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Leadership challenges for patient advocates: a cross sector alliance perspective

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DEDICATION

This dissertation is dedicated to the most influential teachers in my life:

- To Marie, who showed me the power of belief and acceptance in times of trouble, and to Jim, my first and best mentor, who taught me to thrive in uncertainty and to question everything.
- To Kiwi, my anchor, my friend, my love. Best husband ever. You have been so supportive of my endless passion for higher education, thank you. I think I might be done with school now, but I better not promise…
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ABSTRACT

Innovative and enduring solutions to the myriad of complex social and environmental challenges facing the world today require the shared resources and combined talents of government, nonprofit and for-profit sectors. Interactions between these sectors are called cross sector partnerships (CSPs). As an example of CSPs, nonprofit patient advocacy organizations (PAOs) are increasingly entering relationships and collaborations with for-profit pharmaceutical companies (FPPCs). Using a phenomenological approach, this study sought to contribute to the body of knowledge on PAO/FPPC partnerships, as well as the broader CSP phenomenon, by exploring how leaders in the field of PAO/FPPC alliances experience collaboration with one another. Three research questions were used as the basis of semi-structured interviews with 11 patient advocacy leaders. Five of the participants were nonprofit leaders (NPLs) and six were for-profit leaders (FPLs). Results from this study include several important new contributions that add to the body of knowledge related to PAO/FPPC cross sector alliances. First, the data describe disparities in decision-making authority between the NPLs and FPLs and the data illustrate the complex, variable and challenging decision-making context that exists in PAO/FPPC partnerships. Second, these results confirm that strategic analysis skills, marketing skills and facilitation skills are important leadership competencies that impact productive PAO/FPPC partnerships. Finally, this research describes similarities and differences in leadership competencies that are important to NPLs and FPLs. This study is significant because an increased understanding of collaborations between patient advocacy organizations and drug development companies may allow for more positive and beneficial future collaborations. In addition, this research provides insight into the general phenomena of cross sector alliances, which may prove beneficial to a wide range of social challenges.

Chapter 1: Introduction to the Study

Alone we can do so little; together we can do so much.

— Helen Keller

Introduction to Patient Advocacy Organizations

To promote understanding of the disease afflicting their child and to support research and drug development, parents of sick children and other motivated individuals often form patient advocacy organizations (PAOs). The structure, goals, and activities of PAOs are varied and continually evolving. PAO objectives may include (a) providing emotional support through social networks, (b) providing financial assistance for patients and their caregivers, (c) informing scientific research and development priorities, (d) raising public awareness of rare or untreated diseases, and (e) influencing changes to state and national health care policy (BayBio, 2015; Muscular Dystrophy Association, n.d.; S. K. Smith et al., 2015). PAOs may also contribute to medical and scientific research either through direct financial support of researchers in academia or industry or by initiating patient registry databases that collect demographic and health information that can be shared with other organizations with similar interests (Griggs et al., 2009; Zaratin, Battaglia, & Abbracchio, 2014).

PAOs have had an important impact on society in the United States since the late 1800's, when a volunteer group of nurses provided free health care and advocacy for immigrant communities in New York City (E. K. Gallin et al., 2013). Two other examples are provided to illustrate the potential influence and societal impact of PAOs. The first example comes from 1938, when Franklin D. Roosevelt (who suffered from polio) championed the formation the nonprofit National Foundation for Infantile Paralysis (NFIP), which later became the March of

Dimes. The NFID's initial mission was to provide a local response to polio outbreaks across the country. Specifically, the NFIP created a network of locally run chapters that raised money and offered supportive care and medicine to polio victims. This was "an adventurous program that paid off substantially just as polio was on the rise" (March of Dimes, 2010, para. 1). In addition to medical care and, equally as significant, is the funding the March of Dimes provided to scientific researchers. Most notable was the NFIP grant to Jonas Salk, which was instrumental in the development of the polio vaccine. The second PAO example is the Muscular Dystrophy Association (MDA) which was founded in 1950. This organization, formed by a prominent businessman who suffered from muscular dystrophy, pioneered large scale fundraising through its telethon. That first year, the MDA awarded its first research grant of $1500. The MDA was the first organization recognized by the American Medical Association "for significant and lasting contributions to the health and welfare of humanity." (Muscular Dystrophy Association, n.d., para. 8).

Since the 1950's, PAOs have grown substantially in number and in scope and "in the United States, this sector is large, enormously diverse, constantly evolving, and difficult to track" (E. K. Gallin et al., 2013, p. 1220). Most PAOs are nonprofit organizations and many have exhibited significant funding raising capacity, often raising millions of dollars to support their goals (Griggs et al., 2009; Joyce, 2014; Panofsky, 2011). For example, in 2013, the Michael J. Fox Foundation distributed over $75 million to support basic research and clinical trials in Parkinson's disease (Joyce, 2014). As mentioned above, the MDA has been supporting research since 1950 and in 2016, the MDA provided funding for more than 40 research grants totaling almost $11 million and covering 13 different diseases (Muscular Dystrophy Association, n.d.).

PAOs also distribute smaller amounts that still have a significant impact. For example, the MPS Society (mucopolysaccaridoses) granted Abeona Therapeutics $100,000 for direct costs related to a gene therapy clinical trial (The National MPS Society, 2014). In many ways, PAOs embody an entrepreneurial organizational approach by "leveraging social networking to foster the health of their communities" and by "catalyzing innovation" (E. K. Gallin et al., 2013, p. 1223). As noted by Rose, Marshall, and Surber (2015):

> there is an important and strategic role for patient advocacy organizations (PAO) in bringing together the various stakeholders (regulatory agencies, industry, academia, national research institutes and patients) to create an environment that can efficiently and effectively assist in research and drug development. (p. 187)

PAOs and Industry: A Model of Cross Sector Partnership

Nonprofit PAOs are increasingly entering relationships and collaborations with for-profit pharmaceutical companies (FPPC; Paul, 2008). For example, Joyce (2014) indicated that "over the last 20 years, a small group of nonprofits, generally focused on single gene disorders, have formed solely to accelerate therapeutics development" (p. 527). PAO/FPPC partnerships are driven by several factors including (a) a shared interest in understanding patients and their medical needs, (b) broader sourcing opportunities for research and development funding, (c) better clinical trial designs, and (d) in bringing the patient voice into the drug development process (Forsythe et al., 2014; Landy et al., 2012; Paul, 2008; S. K. Smith et al., 2015). In fact, PAOs often provide a "major funding source for disease-specific basic research" (Zaratin et al., 2014, p. 552). In other words, POA's may partner with pharmaceutical companies by directly funding drug development research efforts. Given the financial contributions of the nonprofit PAOs and the ability to bring patient concerns to the drug development process, these

collaborations have had a positive influence on the development of drugs at for-profit companies. This is particularly true for rare diseases that may otherwise not be of interest to drug development companies because of unique scientific challenges and the perceived lack of a substantial customer base (Panofsky, 2011).

Although empirical research and literature on PAO/FPPC partnerships is sparse, PAO/FPPC partnerships are an example of a cross sector partnership (CSP), and much can be gained by leveraging the robust literature on CSPs. CSPs develop when organizations with different missions, goals, and organizational structures collaborate on solving common problems. Generally speaking, organizational types can be classified into three sectors that are loosely defined by their objectives (Goulet & Frank, 2002; Selsky & Parker, 2005). Organizations in the first sector are comprised of public, government institutions or organizations, formed at the local, state, or federal level, and they hold governmental authority (Forrer, Kee, & Boyer, 2014; Najam, 1996). Second sector firms and organizations (the for-profit sector) are characterized by a focus on the creation and distribution of goods and services and profit-making activities. The third sector is comprised of nonprofit organizations. Nonprofits often focus on implementing social change and decisions are driven by the specific interest of the members of the organization and the populations or groups they serve (Erakovich & Anderson, 2013; Najam, 1996). In summary, the public, nonprofit and for-profit sectors each serve different, important purposes, and positive societal and individual benefits accrue from each of the sectors to an individual person or group.

Goulet and Frank (2002) proposed that "non-profit, for-profit, and public sector organizations differ from each other in mission and approach" (p. 1). In other words, for-profit organizations will focus on revenue and profits, nonprofits will value the mission of their

organization over efficiency and public/government organizations must "function through compromise" (Lovegrove & Thomas, 2013, p. 13). Consequently, for-profits and nonprofits may be more entrepreneurial and have more flexible operating methods than government agencies. However, government agencies may have a greater impact on larger segment of the public. Finally, while for-profit firms are competitive, Grasse and Ward (2016) noted that unlike for-profit firms, "nonprofits can have primary purposes or missions that they share with other nonprofit organizations. These shared missions can serve as 'critical antecedents to collaboration and condition organizations' perceptions of potential collaborative endeavors" (Grasse, 2016, p. 90).

The "convergence of economic, social and political pressures" is a driving force that is fostering the continuing emergence of cross sector collaborations (Sakarya, Bodur, Yildirim-Oktem, & Selekler-Goksen, 2012, p. 1710). In other words, the increasing prevalence of complex and challenging problems (e.g. alleviating poverty, advancing human health, and mitigating climate change or other environmental problems) require the resources, efforts, and expertise of more than one organizational sector or type. Consequently, CSPs usually occur when organizations from different sectors identify an important social problems or common goals and then embark on shared activities and these partnerships are instrumental for complex problem solving when one organization may not have all the resources or expertise needed. For example, Grameen-Veolia Water Ltd. was conceived as a 50-50 joint venture between a nonprofit sector organization (Grameen Healthcare Services) and a for-profit organization (Veolia Water AMI) (Yunus & Weber, 2011). Grameen-Veolia is dedicated to solving the issue of arsenic contaminated groundwater in Bangladesh (a significant health care problem) by combining the technology expertise of Veolia Water with the local knowledge and community

access of Grameen Healthcare. Today, over 6500 people have access to arsenic purified water through this CSP.

Definition of CSPs

CSPs are varied and complex and may include multiple actors from two or three sectors and encompass a variety of forms. Selsky and Parker (2005) noted, "These partnerships differ greatly in size, scope, and purpose. They can range from dyads to multiparty arrangements, local to global levels, short- to long-term time frames, and totally voluntary to fully mandated" (p. 850). Given the variety of CSP forms, there is no consensus on typology or descriptive framework. For example, CSP's can be categorized by the length of the interaction between the partners (Forrer, Kee, & Boyer, 2014). Specifically, short term CSP's often operate in the policy areas of community development and disaster relief. Intermediate term partnerships with more formalized agreements are common in the arts, in education, and in health care. Long term partnerships with extensive and detailed partnership structures and agreements are common in infrastructure arenas such as transportation and water projects.

In contrast, Austin (Austin, 2000) proposed that nonprofit/for- profit CSPs can be described as having distinct stages or types along a continuum. The first stage is the philanthropic stage, and the relationship is that of charitable donor (for-profit partner) and recipient (the nonprofit). The second stage (the transactional stage) is characterized by "specific activities; for example, cause-related marketing, event sponsorships, and contractual service arrangements" (Austin, 2000, p. 71). The third stage is the integrative stage and this stage "represents the highest strategic level of collaboration" (Austin, 2000, p. 71).

For the purpose of this research, CSPs are defined using the definition of Bryson et al. (2006) as "the linking or sharing of information, resources, activities, and capabilities by

organizations in two or more sectors to achieve jointly an outcome that could not be achieved by organizations in one sector separately" (p 4). The terminology in the literature and in practice is diverse; CSPs are also known as cross sector collaborations and cross sector alliances. This research assumes these terms can be used interchangeably.

Complexity and Challenges of Cross Sector Collaborations

Bryson et al. (2006) noted that CSPs "may be necessary and desirable, but the research evidence indicates that it is hardly easy" (p 44). This is potentially due to the complexity and diversity of CSPs. For example, depending on the issue and desired objectives of the partnership, there is a continuum of partnerships arrangements and actions that may be appropriate, ranging from informal information sharing activities to semi-formal coordinated activities and perhaps to fully integrated agreements with pooled resources (human and economic) that are leveraged in support of a clearly defined objectives (Gray, 1989; McNamara, 2012; Morris, 2016). In other words, CSPs can take on many shapes and forms.

As further evidence of the complexity of CSPs, Bryson, Crosby, and Stone (2015) highlight various general aspects of cross sector collaboration that may have positive or negative impacts on successful partnerships, including (a) collaborative processes and structures, (b) management of conflicts and tensions, (c) measures of accountability and outcomes, and (d) leadership characteristics.

Several studies have noted that decision-making in CSPs is a key challenge facing practitioners. For example, the cooperative nature of CSPs indicates that consensus decision making is necessary in collaborative structures (Mayer, 2016). McNamara (2012) noted that independent decision-making, centralized decision-making, or participative decision-making may be needed depending on the type of partnership in play. Given the above, it follows that the

decision-making skill and capability of the individual actors may be an important component of successful PAO/FPPC collaborations.

Current literature also suggests that individual leadership style, attributes, and capability are also important to high functioning cross sector collaborations (Hukins & Kippin, 2013; Kolk, Dolen, & Vock, 2010; Lovegrove & Thomas, 2013). In fact, CSPs provide multiple opportunities for formal and informal leadership, and collaboration leaders should be able to deploy formal and informal authority, vision, and relationship and political skills (Bryson et al., 2006). According to Hukins and Kippin (2013), "there is a strong consensus that cross-sectoral skills and capabilities amongst leaders is crucial to the change and collaboration agenda" (p. 5). While leadership attributes in PAO leaders have not been extensively studied in the literature, transformational leadership has been identified as an important skill for cross sector collaborators because it positively related to active engagement in partnership-related conversations (Kolk et al., 2010). Given the above, it follows that effective leadership is likely to be important in addressing the challenges of PAO/FPPC partnerships.

