North Carolina. I am conducting a study titled “Lessons of Experience: Examining the opportunity structure for developing senior health care leaders.” The purpose of this study is to understand how senior health care leaders have learned to lead. Management Pathways Participants will provide data that will help us determine the extent to which you have had key developmental experiences as outlined in previous ‘lessons of experience’ research.

If you decide to volunteer, you will be asked to participate in an interview which will take approximately 1 hour. You will be provided information prior to the interview that will guide our discussion during the audio-recorded interview. Interviews will be held in a designated office or conference room at WakeMed. You will be asked several questions about your development as a potential leader. With your permission, I will audio-record the interviews in order to accurately capture what is said. The recordings will be transcribed, but your name will not be included in the transcriptions. The recording and transcription will be kept on a password-protected computer. The recordings will be transcribed within 30 days of the interview and audio recordings will be destroyed after 3 years of the completion of this research study. Audio recordings will be locked in a file in a locked office. Reports of study findings will not include any identifying information.

If requested, presentations on the research findings will be conducted at WakeMed at the conclusion of the research study and analysis of the data. If you have any questions about this request for your participation of the research study contact me at (919)995-9656 or by email at anewkirk@wakemed.org.

Thank you!

Anthony J. Newkirk
Doctoral Candidate

Sample Email to Study Participants

March 26, 2013

Dear WakeMed Senior Leader,

I am a member of the WakeMed workforce and am also a doctoral candidate pursuing the doctor of philosophy degree in Leadership Studies at North Carolina A&T State University in Greensboro, North Carolina. I am conducting a study titled “Lessons of Experience: Examining the opportunity structure for developing senior health care leaders.” The purpose of this study is to understand how senior health care leaders have learned to lead and to compare senior health care leaders’ developmental experiences to those identified by corporate leaders in previous ‘lessons of experience’ research. Additionally, this study will compare senior health care leaders’ experiences to high potential leaders’ experiences in order to determine gaps in their experiences that might be addressed in leadership development programs.

If you decide to volunteer, you will be asked to participate in an interview which will take approximately 1 hour. You will be provided information prior to the interview that will guide our discussion during the audio-recorded interview. Interviews will be held in a designated office or conference room at WakeMed. You will be asked several questions about your development as a senior leader. With your permission, I will audio-record the interviews in order to accurately capture what is said. The recordings will be transcribed, but your name will not be included in the transcriptions. The recording and transcription will be kept on a password-protected computer. The recordings will be transcribed within 30 days of the interview and audio recordings will be destroyed after 3 years of the completion of this research study. Audio recordings will be locked in a file in a locked office. Reports of study findings will not include any identifying information.

If requested, presentations on the research findings will be conducted at WakeMed at the conclusion of the research study and analysis of the data. If you have any questions about this request for your participation of the research study contact me at (919)995-9656 or by email at anewkirk@wakemed.org.

Thank you!

Anthony J. Newkirk
Doctoral Candidate

Interview Confirmation Email to Senior Health Care Leader

(Name of research participant),

Thank you for participating in the Research Study “Lessons of Experience: Examining the Opportunity Structure for Developing Senior Health Care Leaders. We are scheduled to meet on (date). Please read the required consent forms that are attached. One consent form is required for the (health care organization) IRB process. The other consent is required for the (University) IRB process. You will be asked to sign both consents prior to our interview.

Please reflect the following prompt for the discussion during our interview:

When you think about your career as a leader so far, certain events or episodes probably stand out in your mind – things that led to a lasting change in your approach as to leadership. Please jot down some notes for yourself identifying at least three “key events” in your career: things that made a difference in the way you lead now. What happened (Key Event)? What did you learn from it (Lesson)?

I look forward to our dialogue on (date).

Thanks

Interview Confirmation Email to High Potential Employees

(Name of research participant),

Thank you for participating in the Research Study “Lessons of Experience: Examining the Opportunity Structure for Developing Senior Health Care Leaders. We are scheduled to meet on (date). Please read the required consent forms that are attached. One consent form is required for the (health care organization) IRB process. The other consent is required for the (University) IRB process. You will be asked to sign both consents prior to our interview.

Please reflect the following prompt for the discussion during our interview:

When you think about your career as a potential leader so far, certain events or episodes probably stand out in your mind – things that led to a lasting change in your approach as to leadership. Please jot down some notes for yourself identifying at least three “key events” in your career: things that made a difference in the way you pursue leadership now. What happened (Key Event)? What did you learn from it (Lesson)?

I look forward to our dialogue on (date).

Thanks

*Appendix F**Flier*

RESEARCH STUDY PARTICIPANTS NEEDED!

**LESSONS OF EXPERIENCE: EXAMINING THE OPPORTUNITY
STRUCTURE FOR DEVELOPING SENIOR HEALTHCARE LEADERS**



Senior health care leaders and Management Pathways participants are needed to participate in a research study to determine how senior health care leaders have learned to lead. Participation will consist of a one hour interview. This confidential research opportunity will provide practical knowledge for developing the leadership pipeline in health care organizations. Participation in this research study is voluntary.

To participate in the study or for additional information contact:

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