Statement of the Problem

Despite the increasing popularity of PAO/FPPC partnerships and the recognition that these interactions are fostering scientific discoveries and are having a positive impact on development of new therapies, key attributes of successful collaborations have not been fully explored in the literature (BayBio, 2015; S. K. Smith et al., 2015; Zaratin et al., 2014). As noted above, these collaborations are complex and, consequently, CSPs ask a great deal of the managers and leaders that operate at the cross-sector interface. A recent survey of 179 individual collaborators involved in PAO/FPPC or PAO/academic research partnerships noted that there is much disagreement on success factors and barriers to successful partnerships (S. K. Smith et al.,

2015). Given the increasing influence of PAOs in drug development, these collaborations are a potentially rich data source for examining and describing experiences and best practices in cross sector collaborations that lead to successful outcomes both for future participants in PAO/FPPC partnerships and a wide range of other cross sector collaborations. Empirical research exploring leadership characteristics, managerial skills, and the impact of decision-making processes and styles would greatly enhance understanding of PAO/FPPC partnerships.

Purpose of the Study

Cross sector collaborations are an important mechanism for solving complex problems of value to society. Collaborations between PAOs and industry are an increasingly common occurrence, but these collaborations have not been systematically explored in current management and organization development literature. Therefore, the goal of this phenomenological study is to study how practitioners at the interface PAO/FPPC partnerships experience the phenomenon of collaboration with one another and to study PAO/FPPC collaborations in the context of the broader CSP phenomena. The specific purpose of this research is two-fold. First, the purpose of this research is to explore the leadership and the managerial/professional skills and competencies needed for successful PAO/FPPC partnerships. The second purpose of this research is to explore the potential impact of differences in decision-making process of each partner in a collaboration.

Research Questions

This research will address the following questions:

1. What leadership characteristics impact productive of PAO/FPPC interactions?
2. What managerial skills or professional competencies impact productive of PAO/FPPC partnerships?

3. What similarities and differences in decision making processes (in the partner organizations) impact productive of PAO/FPPC interactions?

Significance of the Study

An increased of understanding of collaborations between patient advocacy organizations and drug development companies may allow for more positive and beneficial future collaborations. Current and future industry and PAO practitioners will each benefit by a more thorough understanding of the roles they play in these collaborations. This in turn may provide benefit to those patients suffering from diseases that can be positively impacted by new drug development. In addition, the proposed research may provide insight into the general phenomena of cross sector alliances, which may prove beneficial to a wide range of social challenges.

Definition of Terms

For this study, the following definitions apply:

- For-profit organization or for-profit. A business or other organization whose primary goal is generating a return on investment for its owner or shareholders.
- Nonprofit organization or nonprofit. An organization conducting activities for the benefit of the public or specific segment of the public. A nonprofit organization does not distribute profits or dividends to its members, directors, or officers.
- Public sector. A sector composed of organizations that are operated by the government, including federal, state, or local (e.g. county, municipal) governments.
- Cross sector alliance, cross sector collaboration and cross sector partnerships. "The linking or sharing of information, resources, activities, and capabilities by organizations in two or more sectors to achieve jointly an outcome that could not be achieved by organizations in one sector separately" (Bryson et al., 2006, p. 6).

Summary

Society is challenged by many complex and challenging issues that often require the resources, the efforts, and the expertise of more than one type of organization. Consequently, partnerships between the for-profit sector, government agencies, and nonprofits are a model of choice for problem solving and initiating change. Collaborations between PAOs and industry are becoming more common and these collaborations are having an increasing impact on the development of new medicines. The goal of this research is to provide a more thorough understanding of personal leadership attributes of successful collaborators, to explore the managerial attributes and skills necessary for successful PAO/FPPC collaborations, and to explore the potential impacts of similarities and differences in the decision-making processes of each partner in a collaboration.

This first chapter introduces this study and provides an overview of the research questions of this research. Chapter 2 reviews the literature relevant to this study and Chapter 3 describes the research design, methodology, and methods of data analysis. Chapter 4 details the results of the study, and Chapter 5 provides discussions, limitations, implications and a conclusion.

Chapter 2: Literature Review

> None of us, including me, ever do great things. But we can all do small things, with great love, and together we can do something wonderful.
>
> — Mother Teresa

The purpose of this literature review is two-fold. It is intended to (a) capture a macro view of archetypical cross sector partnerships, and (b) provide specific insight into PAO/FPPC collaborations. The review begins with an explanation of organizational sectors and their defining characteristics and hallmarks. An overview of cross sector partnerships (CSPs) follows, along with a discussion of their benefits and challenges. The complexity of CSPs is described by reviewing the various typologies that have been outlined in the literature. The focus of the literature then narrows to the drug development industry, patient advocacy organizations, and the cross sector collaborations between these two types of organizations.

Introduction to Organizational Sectors

Organizations are generally classified into three types or *sectors*:

- public or government sector;
- for-profit, private or business sector; and
- the nonprofit, social or nongovernment sector.

Each sector can be defined by various attributes such as organizational mission and objectives, decision making, and sources of revenue (FourthSector, n.d.; Goulet & Frank, 2002; Najam, 1996; Selsky & Parker, 2005). Goulet and Frank (2002) observed that "nonprofit, for-profit, and public-sector organizations differ from each other in mission and approach" (para. 1). For-profit organizations will focus on revenue and profits, nonprofits will value the mission of their organization over efficiency and public/government organizations must "function through

compromise" (Lovegrove & Thomas, 2013, p. 13). For-profits and nonprofits may be more entrepreneurial and have more flexible operating methods than government agencies. However, government agencies may have a greater impact on larger segments of the public.

Public-sector. Organizations in the first sector are comprised of government institutions or organizations, formed at the local, state or federal level, and they hold governmental authority (Forrer et al., 2014; Najam, 1996). The primary purpose of the public-sector is to preserve social order and protect the public interest using a framework of laws (FourthSector, n.d.; Najam, 1996). Measures of success in the public-sector can vary, and often due process is just as important as the actual outcome (Forrer et al., 2014). Government operations are supported by fees and tax revenue and decision making criteria are largely based on political efficiency (Najam, 1996). In addition to federal, state, and local government bodies, public-sector organizations include public universities and school districts, public utilities, airport authorities, the armed forces, healthcare agencies such as Medicare, and public transit agencies.

For-profit sector. Firms and organizations in the for-profit sector are characterized by a focus on the creation and distribution of goods and services. Revenues are earned through sales and other profit-making activities. This sector is noted for rewarding entrepreneurial efforts and generally is driven by rapid rewards on investments and returning profits to owners (FourthSector, n.d.; E. K. Gallin et al., 2013). While the needs of individuals are not necessarily ignored in the private sector, decisions are largely driven by profit maximization criteria or other monetary factors that are used to measure the success of for-profit organizations (Erakovich & Anderson, 2013; Forrer et al., 2014; Najam, 1996).

Nonprofit sector. Nonprofits appear in a multitude of typologies and often represent marginalized groups and approach issues that are not likely to generate significant revenue. In

other words, the social sector specializes in specific needs for specific causes (Erakovich & Anderson, 2013). In broad terms, nonprofit organizations often focus on implementing social change and decisions are driven by the interest of the members of the organization and the populations or groups they serve (Erakovich & Anderson, 2013; Najam, 1996). Collins (2005) noted that the economic engine of the social sector is varied and complex as this sector is fueled by government funding, by charitable donations and other philanthropic activities, by private grants, and by business revenue such as fee for service, products, or contracts. Nonprofit organizations may generate profits from their activities. Profits are not returned to owners as revenue, though, but are retained by the organization to further the mission and goals. This sector is very diverse, and these organizations can focus on a variety of causes such as religious missions, arts, recreation, the environment, human rights, and many types of business concerns (e.g. professional associations or chambers of commerce). In addition, this sector includes many organizational sizes and types ranging from small, local organizations (e.g. Little League Baseball) to large organizations with significant global impact (e.g. the Red Cross and the Bill and Melinda Gates Foundation).

Each sector plays an important role in society and consequently, any individual or stakeholder group is likely impacted by each of the sectors. Najam (1996) referred to the connectedness of these sectors as "the three-legged organizational stool, balanced on the state, the market and the voluntary association sectors" (Najam, 1996, p. 209). In other words, the public, nonprofit and for-profit sectors each serve different, important purposes, and positive societal and individual benefits accrue from each of the sectors to an individual person or group. While financial contributions to a specific initiative may come from any of the sectors, there are widely recognized specific strengths of each sector. Strengths of the for-profit sector may include

technical expertise, innovation, resource mobilization (both human and financial) and in some cases, convening power (Kindornay, Tissot, & Sheiban, 2014; Serafin, 2010). Strengths of the nonprofit sector may include issue specific knowledge and expertise, legitimizing access to local communities and ability for capacity building and implementation. In addition to significant convening power, strengths of the public-sector may include legitimate power, policy development, and standard setting (Kindornay et al., 2014; Serafin, 2010).

Introduction to Cross Sector Partnerships

CSPs form when organizations from the different sectors, while having different governance frames and organizational missions or visions, identify common goals and embark on shared activities. CSPs can provide a synergistic combination of resources and capacities that can be key to tackling complex problems "such as social and economic disparity, disease eradication and health, resource depletion and pollution, climate change, as well as educational and literacy concerns" (Serafin, 2010, p. 5). Specifically, CSPs allow diverse organizations to tap into new sources of ideas, to access more diverse technological expertise, and to leverage multiple sources of financial capital, and potentially provide access to policy makers (Hukins & Kippin, 2013). Consequently, CSPs are instrumental for complex problem solving when one organization may not have all the resources or expertise needed. Crosby and Bryson (2005) noted that CSPs can be key actors in situations "where the needed resources for coping with most important public problems extend well beyond the capacity of any group or organization, and often beyond the scope of national governments" (B. C. Crosby & Bryson, 2005, p. xiv).

Bryson et al. (2006) defined cross sector collaborations as "the linking or sharing of information, resources, activities, and capabilities by organizations and two or more sectors to

achieve jointly an outcome that could not be achieved by an organization in one sector separately" (p 44). Given the array of organizational types within each sector, it follows that CSPs are complex and variable, and like strategic alliances within a sector or industry, CSPs may range from informal agreements through formal contracts that are described and codified by binding legal agreements (Judge & Ryman, 2001). Additionally, CSPs can range from "dyads to multiparty arrangements, local to global levels, short- to long-term time frames, and totally voluntary to fully mandated" (Selsky & Parker, 2005, p. 850). In any case, a key characteristic of CSPs is that each organization retains its own identity, leadership, and resources outside of the CSP. In other words, each partner maintains its own independence and autonomy. This view of CSPs excludes merger and acquisition (M&A) agreements because not every organization involved in M&A retains independence and autonomy.

While CSPs are not a new phenomenon, they are becoming more common, with a concomitant increase of attention in the academic literature. Additionally, CSPs are "increasingly assumed to be both necessary and desirable as a strategy for addressing many of society's most difficult public challenges" (Bryson et al., 2006, p 44). Furthermore, Hukins and Kippin (2013) noted that the "long term challenges for state, business and society are daunting" (p. 6) and these challenges demand change efforts that can be enabled by cross sector collaboration. In other words, there is the recognition that none of the individual sectors can solve important public problems on their own (Crosby & Bryson, 2010). For example, scholars have noted that "those who seek to combat problems such as poverty and urban traffic congestion often have no choice but to work across sector lines to develop shared understandings of the problem and commitments to shared solutions" (Bryson, Crosby, & Stone, 2015, p. 1).

Benefits of CSPs. Both organizations and individuals in each sector have something to gain from interaction and collaboration with other sectors, including new skills or tacit knowledge, reputation, new market access, and enhanced stability in uncertain markets or business arenas (Dahan, Doh, Oetzel, & Yaziji, 2010; Rondinelli & London, 2003). For example, HSBC Amanah, a division of HSBC Bank, has partnered with nonprofit, nongovernmental organizations (NGOs) to offer microfinance services in Pakistan (Dahan et al., 2010). HSBC Amanah provides funding and training in the principles of microfinance and the NGO's contribute the face-to-face connections to local entrepreneurs. In other words, the for-profit brings financial resources and industry knowledge and the nonprofit provides local knowledge and distribution capabilities. In discussing manager types, Forrer et al. (2014) explained that

> For public managers, cross-sector collaborations (CSCs) allow governments to leverage funds, expertise, and risk sharing with other sectors that can provide key ingredients to the successful delivery of public goods and services. For nonprofit managers, collaborations allow their organizations to better meet their stated mission and possibly expand that mission to related areas of interest. For private sector managers, collaboration promises increased profits, enhanced reputation, and expanded business opportunities. (Forrer et al., 2014, p. 3)

In addition to tangible rewards such as economic, technological and informational gains, each sector may profit through the additional visibility that CSPs offer. In other words, CSPs provide a way for organizations in each sector to share their message and objectives with a wider audience, which may add to external perceptions of legitimacy. For example, government organizations can interact with constituents in ways outside of a political process, nonprofits can influence business practices and better affect social change and for-profits can access new

markets and in some cases, attract and motivate high caliber employees by supporting social issues.

General CSP designs. Gray (1989) proposed two dimensions that may be generally used to describe collaborative endeavors or the "factors motivating the parties to collaborate the type of outcome expected" (Gray, 1989, p. 177) The first dimension includes the desire to advance a shared vision and the desire to resolve conflict. In addition, collaborating partners are generally pursuing two outcomes (the second dimension), the exchange of information or the constructing of joint agreements. Taken together, these two dimensions result in four general designs for collaboration: (a) appreciative planning, (b) collective strategies, (c) dialogues, and (d) negotiated settlements.

Collaborative designs that are motivated by shared vision creation may have the advantage of positive intentions and collaborative spirit at initiation. Appreciative planning "fosters joint inquiry about the problem without an expectation that explicit agreements to be reached for that actions will ensue" (Gray, 1989, p. 178). Consequently, these types of CSPs are analytical and exploratory in nature. Furthermore, Gray (1989) proposed that

> the primary function of appreciative planning is to compare the current state of affairs with a set of ideals. This comparison makes explicit the values underlying potential actions and allows stakeholders to choose those values they wish to pursue together. (p. 180).

Collective strategies designs take the exploration of appreciative planning a step further (often as a direct result of appreciative planning) by "creating specific agreements to address the problem where to carry out the vision" (Gray, 1989, p. 178). This design is particularly relevant to CSPs.

Cross sector partnerships that are motivated by a desire for conflict resolution may be more difficult that those motivated by shared vision development. According to Gray (1989), "when parties to a conflict convened for a dialogue the primary objective is to clarify the issues in a dispute just accomplishing this may prove to be a significant achievement" (Gray, 1989, p. 198). In fact, dialogues may be specifically used as pressure release valve that allows "pent-up emotions to be expressed so that more constructive discussion of the important issues can ensue" (Gray, 1989, p. 198). In contrast, negotiated settlements designs are employed specifically to generate negotiated settlements between the parties in a dispute. Consequently, participants in negotiated settlements must be authorized decision makers for their respective organizations.

Examples of CSPs

Two examples illustrate the potential of cross sector collaborations. The first highlights a cross sector collaboration enabled by Nobel Laureate Muhammad Yunus. In this case, a nonprofit sector organization, Grameen Healthcare Services, entered a 50-50 joint venture with the for-profit organization Veolia Water AMI (Yunus & Weber, 2011). This CSP falls into the collective strategies design outlined above. The purpose of the new organization (Grameen-Veolia Water Ltd.) is to initially build and then operate water production and treatment plants in poor communities in the center and south of Bangladesh (Yunus Centre, n.d.). The driving social issue that brought these two organizations together is the widespread, naturally occurring, arsenic contamination of ground water in Bangladesh. According to the Grameen-Veolia Water, Ltd website (2EI Veolia, n.d.):

> Every day in Bangladesh, millions of people consume water that contains arsenic. This toxin is naturally present in the ground water in many parts of the country and has led to skin lesions and cancers for 30 to 80 million Bangladeshis (para 2)

Each collaborator brings expertise needed by the other to solve the issue of fresh water availability in this poor region; Veolia provides technical knowledge and Grameen provides the connections and relationships to the local people (Yunus & Weber, 2011, p. 143).

The first water treatment plant was installed in Goalmari, a Bangladeshi village of 60,000 people. Arsenic purified water from the plant is distributed through almost 100 access points, such as public taps, local schools, and homes. As of January 2015, "6500 people have access to the service, 4000 people are using it regularly and 3000 people are drinking enough water to be safe from any arsenic contamination" (Gatel, January 2015, para. 16). This CSP example shows how two sectors, working together, can have meaningful impact on a complex issue affecting many people.

A second CSP example, involving a negotiated settlement design, is the de-contamination and clean-up of the Rocky Flats Nuclear Plant in Colorado, which had been producing plutonium for U.S.-made nuclear warheads since the 1950's. The facility was very controversial, particularly in the latter years of its operation, and production at Rocky Flats was halted in 1989 after an FBI raid discovered numerous violations of federal environmental law (Project, n.d.). The U.S. Department of Energy (DOE) estimated that it would require $36 billion and 70 years for a successful clean-up of the Rocky Flats site. However, a tri-sector collaboration between several government organizations (the DOE, the Colorado Department of Health, and the City of Rocky Flats, Colorado), two nonprofits (The Rocky Flats Citizens Advisory Board and the Colorado Forum) and the for-profit Kaiser Hill Company (a general contractor specializing in environmental restoration and nuclear decontamination services) resulted in a completed clean-up in 10 years for a cost of $7.6 billion. This amazing example epitomizes the power of CSPs,

and today, Rocky Flats is a valued component of the National Wildlife Refuge system and covers more than six square miles.

In this unique collaboration, the public-sector set the goals for the clean-up project and provided funding, the for-profit sector determined how to get things done and the social sector, based on specialized knowledge, actively contributed recommendations to the project. This arrangement was key to making sure "all partners voices would be heard and that each group could focus its efforts on their respective areas of expertise"(Project, n.d., p. 3). Additionally, both individual and team leadership have been accredited for the success of the Rocky Flats clean-up efforts (Cameron, 2008; Project, n.d.; Thatchenkery & Firbida, 2008; Triple Crown Leadership, 2013). For example, Nancy Tuor, the CEO of Kaiser Hill is touted as an exemplary leader with the commitment and the understanding of the need for collaboration that "made her an ideal candidate to oversee the complicated conversations that encourage the worker innovations that led to the cleanup at Rocky Flats" (The Intersector Project, n.d., p. 2).

Complexity of Cross Sector Partnerships

As noted above, CSPs can take on many forms with different typologies and descriptions proposed in the literature and according to Forrer et al. (2014), "(c)ross-sector partnerships occur in a variety of forms and are formed for a variety of purposes" (Forrer et al., 2014, p. 87). For example, foundational work in collaboration by Gray (1989) suggested four types of collaborative arrangements based on function and outcome:

- **Exploratory**. The function of exploration collaborations is to establish trust, clarify the problem domain and to "heighten stakeholders' awareness of their interdependence" (Gray, 1989, p. 242). Outcomes can include preliminary policy analysis, refinement of the problem description or broadening/narrowing of the issue at hand.

- **Advisory**. Advisory collaborations build on the exploratory functions to "analyze and agree on options for dealing with the problem" (Gray, 1989, p. 243). These types of partnerships often result in policy recommendations.
- **Confederative**. The purpose of confederative partnership is to adopt and implement the consensus agreements or recommendations. Outcomes can include resource exchanges, operational agreements, or nonbinding agreements.
- **Contractual**. As the most institutionalize type of partnership, the function of contractual collaborations is to "establish contractual agreements enforceable by law or other authority" (Gray, 1989, p. 243).

Generally, with this typology, the interactions between stakeholders become more formalized as the collaborations moves through each of the above forms.

A second example of a CSP classification is the typology of Forrer et al. (2014) that categorizes CSPs by the length of the interaction between the partners. *Short term* partnerships often operate in the policy areas of community development and disaster relief. In these short term CSPs "a specific agreement is (sometimes) involved (perhaps a memorandum of understanding), but often these partnerships are ad hoc, with either party free to opt in or out of the collaboration" (Forrer et al., 2014, p. 87). *Intermediate term* partnerships are common in arts and culture, disaster recovery, education and health, amongst other policy areas. These types of collaboration generally have highly formalized agreements in place. *Long term* partnerships are often operated via consortia in infrastructure arenas such as transportation, telecommunications, energy and water. The Rocky Flats example provided above would fit into this category.

In addition to the complexity due to different typologies, complexity in CSPs is often due to relationships and relative positions of each partner in relation to each other (Reich, 2002). In

other words, not all partners in multi-party CSPs have equal roles, equal power, or make equal contributions, either due to the explicit arrangement of the CSP or due to implicit issues and hidden mismatches. Reich (2002) posited that:

> Partnerships can involve a range of partners with different rights and responsibilities, including core partners, who assume key responsibilities for the joint enterprise, and in-country partners, whose participation is necessary for successful implementation. Some partnerships give prominent roles in governing structures to recipients, while others do not. (p. 4)

The Global Alliance for Vaccines and Immunizations (GAVI) is an example of a complex, multi-party CSP (GAVI, n.d.; Reich, 2002). GAVI was initiated by a $750 million investment by the Bill and Melinda Gates Foundation and collaborators include

> national governments, the Gates Children's Vaccine Program at PATH, the International Federation of Pharmaceutical Manufacturers Associations (IFPMA), research and public health institutions, the Bill and Melinda Gates Foundation, the Rockefeller Foundation, the United Nations Children's Fund (UNICEF), the World Bank Group, and the World Health Organization. (Reich, 2002, pp. 6-7)

This CSP has been enormously successful and is notable for contributing to the immunization of 500 million children around the world since 2000.

Challenges in Cross Sector Partnerships

Despite the attractiveness of CSPs, they face significant challenges. For example, it is not uncommon to encounter negative stereotypes of other sectors, personal or institutional mistrust, misunderstandings, power imbalances, or other differences arising from organizational disparities (B. Cairns & Harris, 2011; Gray, 1989; Kindornay et al., 2014; Kolk et al., 2010;

Rondinelli & London, 2003; Selsky & Parker, 2005). Gray (1989) further proposed that significant disincentives to collaboration can be created due to stakeholders' "predispositions, stereotyping, institutional mistrust and historical animosities" (p. 93). In addition, tensions can exist around information sharing and decision-making processes and representation of each sector throughout the collaboration (B. Cairns & Harris, 2011). Bryson et. al. (2015) noted:

> Endemic conflicts and tensions are both likely to be present in these multi-organizational arrangements and likely to influence their internal workings. Tensions noted previously involve power imbalances, competing institutional logics, autonomy versus interdependence, stability versus flexibility, inclusivity versus efficiency, and internal versus external legitimacy. Conflicts often erupt around these tensions. (p. 9)

Finally, because collaborative structures are more complex and operationally complicated, Witte (Witte, 2012) argued that typical management structures that reward managers only for successful outcomes at a subunit level can raise barriers to successful collaborative relationships. For example, traditional management performance reviews often emphasize measurable results such as financial measures or milestone achievements, but they do not evaluate competency in collaborative processes such consulting with others when setting goals or collaborative decision-making.

Gray and Purdy (2014) proposed that each sector holds an "institutional logic that helps its members interpret events, create meaning, and experience a sense of identity" (p. 214), and that these sector logics are a source of conflict. The public-sector holds a bureaucratic, hierarchical logic with rules that govern interactions. The social sector is defined by a community logic that involves "both upholding universal rights and satisfying the particularistic demands of communities to address shared concerns" (Gray & Purdy, 2014, p. 214). The public

sector holds a market (i.e. supply and demand) driven logic that is characterized by economic rationality and wealth creation. Furthermore, Kindornay et al. (2014) posited that "public, private, and nonprofit actors often enact contradictory value creation logics, partly because they espouse divergent expectations and partly due to distinct identities and organizational and sectoral backgrounds" (p. 6).

However, despite many challenges, the potential benefits of CSPs are numerous and benefits to society can be significant. Consequently, cross sector collaborations are increasingly relevant as organizations and leaders recognize that many of today's complex social problems benefit from multiple perspectives.

Processes of Cross Sector Collaborations

Practitioners and scholars have proposed that CSPs share common development processes and consequently various process frameworks have been described (Gray, 1989; The Intersector Project, 2017). For example, the life-cycle model described by Williams, Merriman and Morris (2016) proposed that collaborations can be thought of in terms of organizational theory; specifically, the "notion that organizations move through discreet and identifiable phase during their existence" (Williams et al., 2016, p. 176). The life-cycle model consists of phases including issue, assembly and structure, productivity, rejuvenation, decline, and dissipation. The issue phase can be brief as founding stakeholders recognize a need and resolve to work toward a resolution. In other words, the "entry criterion for the issue phase is a salient problem" (Williams et al., 2016, p. 181) that requires actors from multiple sectors. Following the issue phase is the assembly and structure phase wherein CSPs are focused primarily on growth, resource assembly, and stakeholder network building. The productivity phase follows, and this phase is not only complex but is also the most critical phase in the collaboration life-cycle as it generates the

outputs that produce outcomes. Four functions are constantly occurring in the productivity phase including "communication, learning, decision-making and managing stability" (Williams et al., 2016, p. 183). The rejuvenation phase describes those instances where the function of the CSP may suddenly increase in importance or value after it might be expected that the productivity phase may be naturally winding down. In other words, an "influx of attention, resources and energy will reverse the downward direction of the collaboration and generate a new productivity phase" (Williams et al., 2016, p. 186).

Despite the potential of rejuvenation, Williams et al. (2016) proposed that at some point in any CSP, "the crisis is eliminated, alleviated, redefined or diminishes significantly in relation to other issues" (p. 188). At this juncture, the partnership enters the decline phase, which is often accompanied by participant changes either at the individual level or the organizational level. Ultimately, the life cycle of a CSP ends in the dissipation phase. Outcomes in this phase are varied; some partnerships enter into a new lifecycle because of renewed interest by the collaborators and some partnerships dissolve altogether, either because the goals have been accomplished or the partners lose interest.

The Intersector Project, a nonprofit dedicated to providing resources for cross sector collaborators, also defined a staged process for CSP development (The Intersector Project, 2017). The four stages include:

- Diagnosis: In both mandated and voluntary CSPs, a diagnosis should be made regarding why a single sector solution is not workable and to determine if other sectors are significant stakeholders (i.e. do other sectors have an interest in collaborating).

- Design: The design stage includes reaching a common understanding and description of the issue at hand, and establishing a road map for moving forward. This stage includes task identification and delineating roles, responsibilities and contributions from the various sectors.
- Implementation: This can be the most challenging stage because feedback and experience may highlight resource constraints and capacity challenges. At this stage, it is important to communicate progress, celebrate successes and remain flexible in the phase of unexpected challenges.
- Assessment: This phase is closely integrated with the implementation stage. Real time evaluation of setbacks and successes is critical for making improvements to the collaboration. In addition, lessons can be captured that might have a positive impact on future collaborations.

The Intersector Project (2017) pointed out that these stages assume that there is significant shared decision-making and power sharing between the sectors. The organization further noted that these stages are not necessarily linear. In other words, while the stages are distinctive, they may be overlapping or occurring together

Similarly, Gray (1989) believed that there is not "a clearly prescribed pattern that characterizes every collaboration" (p. 55); however, she did propose that there are common issues and a general sequence that can describe CSP development. In fact, Gray (1989) noted that the "importance of process cannot be over emphasized in planning and conducting successful collaborations" (p .93). Consequently, Gray proposed a three-phase process that includes Problem Setting as Phase 1, Direction Setting as Phase 2, and Implementation as Phase 3. The goal of Problem Setting is to explicitly identify a situation so that stakeholders can

communicate and develop an action plan and this phase is often the most difficult. During the Direction Setting phase, stakeholders "articulate the values that guide their individual pursuits and begin to identify and appreciate a sense of common purpose or direction" (Gray, 1989, p. 74). In other words, as the stakeholders begin to appreciate the perspectives of others in the collaboration; it becomes possible to assess jointly proposed solutions. The final stage (Implementation) is largely concerned with structuring and monitoring the agreements for compliance.

Menefee (2016) proposed a relevant and compelling correlation between Gray's Three Phase model of CSP process and Tuckman's (1965) classic stages of team development. In Tuckman's model, teams or groups develop through four stages that are termed forming, storming, norming, and performing. The forming stage is characterized by the development of dependence as well as testing that serves to "identify the boundaries of both interpersonal and task behaviors" (Tuckman, 1965, p. 78). The next stage (storming) develops because of a potentially emotional response to the tasks and activates of the forming stage and is characterized by resistance. These first two stages, with a complex mix of problem identification, relationship building, and stress or conflict around goals and options, are roughly analogous to Gray's problem setting stage. For leaders, this stage in the CSP process may be particularly challenging as individual roles and responsibilities may not be clearly established.

Moving further through the Tuckman model, teams enter the norming stage as cohesion develops and communication and relationships become more productive and conflict is managed. The norming stage correlates with Gray's Direction Setting Stage, although given the complexities of CSPs outlined above, information sharing and decision-making can continue to be challenging. Finally, groups in the Tuckman model enter the performing stage, which is the

stage of constructive action, and in this stage, conflict is avoided and solutions emerge. Along with the analogous Implementation phase in the Gray model, most of the groups energy is channeled towards goal accomplishment and roles become "flexible and functional" (Tuckman, 1965, p. 78). Taken together, these CSP process frameworks provide a useful lens to address some of the complexities and challenges of cross sector alliances.

The Importance of Decision Making in Cross Sector Collaborations

Generally speaking, any alliance-related decision process will operate at the balance point between each partner's self-interest and the collective actions of the partnership (Walter, Kellermanns, & Lechner, 2012). And as described above, decision-making is a key component of the productivity phase in a collaboration and good decision-making is an "influential factor of a collaboration's success" (Williams et al., 2016, p. 184). CSPs may be particularly influenced by differences in decision making processes and culture in the partnering organizations, particularly between sectors with different institutional logics. Specifically, "nonhierarchical structures and inclusive decision-making processes may not be perceived as legitimate by outsiders more accustomed to traditional command and control bureaucracies" (Bryson et al., 2015, p.7).

Environmental issues are an illustrative case example of the importance of decision making that can be applied across many types of CSPs (Williams et al., 2016). All three sectors (the "regulator" [i.e. governmental sector], the "regulated" [i.e. the private sector], and "public interest environmental groups") are stakeholders (Randolph & Bauer, 1999, p. 170). Furthermore, environmental issues are enormously complex because they "contain a combination of biological, physical, political, economic and social factors" (Randolph & Bauer, 1999, p. 171). Randolph and Bauer (1999) proposed that there are three objectives of decision

making efforts in environmental issues, namely, conflict resolution, development of a shared vision and formulation of creative solutions. These scholars further posit that "collaborative discourse, partnerships, and open discussion meetings" are more effective than "hearings, speeches, and public meetings" at promoting effective decisions because the latter assumes that one stakeholder is a more powerful, unilateral decision maker. (Randolph & Bauer, 1999, p. 173)

The Importance of Leadership in Cross Sector Collaborations

Given the increasing prominence of CSPs, Gray (1989) argued that a "special breed of leader is needed if more systematic use of collaboration is to occur" (p. 279). As described above in the Rocky Flats example, the leadership of one individual from one of the member organizations in a cross sector collaboration can indeed prove critical to success. Furthermore, depending on the typology or nature of the collaboration, there are opportunities for both formal and informal leadership. For example, formal leadership can include sponsor/champions as well as delegated leaders. However, the "development of informal leadership throughout a collaboration is especially important because participants often cannot rely on clear-cut, easily enforced, centralized direction" (Bryson et al., 2006, p. 47).

Current literature suggests that individual leadership style, attributes, and capability are also important to high functioning cross sector collaborations (Hukins & Kippin, 2013; Kolk et al., 2010; Lovegrove & Thomas, 2013) and that a strong alliance manager is the key to a successful partnership (Rondinelli & London, 2003). According to Hukins and Kippin (2013), "there is a strong consensus that cross sectoral skills and capabilities amongst leaders is crucial to the change and collaboration agenda" (p. 5). For example, a survey of 56 partnership practitioners identified that some of the main challenges in their CSP experiences included "flawed decision-making processes," "limited partnering skills / competencies," "leadership

shortcomings," and "too few colleagues with partnering skills" (The Partnering Initiative, 2006, p. 4).

Armistead, Pettigrew, and Aves (2007) provided a different perspective on CSP leadership issues. They proposed four themes that characterize the leadership challenges in multi-sectoral partnerships, including "differing expectations, consensus building, dealing with conflict, and performance" (Armistead et al., 2007, p. 218). With the first theme, differing expectations arise from previous CSP interactions that may color expectations of success. Specifically, some partners' expectations of success may be colored by cynicism from the failure of past collaborations. Regarding the second theme of consensus building, the authors noted that aspiring to a consensus culture is one thing but achieving it another matter. In other words, in practice, it is "difficult to negotiate shared purpose and resolve competing interests" that result in consensus (Armistead et al., 2007, p. 218). The third leadership challenge is managing the inevitable conflict arising from "organizational culture differences, information/meeting overload, strategy differences and implementation issues" (Armistead et al., 2007, p. 220). The fourth and final theme is the difficulty in measuring success or in attaining performance. In other words, CSP leaders may face challenges because perspectives on "what it means for a partnership to be performing well can often differ between members" (Armistead et al., 2007, p. 221).

Given the breadth of CSP-related challenges noted above, a foundational understanding of leadership and management skills, characteristics and traits in theory and practice would be useful for ongoing investigations into CSPs. Scholars have noted that although leadership is not equivalent to management, both are critical if organizations are to be successful (Kotter, 1990; Northouse, 2010). Northouse (2010) proposed:

> The overriding function of management is to provide order and consistency to organizations, whereas the primary function of leadership is to produce change and movement. Management is about seeking order and stability; leadership is about seeking adaptive and constructive change. (p 10)

However, management and leadership often overlap when "managers are involved in influencing" and when "leaders are involved in planning, organizing, staffing and controlling" (Northouse, 2010, p. 11).

There are many concepts and definitions of leadership that are offered in scholarly and popular literature. For example, Jago (1982) proposed a four-fold typology of leadership that includes (a) universal leadership traits, (b) universal behavioral styles, (c) situationally contingent leadership styles, and (d) situationally contingent behavioral traits. More recently, Northouse (2010) has proposed two views of leadership, the first describing leadership in terms of traits and the second describing it in terms of a process that "resides in the context of the interactions between leaders and followers" (Northouse, 2010, p. 5). For clarity, this research study assumes a modification of Jago's (1982) definition of leadership, paraphrased here:

> Definition: Leadership is both a process and a property. The *process* of leadership is the use of noncoercive influence to direct or coordinate the activities of a follower or a group to accomplish shared objectives. As a *property,* leadership is the set of qualities or characteristics attributed to those who are perceived to successfully employ such influence.

Leadership competencies can be evaluated through multiple styles and theoretical frameworks including leader-member exchange theory, transformational leadership (Bass, 1999;

Bass & Riggio, 2006; Burns, 1978) and the Hersey-Blanchard model of situational leadership (Graeff, 1997; Thompson & Vecchio, 2009).

Leader-member exchange theory. The dyadic relationship (i.e. pairing) between leaders and followers/subordinates has important implications for leadership influence and effectiveness and is one lens that can be used to understand leadership. The interaction between leaders and followers is important in any organization, but this relationship takes on potentially larger significance in the context of cross sector collaborations in which leader/follower roles may less well defined.

Leader-member exchange (LMX) is one dyadic theory of leadership and LMX has characteristics of both transactional and transformational leadership (Murphy & Ensher, 1999). According to Cogliser, Schriesheim, Scandura, & Gardner (2009), LMX involves a developing interdependence between leader and follower and includes reciprocal influence. Consequently, how leaders perceive subordinate characteristics can affect LMX and dyadic relationships in general. For example, research by Murphy and Ensher (1999) showed that a leader's rating of the LMX relationship "significantly related to their ratings of subordinate performance" (p. 1382). Murphy and Ensher further showed that followers that exhibited the characteristic of high self–efficacy "experienced more positive LMX quality, and were rated as better performers than were subordinates low in self-efficacy" (p. 1371).

As mentioned above, a strong leader follower relationship is dependent on both parties (Cogliser et al., 2009). In other words, how the follower perceives characteristics of the leaders and the LMX is just as important as how the leader perceives the LMX and characteristics of the subordinate. For example, when a follower overestimates the quality of the LMX, leaders tend to rate the performance of followers lower than when the estimate of LMX was congruent between

leaders and followers (Cogliser et al., 2009). This disconnect may have a meaningful and negative impact on a leader's influence and effectiveness. For example, a follower who perceives the LMX as more positive and functional than the leader does (i.e. there is incongruent perceptions of the LMX) may be underperforming due to misunderstandings about work responsibilities or measures of success. A disconnect between expectations and assumptions in the leader/follower relationships may have a significant impact in cross sector collaborations where these relationships may not be explicitly defined, or are defined more loosely than in a single organization.

Situational leadership. Situational leadership theory also addresses the leader/follower relationship and is very well discussed by both scholars and practitioners in general management literature. According to T. D. Cairns, Hollenback, Preziosi, and Snow (1998) situational leadership theory (SLT) "focuses on the interaction of the leader's behavior and follower readiness and then measures it to determine leader effectiveness" (p 113). In other words, SLT proposes that leadership behaviors should vary according to the situation or task at hand, particularly noting follower capability. Hersey and Blanchard (as cited by Thompson and Vecchio, 2009) originally proposed that "SLT predicts that an optimal style of supervision (definable by specific combinations of leader relationship-focus and leader task-focus) can be prescribed for given levels of subordinate maturity (definable as the combination of subordinate commitment and competence)" (Thompson & Vecchio, 2009, p. 837).

SLT describes four leadership styles as follows:

- S1 (Directing): Follower has no skills and low maturity. The focus is on goal achievement; the leader gives clear instructions and is supervised closely.

- S2 (Coaching): Follower has higher skills but lacks confidence and medium maturity. The objective is goal achievement but the leader is more communicative and supportive than S1.
- S3 (Supporting): Follower has some skills and medium maturity but lacks confidence. The emphasis is on the relationship more than on instructions and some decision-making authority resides with the follower.
- S4 (Delegating): Follower is mature and highly skilled. The leader passes most responsibility to the follower, and monitors progress but from a further distance than S1, S2 and S3.

Despite its popularity, the situational leadership model has been criticized because empirical studies have shown that SLT does not have a measurable and direct relationship to leadership success (T. D. Cairns et al., 1998; Thompson & Vecchio, 2009). In addition, SLT does not consider the potential skills needed for group settings versus one-to-one leader and follower relationships as described above (Northouse, 2010, p. 97). Therefore, this popular theory may not be an appropriate lens for evaluating leaders in CSPs.

Transformational leadership. In contrast to STL, transformational leadership has been identified as an important skill for cross sector collaborators because it is positively related to active engagement in partnership-related conversations (Kolk et al., 2010). Additionally, research by Garcia-Morales, Matías-Reche, and Hurtado-Torres (2008) has shown there is a positive relationship between transformational leadership and organizational performance and organizational innovation in the pharmaceutical sector, which has direct relevance to this research study. Bass and Riggio (2006) described transformational leaders as

> those who stimulate and inspire followers to both achieve extraordinary outcomes and, in the process, develop their own leadership capacity. Transformational leaders have followers grow and develop into leaders by responding to it individual followers' needs by empowering them and by aligning the objectives and goals of the individual followers, the leader, the group, and the larger organization. (p. 3)

Transformational leadership might be important in cross sector collaborations because, as suggested by Bass (1999), transformational leaders use a process of influence to stimulate a follower's awareness and subsequent alignment of "achievement, self-actualization, and the well-being of others, the organization, and society" (p. 11). In other words, transformational leaders provide a mechanism for others to be inspired by a greater good, which is crucial for cross sector alliances.

Bass (1999) further described four factors that comprise the model of transformational leadership. These factors can be quantitatively measured using the Multifactor Leadership Questionnaire (MLQ). This survey instrument is one of the most widely used instruments used to assess transformational leadership theory and is considered one of the best-validated measures of transformational and transactional leadership (Muenjohn & Armstrong, 2008).

Specific skills that are applicable in a collaborative, cross sectoral context include self-management, strategic thinking and facilitation skills (Morse & Buss, 2008). While self-management (i.e. the ability to manage time, and to prioritize) is a fundamental management skill, it takes on extra importance "when working across boundaries" (Morse & Buss, 2008, p. 89).

Given the complex environment and dynamic nature of each organization and by extension, their collaborations, leadership and management skills and attributes are likely to play

a key role in the success of the partnerships. However, Crosby and Bryson (2010) suggested that the "leadership language and scholarship have been remarkably scarce in the academic literature on collaboration" (p. 212). This paucity of research, taken together with the increasing criticality of cross sector collaborations, leads to the preposition that further research is needed.

Introduction to the Drug Development Industry

Since ancient times, humans have developed medicines to treat a variety of ills. Medicinal product development has ranged from simple herbal concoctions for stomach aches to modern cancer fighting chemotherapies. As human need and desire for drugs has expanded, so too has the knowledge and methods used to develop these critical therapies. Consequently, the organizational structures of drug development organizations have grown more complex over time.

In the late 1700's and early 1800's, drug development matured along with advances in scientific methods and the development of science disciplines. Drugs developed in this era emphasized botanical extracts and other compounds readily available and easily sourced from the natural environment. Examples include Edward Jenner's systematic development of the smallpox vaccine and William Withering's extraction of digitalis (the first modern heart medication) from foxglove (Ng, 2009).

The early 20th century brought the first interdisciplinary pharmaceutical companies and various new medicines. Although natural drug compounds were still being discovered, companies such as Merck, Bayer, Pfizer and Takeda often discovered useful drugs as byproducts of coal tar (e.g. acetaminophen) or industrial dyes (e.g. anti-bacterials). In fact, the first pharmaceutical companies "were spin-offs from the textiles and synthetic dye industry and owe much to the rich source of organic chemicals derived from the distillation of coal (coal-tar)"

(Jones, 2011, p. 337). Consequently, these types of firms were the first to combine the necessary research expertise (across various medical and scientific disciplines) with the manufacturing and distribution capability necessary to deliver drugs to a broad population (Drews, 2000; Ng, 2015) Until the 1980's, these pharmaceutical companies focused largely on the development of *blockbuster* drugs, in other words, drugs that generate very large revenue streams by treating diseases with very large patient populations(Knowles & Gromo, 2003). For example, willow bark extract has been used for centuries to treat fever and various aches and pains. However, the German firm, Bayer, isolated the active compound from willow bark and modify it to the stable form that became Aspirin®, which has been described as the first blockbuster drug (Jones, 2011).

Bringing a drug to market is a long, scientifically complex, operationally challenging and expensive endeavor (Chakravarthy, Wendel, Milne, Cotter, & DiMasi, 2016; Moore, 2003) Product development timelines can take up to 10-15 years (Moore, 2003) and according to Forbes, a "company hoping to get a single drug to market can expect to have spent $350 million before the medicine is available for sale" (as cited in Herper, 2013, para 2). In developed countries such as the United States, the pharmaceutical industry is also a highly-regulated industry, and firms that develop new medicines are bound by a complex set of regulations imposed by the FDA (Moore, 2003). In fact, Milne and Malins (2012) have noted that regulatory burden is one reason that the cost to develop new medicines "has approximately doubled every 8.5 years since 1970" (p. 3). Consequently, leaders in drug development companies are often challenged by the trade-offs between the science, the regulatory landscape and the business objectives.

Since the 1980's, the blockbuster model has been supplemented by an increasing interest in developing drugs for rare diseases, which are also known as orphan diseases (Meekings,

Williams, & Arrowsmith, 2012; Tambuyzer, 2010). As defined by the FDA, a rare disease means any disease or condition that affects less than 200,000 persons in the United States (Orphan Drug Act - Relevant Excerpts, 2013). Orphan drugs are "an important public health concern and a challenge for the medical community since they are often difficult to discover develop and market" (Kumar & Dahiya, 2014, p. 231).

The current drug development environment for both orphan drugs and blockbusters is an increasingly complex milieu with multiple stakeholders including drug development companies, federal regulatory bodies such as the Food and Drug Administration (FDA), individual patients, patient advocacy groups, physicians, and reimbursing entities/payers (e.g. public agencies such as Medicare or for-profit insurance companies). These stakeholders include for-profit firms (e.g. pharmaceutical companies, insurance companies), government entities (e.g. the FDA), nonprofit organizations (e.g. patient groups) and individuals. Consequently, partnership and successful problem solving between diverse stakeholders is an increasingly important component of drug development. This implies that cross sector collaborations are becoming more relevant in the drug development process and investigations into cross sector alliances and leadership may be useful for the future success of drug development.

There is significant potential for CSPs to drive socially valuable innovation for large, global disease populations. For example, there are a billion people in the developing world who suffer from diseases, largely related to poverty and poor sanitation, that are not a burden in the developed world (World Health Organization, 2016). These diseases, described by the World Health Organization (WHO) as *neglected diseases* include Chagas disease, dengue, leishmaniosis, leprosy (Hansen's disease), tuberculosis, malaria, HIV/AIDS and rabies. Lowell (2007) noted that many of the treatments for neglected diseases that are currently available are

"decades old and are often limited by problems of drug resistance, inadequate safety, and efficacy" (p. 10).

Without financial or market driven incentives, industry is reluctant to independently pursue new drug development, modification of existing medicines, or medical innovation in this area (Muñoz, Visentin, Foray, & Gaulé, 2015). In other words, while neglected diseases contribute a high global disease burden, the usual product development incentives that drive for-profit firms are not in place. More specifically, industry is challenged by intellectual property barriers, access barriers (i.e. poor distribution infrastructure in developing countries), and economic barriers such as small commercial markets and low purchasing power of customers. These barriers are compounded by the same risks and high costs for research and development that are associated with other diseases (Webber & Kremer, 2001). In fact, from 1975 to 2004, there were 1554 new drugs approved, but only 21 of these drugs were for neglected diseases (Lowell, 2007).

However, CSP organizations such as Medicines for Malaria Venture (MMV) and Program for Appropriate Technology in Health (PATH) have been effective in driving medical innovation in developing regions of the world because they can operate in a nonprofit model, thus bypassing for-profit constraints and development drivers. For example, Medicines for Malaria (MMV; 2016) was successful in co-developing Coartem® Dispersible, an anti-malarial medication formulated for children. Between 2009 and 2016, 300 million children, in 50 malaria-endemic countries, have received this drug. Public funds, donations, and fund raising rather than corporate investment spreads the financial risk that makes neglected disease drug development feasible (Lowell, 2007; Muñoz et al., 2015; The Intersector Project, 2016; Webber & Kremer, 2001). This model is successful in part because "public and philanthropic donors measure returns

to investment different than is the case of shareholders in the pharmaceutical industry R&D Model" (Muñoz et al., 2015, p. 320). The Intersector Project (2016) has described the common contributions of each sector in neglected disease CSPs:

- Nonprofits typically provide coordination and management, and ongoing fundraising.
- Academics institutions typically provide knowledge and expertise in R&D and staff and infrastructure in manufacturing.
- Industry partners (pharmaceutical firms and biotechnology companies) provide access to molecules for development, knowledge of the development process, and contribute expert manufacturing expertise.
- Government organizations usually provide public funding in early planning stages.

CSPs have been progressively driving investments in drug development for neglected diseases as evidenced by an increase in spending from an estimated $2.8 billion in 2005 to an estimated $3.05 billion in 2011(Muñoz et al., 2015).

In developed countries, cross sector alliances in health care and drug development are also increasingly common and have been noted in the both popular and scholarly literature (Barnes, Connolly, Comer, Tsouderos, & Haflett, 2015; Chakravarthy et al., 2016; Fiorentino, 2012; Milne & Malins, 2012) however, research into these types of cross collaborations is not extensive. As an example, two nonprofit sector organizations (the North American Society of Pediatric Gastroenterology, Hepatology, and Nutrition and the International Gastrointestinal Eosinophilic Researchers) and a government sector organization (the U.S. Food and Drug Administration or FDA) collaborated on an initiative to define a complex disorder (eosinophilic esophagitis or EoE) to assess the natural history of this disease and to develop an assessment tool

to describe positive outcomes of potential treatments (Fiorentino, 2012) Health Research Institute (Barnes et al., 2015) provided other notable examples:

- The Accelerating Medicines Partnership (AMP): Consists of the FDA, the National Institutes of Health (NIH), 10 pharmaceutical companies, and 12 patient organizations. The goal is to investigate and develop new drugs for diseases such as Type 2 diabetes, rheumatoid arthritis, Alzheimer's disease, and lupus.
- The Precision Medicine Initiative (PMI): A federally funded program designed to gather detailed medical information on one million individuals in the United States through a registry. The PMI will fund research efforts in collaboration with patient groups, for-profit companies and academic centers.
- ClinGen: This initiative is focused on collecting information (in a detailed, electronic health record database) that describes genes that can be associated with a disease. Private companies, individuals, academic centers and hospitals can contribute data and access the database.

In many instances of health and medicine related CSPs, private citizens, either as individuals or as organized groups, are becoming increasingly interested and active in initiatives and research. This phenomenon will be further explored in the following section.

Introduction to Patient Advocacy Organizations

Healthcare and drug development are examples of pressing social needs requiring complex and difficult solutions. Not every disease or health disorder receives the same attention from government agencies or from for-profit drug development companies. Therefore, to promote understanding of the disease afflicting their child and to support research and drug development, parents of sick children and other motivated individuals often form patient

advocacy organizations (PAOs). The structure, goals and activities of PAOs are varied and continually evolving. PAO objectives may include providing emotional support through social networks, providing financial assistance for patients and their caregivers, informing scientific research and development priorities, raising public awareness of rare or untreated diseases and influencing changes to state and national health care policy (BayBio, 2015; Muscular Dystrophy Association, n.d.; S. K. Smith et al., 2015). PAOs may also a contribute to medical and scientific research, either through direct financial support of researchers in academia or industry, or by initiating patient registry databases that collect demographic and health information that can be shared with other organizations with similar interests (Griggs et al., 2009; Zaratin et al., 2014).

PAOs have also been directly involved in drug development beyond basic research. For example, the MPS Society granted Abeona Therapeutics $100,000 for direct costs related to a gene therapy clinical trial (The National MPS Society, 2014). A second example is financial backing from a PAO for a clinical trial in Parkinson's disease. This clinical trial is a partnership between the nonprofit Michael J. Fox Foundation (MJFF) and Sanofi, a for-profit pharmaceutical company (BayBio, 2015; MJFF, 2013). Given the collective resources of these two sectors, PAO/FPPC alliances like these two examples may have a positive influence on the development of drugs, particularly for rare diseases that may otherwise not be of interest to drug development companies.

PAOs and Industry: A Model of Cross Sector Partnership

Introduction to advocacy. As social beings, it is likely that humans throughout history have tended to sick and injured compatriots in some fashion. In today's world, there are "(c)ompeting health needs of diverse populations and ever shrinking resources available to support these needs" (Loue, 2006, p. 458), and consequently, the care of the sick may involve of

a variety of medical professions, federal, state or local governments, family caregivers, and both family and nonfamily advocates. For those who are seriously ill, advocates are particularly important to help champion their cause and provide help in navigating what can often be a complex and confusing healthcare system. Advocacy is a broad term. Sanford (2012) noted:

> advocacy has various meanings to different people and even to the same people at different times. To many people advocacy appears to primarily refer to attempts to influence public policy or resource allocation through the political process. To others it's about gaining rights for certain groups (para. 4).

Additionally, advocates can represent individuals, which is common for a parent, doctor, nurse or other medical health professional, or represent groups or populations, which is often the purview of health or advocacy organizations, or both individuals and groups (Loue, 2006; Sanford, 2012). Smith et al. (2015) noted, "Tens of thousands of patient groups and voluntary health organizations exist in the United States" (p. 2).

Advocacy in drug development. The development of new medicines is clearly an example of an important public problem, particularly as the development of safe and effective drugs is difficult, expensive and extraordinarily complex. Product development timelines average 10 years or more and according to *Forbes*, a "company hoping to get a single drug to market can expect to have spent $350 million before the medicine is available for sale" (Herper, 2013, p. 4). It is no surprise then, that PAOs, like other nonprofits who are leveraging the power of CSPs (e.g. the MJFF example noted above), are increasingly entering into relationships and collaborations with for-profit pharmaceutical companies (industry; Paul, 2008).

These PAO/FPPC partnerships are driven by several factors including a shared interest in understanding patients and their medical needs, broader sourcing opportunities for research

and development funding, better clinical trial designs, and in bringing the patient voice into the drug development process (Forsythe et al., 2014; Landy et al., 2012; Paul, 2008; S. K. Smith et al., 2015). In fact, PAOs often provide a "major funding source for disease-specific basic research" (Zaratin et al., 2014, p. 552). In other words, POA's may partner with pharmaceutical companies by directly funding drug development research efforts. E.K. Gallin et al. (2013) noted that PAOs that support research can be divided into two categories, "traditional" and "entrepreneurial" (p. 4). Traditional PAOs support a spectrum of research and training programs aimed at building a field. They often sponsor more than one program and these programs may have different objectives, including research, advocacy, patient services, and education. (E. K. Gallin et al., 2013). However, regardless of classification, the financial contributions of the nonprofit PAOs coupled with the ability to bring patient concerns to the drug development process have resulted in collaborations that have had a positive influence on the development of drugs at for-profit companies. This is particularly true for rare diseases that may otherwise not be of interest to drug development companies because of the perceived lack of a substantial customer base (Panofsky, 2011).

While Sanofi (the for-profit partner) was the recipient of funding in the example noted above, it is interesting to note that funding often flows from industry to PAOs as well. For example, in 2013, over 25 industry companies contributed approximately $8 million to the MJFF (MJFF, 2013). Thus, the two-way exchange of financial resources highlights the complex and mutually valuable nature of PAO/FPPC alliances. A recent study of approximately 100 leaders from PAOs and industry provides additional supporting evidence. This study showed that both partners in PAO/FPPC collaborations bring valuable contributions and the partnerships can generate innovation and de-risk the drug development process (BayBio, 2015).

PAO and industry collaborations in literature. PAO/FPPC partnerships are an example of a cross sector partnership (CSP), and much can be gained by leveraging the robust literature on CSPs. Furthermore, empirical research and literature on PAO/FPPC partnerships is not extensive, but some interesting features of this subset of CSPs have been reported. For example, Smith et al. (S. K. Smith et al., 2015) employed a survey of 179 cross sector participants to explore collaboration practices and perceived barriers to engaging PAOs in clinical research. The results of the Smith et al. study (2105) showed that all respondents (i.e. participants from all sectors) valued the interaction with PAOs in clinical research, "but key differences exist in perceived barriers and benefits to partnering with patient groups among the sectors studied" (Smith et al., 2015, p. 2). Specifically, industry and academic sector participants noted significantly higher barriers to engagement because of "internal bureaucratic processes" (S. K. Smith et al., 2015, p. 1). In other words, the nonprofit sector was reported to be less bureaucratic than the other sectors in the collaboration.

A second example from the literature is Schiller and Almog-Barr's (2013) qualitative case study of a three-year collaboration between a nonprofit organization and a pharmaceutical company. This study explored both the development of the collaboration and its outputs and results. In this case study, the researchers identified five stages of the collaboration, including (a) the formation stage, (b) the initial activity stage, (c) the degeneration stage, (d) the inertia stage and (e) the rejuvenation stage. This life cycle instance correlates with the archetypical life cycle model proposed by Williams et al. (2016) that was discussed previously. In other words, this PAO/FPPC partnership has characteristics of archetypical CSPs. Regarding the results of the partnership, the consensus of the PAO was that the collaboration "required investment of more

resources than originally expected" and "yielded mixed results" (Schiller & Almog-Bar, 2013, p. 948).

Schiller and Almog-Bar noted that this outcome also is consistent with the general CSP literature in that "differences in communication, expectations, and management practices make it hard to work together and the value and benefits that each partner seeks to derive collaboration do not necessarily match" (Schiller & Almog-Bar, 2013, p. 949). The authors also concluded there was an imbalance in decision making in this collaboration (i.e. the pharmaceutical company partner had more power over decisions) that was detrimental to the outcome and overall experience from the perspectives of the PAO. It is interesting to note that the researchers proposed that this power imbalance in the partnership is the result of carryover of a culture of less rigid planning, adaptability, and acquiescence on the part of PAO, which stems from its internal mission of volunteerism and facilitation of many viewpoints.

Summary

The literature on CSPs is comprehensive and provides various typologies as a lens for understanding the complex nature of cross sector collaborations. Both organizations and individuals in each sector have something to gain from interaction and partnership with other sectors, and CSPs have been successfully employed to combat significant social problems such as childhood vaccinations on a global scale. However, CSPs can be challenging due to tensions from differences in information sharing and decision-making processes, as well as misalignment of objectives and power imbalances between the partners. PAO/FPPC collaborations are a subset of the archetypical CSP and these alliances provide a useful starting point for investigation. Literature has shown that leadership and management skills, as well as decision-making frameworks, are important in CSPs, but these aspects are underrepresented in literature and

scholarly research related to PAO/FPPC partnerships. Hence, the goal of this phenomenological study was to study how practitioners at the interface PAO/FPPC partnerships experience the phenomenon of collaboration with one another, contributing to a better understanding of both the micro view of PAO/FPPC subsets of CSPs and the macro level CSP phenomenon.

Chapter 3: Methodology

> It is the long history of humankind (and animal kind, too) that those who learned to collaborate and improvise most effectively have prevailed.
>
> — Charles Darwin

This study is an exploration of the experiences of practitioners in PAO/FPPC partnerships as key contributors to the development of new medicines and as exemplars for cross-sector partnerships more generally. Because so little is known about practitioner experiences in this type of collaboration and the experiences of leaders and managers in this space are largely undescribed, an inductive and empirical approach using a qualitative method of inquiry is appropriate (Creswell, 2013, p. 45; Richards & Morse, 2013, p. 27). Specifically, this study uses phenomenology to explore how practitioners at the interface PAO/FPPC partnerships experience the phenomenon of collaboration with one another.

This chapter starts with a restatement of the problem the study is intended to address, followed by a review of the purpose of the study (including the research questions). A methodology description is included that highlights the appropriateness of phenomenology. Additional sections of this chapter address the research design, human subject considerations, data collection procedures, and the research instrument.

Restatement of the Problem

PAO/FPPC partnerships are a specific subset of archetypical CSPs. Furthermore, these partnerships are increasing in popularity and recent literature highlights that these alliances are of high value to society, as evidenced, for example, by their positive impact on the pace of scientific discovery and on the development of new therapies (BayBio, 2015; M. K. Smith, 2011; Zaratin et al., 2014). Given differences in organizational hierarchies, goals and objectives,

decision pathways and methods of work, PAO/FPPC collaborations are quite varied and complex. Consequently, managers and leaders that operate at the cross sector interface of PAO/FPPC partnerships may face challenges unlike those found in intrasector or intraorganizational alliances.

However, descriptions and empirical evidence of desirable leadership attributes and managerial skills for both prototypic CSPs and PAO/FPPC partnerships is underrepresented in the literature, leaving a gap in knowledge for those practitioners trying to maximize successful collaboration outcomes. Additionally, the nature and impact of differences or similarities in decision-making processes and styles in partner organizations is unknown. In other words, a potentially rich data repository documenting experiences and best practices in cross sector alliances has not been developed. Empirical research exploring leadership characteristics, managerial skills, and the impact of decision-making processes and styles would greatly enhance our understanding of the essence of both PAO/FPPC partnerships and other types of CSPs.

Purpose of the Study

Cross sector collaborations are an important mechanism for solving complex problems of value to society. Collaborations between PAOs and industry are an increasingly common occurrence, but these partnerships have not been systematically explored in current management and organization development literature. Therefore, the goal of this phenomenological study was to explore how practitioners at the interface of PAO/FPPC partnerships experience the phenomenon of collaboration with one another. The specific purposes of this research were two-fold. First, the purpose of this research was to explore the leadership attributes and the managerial/professional skills and competencies needed for successful PAO/FPPC partnerships.

The second purpose was to explore the potential impact of similarities and differences in the decision-making processes of each partner in a collaboration.

In support of the research purposes stated above, this research addressed the following questions:

1. What leadership characteristics impact productive PAO/FPPC interactions?
2. What managerial skills or professional competencies impact productive PAO/FPPC partnerships?
3. What are the similarities and differences in decision making processes in the partner organizations that impact productive of PAO/FPPC interactions?

Research Methodology

Both quantitative and qualitative approaches have been used for research into CSPs. For example, Smith et al. (2015) used quantitative methodology to study the benefits and barriers in cross sector collaboration via a survey of 179 practitioners from industry, academia, and nonprofit patient groups. Data were analyzed using both descriptive and inferential statistical analysis. In contrast, Foskett (2005) applied a multi-part, qualitative case study method to study undergraduate curriculum innovation in a cross sector partnership context. Data were collected using "documentary analysis, participant observation and semi structured interviews of the major stakeholders over a period two years" (Foskett, 2005, p. 351). Additionally, qualitative and quantitative methods can be combined in mixed methods research in this area, as exemplified a recent study of cross sector health initiatives in the United Kingdom (Ovseiko, O'Sullivan, Powell, Davies, & Buchan, 2014). These examples illustrate that there is a variety of uses of each category of research, and qualitative and quantitative methods may overlap in their application. Butin (2010) noted that "the (overly simple) distinction between the two is that quantitative

research is about numbers (the "what," "where," and "when" questions) and qualitative research is about words and stories (the "how" and "why" questions)" (p. 74). A more nuanced point of view suggests that quantitative studies may be appropriate for either testing hypotheses or for large scale inquiries, while qualitative studies may be more suited to generating "complex unstructured data from which new understandings might be derived" (Richards & Morse, 2013, p. 25). Finally, Al-Busaidi (2008) discussed qualitative and quantitative methodologies in the context of health care and noted:

> Quantitative research is based on structure and uses experiments and surveys as methods. In addition, it is deductive in nature and uses statistical sampling methods. In contrast, qualitative research is described as an action research using observation and interview methods. It is inductive in nature and depends on the purposeful selection of participants. (p. 12)

Both scholars and practitioners generally acknowledge that the research question should be the driver of the method (Creswell, 2013; Englander, 2012; Richards & Morse, 2013). In other words, a thorough understanding of the key questions should be the driver of method selection rather than the attempt to fit a research question or line of inquiry to a preselected qualitative or quantitative method. The goal of this study was to explore how practitioners at the interface of PAO/FPPC partnerships experience collaboration with one another and to describe the essence of these partnerships. Al-Busaidi (2008) posited that the "aim of qualitative research is to develop concepts that can help us understand social phenomena in natural settings, giving emphasis on the meanings, experiences and views of the participants" (p 12). It follows then, that a qualitative method was appropriate for this study because gathered data on the participant's experiences was used inductively to derive understanding of PAO/FPPC collaborations.

There are many qualitative methods available for consideration. For example, Creswell (2013) highlighted narrative research, phenomenology, grounded theory, ethnography, and case study. Similarly, Richards and Morse (2013) also detailed phenomenology, grounded theory, ethnography and case study, and additionally include discourse analysis. However, Richards and Morse did not mention narrative research. The methods outlined here are not an exhaustive review of all the possibilities in qualitative research, but rather exemplify the variety of methods available.

Since the goal of this research was to understand specific experiences within the phenomenon of PAO/FPPC interactions, phenomenology was the most appropriate tool for gathering and analyzing the data to answer the research questions of this study. More specifically, phenomenology focuses on "the lived experience around a phenomenon" (Creswell, 2013, p. 122) and the goal of phenomenology is to determine what an experience means for those persons who have experienced it and derive the central meaning and the structure (the "essence") of the phenomenon (McCaslin & Scott, 2003; Moustakas, 1994).

Research Design

Participant selection and sample size. This study used a phenomenological approach to explore how leaders in the field of PAO/FPPC alliances experience the phenomenon of collaboration with one another. Creswell (2013) posited that it "is essential that all participants have experience of the phenomenon being studied" (p. 154), which is accomplished by purposeful sampling. Richards and Morse (2013) defined purposeful sampling as sampling "in which the investigator selects participants because of their characteristics" (Richards & Morse, 2013, p. 221). In other words, this phenomenological study was best served by selecting participants who can "purposely inform an understanding of the research problem in central

phenomenon in the study" (Creswell, 2013, p. 300). The procedure used to generate the sample population for this research was purposive sampling to identify leaders with the requisite experience. Additionally, purposive sampling of equal or near equal numbers of participants from each sector were desirable to support the exploration of robust meaning and to capture the essence of PAO/FPPC collaborations. In this context, *essence* is taken to be the "core meaning mutually understood through a phenomenon commonly experienced" (Al-Busaidi, 2008, p. 13).

Sample frame. The sample frame for this study included practitioners from industry and PAOs that were known to me, the principal investigator (PI), as well as searches of publicly available sources such as LinkedIn, organization websites, and professional conference attendee lists of patient advocates (e.g. Professional Patient Advocates in Life Sciences Conference) (PPALS, n.d.). Screening interviews were conducted via email and telephone to determine if potential subjects met the inclusion criteria of (a) patient advocacy being an explicit component of the participant's formal job description and (b) the participant has had a leadership role in at least one FPPC/PAO collaboration that has been in place for at least one year. Additionally, nominated or *snowball sampling* was utilized as needed (i.e. recommendations for potential participants were from those participants already selected).

Human Subject Considerations

To protect the participants in this research and to comply with Title 45, Part 46 of the U.S. Code of Federal Regulations, this research protocol was submitted to the Pepperdine's Graduate and Professionals School Institutional Review Board (IRB). In addition, the research protocol included an informed consent that described the purpose and procedures of the research and described the voluntary nature of participation. In other words, the informed consent allowed for voluntary participation and withdrawal at any time. While I was aware of private and

confidential information, no private or confidential information was disclosed. Specifically, pseudonyms were used for the results of this research in place of proper names for both individuals and organizations.

The risks of participation were deemed to be low, but could have included an emotional response to some of the questions. Benefits to the participants were expected to be minimal, but the data gathered might be a benefit to society via an increase in understanding of collaborations between patient advocacy organizations and drug development companies. This increased understanding may allow for more positive and beneficial future alliances. Consequently, the outcomes of this study may provide benefit to those patients suffering from diseases that can be positively impacted by new drug development. In addition, this research may provide insight into the general phenomena of cross sector alliances, which may prove beneficial to a wide range of social challenges.

Dukes (1984) posited that phenomenology "demands extensive study of a small sample, allowing the subject to speak for themselves and to reveal the logic of their experience as lived" (p. 197). Because of the in-depth nature of the interviews and the presumed expertise of the participants, a sample size of 11-15 subjects was considered appropriate (Baker & Edwards, 2012; Dukes, 1984). Consequently, a sample of 15-20 leaders from each population were initially identified, based on an initial assumption of a 75% response rate.

Data Collection Procedures

This research used semi-structured interviews and several open-ended questions were developed in advance. The questions were not listed in any specific order, and not all pre-planned questions were asked in every interview. In addition, as suggested by Richards and Morse (2013), probes were also prepared in advance and the researcher used unanticipated

probes as appropriate. Interviews were conducted via teleconference or via video chat service (e.g. Skype, WebEx). Prior to the interviews, potential subjects were contacted via email (see sampling section above) and arrangements for a one-hour block of time was made for the interview. All interviews were recorded (audio only) and subsequently transcribed for analysis. The transcripts of the interviews constituted the raw data that were used for analysis.

Instrument

The instrument for this research was an interview protocol that included the collection of demographic information followed by a series of interview questions (IQ's). Demographic data included:

- Designation of organization type (nonprofit or for-profit)
- Size of organization
- Job title
- Gender
- Number of years in a formal patient advocate role
- Highest post-secondary degree obtained

The research questions (RQs) and the interview questions (IQs) related to each are as follows:

- RQ1: What leadership characteristics impact productive PAO/FPPC interactions?
    - IQ1: What are your personal leadership styles or characteristics?
    - IQ2: Based on your experiences with productive PAO/FPPC collaborations, which of your leadership characteristics contributed most to a successful outcome?
    - IQ3: Based on your experiences with productive PAO/FPPC collaborations, what leadership characteristics do you value most in your collaboration partner?

- RQ2: What managerial skills or professional competencies impact productive PAO/FPPC partnerships?
    - IQ4: Based on your experiences with productive PAO/FPPC collaborations, what is the importance of strategic analysis skills (such as assessing political or financial feasibility)?
    - IQ5: Based on your experiences with productive PAO/FPPC collaborations, how important are marketing skills in gaining attention from internal or external stakeholders?
    - IQ6: Based on your experiences with productive PAO/FPPC collaborations, how important are group facilitation skills in activating or maintaining successful interactions?
    - IQ7: Based on your experiences with productive PAO/FPPC collaborations, what managerial or professional competencies do you think your collaboration partner values most?
- RQ3: What similarities and differences in decision making processes (in the partner organizations) impact productive PAO/FPPC interactions?
    - IQ8: What are your goals when entering into a collaboration?
    - IQ9: Do you participate in strategic decision making at your organization? If so, at what level? (team level, department or division level, executive level,etc.).
    - IQ10: How are decisions made in your organization? In other words, if you are faced with an issue or problem, how does your organization discuss and decide on a solution?

- IQ11: What is your perception of how decisions are made in your partner organization?
- IQ12: What is the advantage or disadvantage of the decision making process in each organization?
- IQ13: Do you and your collaboration partner discuss and outline a joint decision making processes related to mutually agreed upon goals?

Prior to data collection, two non-participant experts from each of the PAO sector and the industry sector were engaged to validate both the relevance of the RQ's to the purpose of the study and the relevance of the IQ's to the RQ's. Additionally, these experts were asked to provide modifications or suggestions to any RQ or IQ to increase its relevance or value to the aims of the study.

Analytic Techniques

After transcription of the recorded interviews, descriptive coding was used to identify information about each subject. Information captured included age, gender, educational status and years of experience in collaboration. Any demographic information that could be used to easily identify the participant was replaced with pseudonyms or codes to maintain the privacy of the individuals that were interviewed.

The role of the researcher is a key component of phenomenological methods (Creswell, 2013; Giorgi, 2009; Richards & Morse, 2013). My role in this study was addressed using an adaption of Giorgi's five basic steps (Applebaum, 2012; Giorgi, 2009) as a method for data extraction and potential abstraction of ideas from this research. As described by Giorgi (2009), Husserl's foundational work in phenomenology indicated that a key component of the phenomenological research method is the pivot of the researcher's attitude from the "natural

attitude" to the "phenomenological attitude" (Giorgi, 2009, p. 87). The natural attitude is the "attitude of everyday life, the attitude that one displays in the everyday world, where most things are simply taken for granted" (Giorgi, 2009, p. 87). The natural attitude is an important part of our human existence as it allows us to interpret current experiences through the lens of our experience. In contrast, the phenomenological attitude is a conscious effort to view experiences and data without presuppositions, which is critical for reducing the researcher's bias in phenomenological research. Hence, bracketing past knowledge (an attitude called epoche) is key to enabling a critical, less biased mindset when conducting research on present experiences or descriptions of experiences. Consequently, bracketing is the first step in data analysis. Giorgi (2009) noted that bracketing is a "difficult task but not impossible" (Giorgi, 2009, p. 92).

Additional steps included reviewing the data and coding and analyzing for consistently occurring ideas. To accomplish this, keywords and phrases that occur commonly across multiple interviews were identified, collected, and analyzed for commonalities or themes. In detail, the five steps included:

1. Assume the phenomenological attitude/bracketing/epoche. The researcher's presuppositions, expectations, and knowledge about the phenomenon of collaboration were bracketed by describing personal experience with the phenomena of PAO/FPPC collaboration so the researcher could set aside these personal experiences so that "focus can be directed to the participants in this study" (Creswell, 2013, p. 193).
2. Read the entire written account of each interview for a sense of the whole, utilizing memos and margin notes.
3. Delineate meaning units. Specific words or phrases of significance were captured in a spreadsheet or word document format.

4. Transform the meaning units. Preliminary coding (i.e. categorizing) of specific words or phrases into higher order themes were transcribed into a multi-dimensional table that included the anonymized participant, research question, and interview question.
5. Synthesize. Consistent ideas and themes were synthesized and described from the preliminary coding and final categories of meaning were established.

A summary of findings is presented in Chapter 4 that describes the key themes and ideas resulting from data analysis. Chapter 5 provides discussions, limitations, implications and a conclusion.

Chapter 4: Findings

> I think advocacy itself...I always struggle with that word and I'm always aiming to redefine and rename our role so that it says more. Because advocacy, it means different things depending on where your company is in the life cycle.
>
> — P7F

Poverty, education, and environmental policy are examples of complex social challenges that have significant economic, social, and political ramifications. Because different sectors (government, for-profit, and nonprofit) have varied strengths and capabilities, cross sector partnerships (CSPs) are a model of choice for problem solving and initiating change. In other words, there is the recognition that none of the individual sectors can solve important public problems on their own (Crosby & Bryson, 2010). However, CSPs are multifaceted, complex, and challenging, partly due to their differences in information sharing, in methods of work, and in decision-making processes.

Healthcare and drug development are also examples of pressing social needs requiring complex solutions. Parents and family caregivers of sick children often feel underserved by the healthcare system and, consequently, form nonprofit PAOs, which are patient advocacy organizations, to support research and drug development (Griggs et al., 2009). PAOs are increasingly entering relationships and collaborations with for-profit pharmaceutical companies (FPPCs). FPPC partnerships are an example of the broader CSP phenomenon. Despite the increasing popularity of PAO/FPPC partnerships and the recognition that these interactions are fostering scientific discoveries and are having a positive impact on development of new therapies, key attributes of constructive collaborations have not been fully explored and theorized in the literature.

Richards and Morse (2013) stated that qualitative studies are well suited to generating "complex unstructured data from which new understandings might be derived" (p. 25). The goal of this phenomenological study was to understand specific experiences within the phenomenon of PAO/FPPC interactions, thereby contributing to a better understanding of PAO/FPPC partnerships and to CSPs. Specifically, the specific purpose of this research was two-fold. First, the purpose of this research was to explore the leadership and the managerial/professional skills and competencies needed for productive PAO/FPPC partnerships. The second purpose of this research was to understand the decision-making context in these CSPs and to investigate potential challenges in decision-making for these leaders. The study addressed three research questions (RQ's) as follows:

1. What leadership characteristics impact productive PAO/FPPC interactions?
2. What managerial skills or professional competencies impact productive PAO/FPPC partnerships?
3. What similarities and differences in decision making processes (in the partner organizations) impact productive PAO/FPPC interactions?

Thirteen interview questions were asked to address the RQ's; each interview question (IQ) maps to the associated RQ as outlined in Chapter 3 and in Table 1. In addition, participants were asked to add any additional thoughts or comments at the close of the interviews. In general, participants used this capstone question to summarize previous thoughts or to provide additional insight. These final responses were mapped to corresponding interview and research questions.

This chapter presents the results of the study, including the participant's profiles as gathered through the demographic questions, the main themes and findings from each interview

questions, as well as noteworthy general comments from the participants. For some IQs, figures have been used to supplement descriptions of this qualitative study data.

Data Collection

Data for this study were collected during March 2017 through October of 2017 via semi-structured interviews (see Table 2 for dates). Each participant was contacted via LinkedIn private message or via email using the IRB approved recruitment script. Because of the in-depth nature of the interviews and the presumed expertise of the participants, a sample size of 11-15 subjects was considered appropriate (Baker & Edwards, 2012; Dukes, 1984). As described in Chapter 3, the response rate was estimated to be 75%; therefore, an initial sample of 10 leaders from each population were identified. However, fewer responses were received to initial requests for participations than anticipated, and in some cases, initial enthusiasm and commitments from potential participants did not actually result in interviews. Throughout the recruiting phase, purposive sampling and snowball sampling was used to generate additional potential participants. Ultimately, 19 for-profit leaders (FPLs) and 15 nonprofit leaders (NPLs) were contacted, resulting in 11 participant interviews (five FPLs and six NPLs interviews). Consequently, the actual response rate was 32% (11/34). There were two male participants and nine female participants. No gender differences were evident in participant responses. As each interview occurred, participants were assigned an alphanumeric code to de-identify the participant for analysis. The code is in the format "P#(N or F)." See Table 2.

All interviews were conducted and recorded via Skype (audio only). As a back-up to the audio recording, a paper copy of the interview questions on hand during each interview and I wrote notes throughout the interview.

Table 1

RQ/IQ

Research Question	Associated Interview Question
RQ1: What leadership characteristics impact productive PAO/FPPC interactions?	• IQ1 - What are your personal leadership styles or characteristics? • IQ2 - Based on your experiences with productive PAO/FPPC collaborations, which of your leadership characteristics contributed most to a constructive outcome? • IQ3 -Based on your experiences with productive PAO/FPPC collaborations, what leadership characteristics do you value most in your collaboration partner?
RQ2: What managerial skills or professional competencies impact productive PAO/FPPC partnerships?	• IQ4 - Based on your experiences with productive PAO/FPPC collaborations, what is the importance of strategic analysis skills (such as assessing operational, organizational or financial feasibility)? • IQ5 - Based on your experiences with productive PAO/FPPC collaborations, how important are marketing skills in gaining attention and support from internal or external stakeholders? • IQ6 - Based on your experiences with productive PAO/FPPC collaborations, how important are group facilitation skills in activating or maintaining constructive interactions? • IQ7 - Based on your experiences with productive PAO/FPPC collaborations, what managerial or professional competencies do you think your collaboration partner values most?
RQ3: What similarities and differences in decision making processes (in the partner organizations) impact productive PAO/FPPC interactions?	• IQ8 - What are your goals when entering into a collaboration? • IQ9 - Do you participate in strategic decision making at your organization? If so, at what level? (team level, department or division level, executive level, etc.). • IQ10 - How are decisions made in your organization? In other words, if you are faced with an issue or problem, how does your organization discuss and decide on a solution? • IQ11 - What is your perception of how decisions are made in your partner organization? • IQ12 - What is the advantage or disadvantage of the decision-making process in each organization? • IQ13 - Do you and your collaboration partner discuss and outline a joint decision-making process related to mutually agreed upon goals?

There were no technology failures, and the audio recordings for each interview were transcribed into a Microsoft Word document, which was used for data analysis. In addition to the permissions for audio recording obtained during the *informed consent process*, permission for audio recording was confirmed at the start of each interview. Interviews ranged in duration from 30-60 minutes, with an average length of 44 minutes. Longer interviews generally provided richer insights.

Table 2

Interview Dates

Participant ID	Interview Day
P1N	March 6, 2017
P2F	March 8, 2017
P3F	March 10, 2017
P4N	March 13, 2017
P5F	March 17, 2017
P6F	July 26, 2017
P7F	August 3, 2017
P8N	August 4, 2017
P9N	August 8, 2017
P10N	September 26, 2017
P11N	October 30, 2017

Data Analysis

This study used a modification of Giorgi's schema for analyzing phenomenological data as previous described in Chapter 3. Briefly, these steps include:

1. Prior to engaging in analysis of the data, the researcher set aside personal experiences (bracketing) to focus on capturing the experience and voice of the participant (Creswell, 2013, p. 193).
2. The entire written account of each interview was reviewed carefully to generate a sense of the whole, utilizing memos and margin notes.
3. Specific words or phrases of significance were recorded in a spreadsheet.
4. Preliminary coding classified words and phrases into higher order concepts and themes.
5. A fuller synthesis organized the data into final categories of meaning.

Specifically, data analysis proceeded as follows. Each transcript was individually reviewed and initially coded for significant statements and patterns using different colored highlighters and margin notes (Giorgi's Steps 1 and 2). After reviewing the individual transcripts, a matrix consisting of research questions, interview questions, and associated themes and concepts were collected on a spreadsheet (Giorgi's Step 3). This process was repeated many times, with the iterative, collective data analysis providing new insights that allowed for a richer, more meaningful interpretation of the individual transcripts (Giorgi's Step). Not every participant provided meaningful answers to every interview question and some participants contributed more than one concept per question. For each interview question, related ideas across individual responses were color coded and distilled into meaningful concepts, which were rolled up into key themes (Giorgi's Step 5).

Table 3

Demographics

Participant ID	Organization Type	Organization Size (# employees)	Gender (M/F)	Years in Patient Advocate role	Education
P1N	Nonprofit	4	F	33	Doctorate
P2F	For-profit	200	F	12	Doctorate
P3F	For-profit	85	F	20	Doctorate
P4N	Nonprofit	0	M	16	Bachelor's
P5F	For-profit	25	F	1.5	Bachelor's
P6F	For-profit	450	F	6	MS
P7F	For-profit	150	F	2	MBA
P8N	Nonprofit	40	F	6	Doctorate
P9N	Nonprofit	25	M	8	Doctorate
P10N	Nonprofit	3	F	4	MS
P11N	Nonprofit	NA	F	2.5	Doctorate

Participant Demographics

Eleven participants were interviewed for this study, including six nonprofit leaders (NPLs) and five for-profit leaders (FPLs). See Table 3. The participants were not matched pairs (i.e. there is no evidence that NPL organizations had partnership or collaboration arrangements with the organizations of FPL participants). Overall, 2/11 (18%) of participants were male and 9/11 (82%) were female. All FPLs were female, while 3/5 NPLs were female (Figure 1).

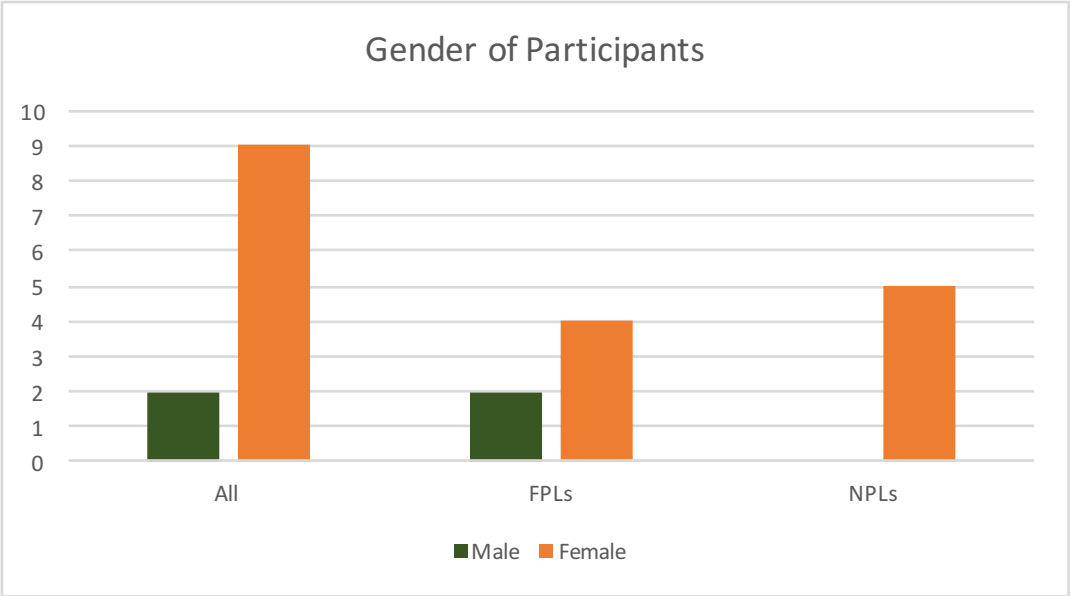

Figure 1. Gender of participants

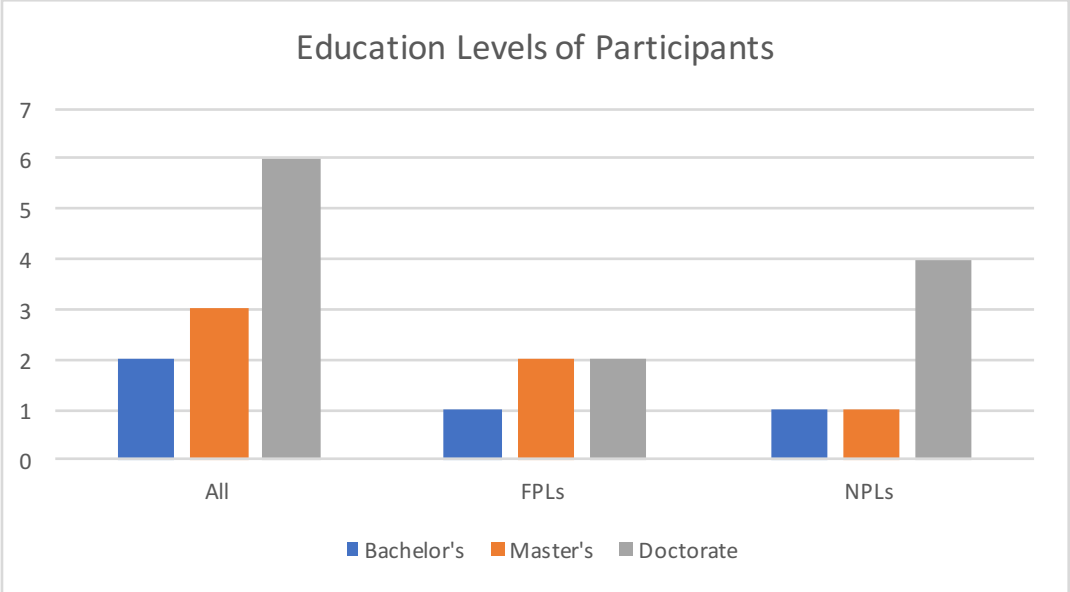

Figure 2. Education levels of participants

For-profit organizations tended to be larger in size, ranging from 25- 450 full time paid staff. Nonprofits ranged from 0-40 full time paid staff; one NPL participant did not provide

information on organization size (Table 3). Nonprofit participants had a higher percentage of doctorates (4/6 participants or 67%), compared to the for-profit participants (2/5 or 0%) (Figure 2). Overall, participants' tenure as patient advocates ranged from 1.5- 33 years, with an average of 10 years. NPLs reported an average of tenure of 11.6 years, while FPLs reported an average tenure of 8.3 years.

Findings

Research findings appear below and are organized by RQ and the associated IQ's.

Research Question 1. CSPs provide multiple opportunities for formal and informal leadership (J. M. Bryson et al., 2006) and current literature also suggests that individual leadership style, attributes, and capability are also important to high functioning cross sector collaborations (Hukins & Kippin, 2013; Kolk et al., 2010; Lovegrove & Thomas, 2013). In addition, transformational leadership has been identified as an important skill for cross sector collaborators (Kolk et al., 2010). Research Question 1 asked: What leadership characteristics impact the success of PAO/FPPC interactions? Three interview questions were associated with RQ1, and data analysis for these IQs is described below.

Interview question 1. IQ1 asked: What is your personal leadership style? Four major concepts describing leadership styles and characteristics emerged from the data related to interview question 1: (a) big picture, future focused; (b) collaboration and consensus builder; (c) goal driven, results oriented; and (d) transformational leader. These concepts are described below and an overview is shown in Figure #. Some participants provided multiple responses that fell into more than one of the identified concepts.

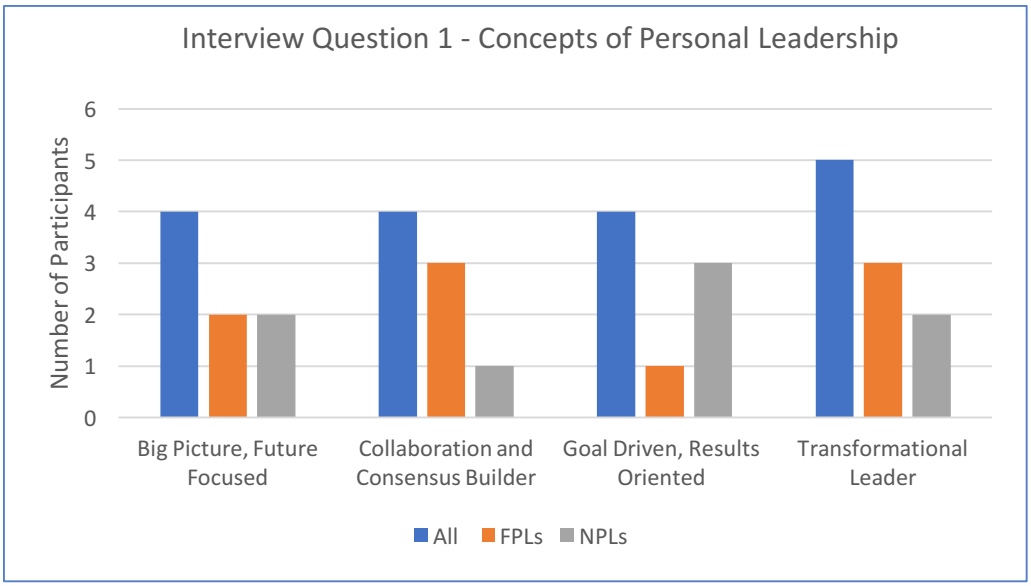

Figure 3. Concepts of personal leadership.

Big picture, future focused. Data analysis showed equal numbers of NPLs and FPLs (2NPLs, 2 FPLs) self-described as big picture, future focused leaders who keep an eye out for broader trends and seek out novel information. Key words and phrases for this theme included *gathering and synthesizing information* and *looking for opportunities*. For example, P3F self-described as "a gatherer of information. And then a disseminator of that information," additionally saying, "I would say I'm kind of a big picture person, I'm kind of a broad thinker and a connector." Participant P1N self-described a specific personal leadership quality as "always looking for opportunity. And I am always looking for reasons to say yes to things, until I just can't say yes anymore." P6F said she is consistently "trying to incorporate the patient voice into all aspects of drug development." Finally, P4N provided insight into the importance of this characteristic:

> (Y)ou know, we're just one piece of a huge, huge health, much less rare disease, space. And…while in some cases there are some novel things going on in our little piece of the

world, really, we're just a small piece of a much bigger world. So, we have to be aware of that, but also be informed and where appropriate participating.

Collaboration and consensus building. Four participants (three FPLs, one NPL) provided responses related to a theme of collaborative consensus builder. In addition to attributes of collaboration and consensus building, this theme is also supported by richer concepts such as such as "active listening skills" (P7F) and "influence rather than direct authority" (P6F). For example, P5F stated that "I do as much as I can to build that consensus rather than laying down a decision" and P1N simply said, "My style is collaborative." Participant P6F noted that influence was an important collaboration building leadership skill because she didn't have formal authority. More specifically, P6F said, "I see myself more as influencer than necessarily a leader in the organization, but I think that that's partly related to the level of my position." P6F further notes, "there are several different initiatives within the company that I have led, so while I do see myself as a leader within the organization, it's not necessarily in a leadership position within the organization." This reflects the complexity and challenges of leading that can be enabled by influence and consensus leadership skills. Finally, P7F noted that finding alignment and consensus require that

> "you need to know how to have active listening skills and have humility to be able to say, "Wow, I thought about it in a different way before and you gave me a different perspective." And being able to really get to the question behind the question" (P7F).

Goal driven, execution oriented. Analysis of the data indicated that more NPLs than FPLs (2 of 3 respondents) cited leadership attributes pertinent to being goal driven, data driven, and execution oriented. Participant P4N self-described as "persistent" and P1N noted that being "data driven" was a leadership skill that was important for meeting goals. Interestingly, P1N

observed that some collaborators she encountered in cross sector alliance had preconceived ideas that nonprofits leaders are less focused and not action-oriented. Specifically, P1N explained that cross sector partners "don't expect you to be particularly data-driven and they expect you to have your hair on fire all the time." P9N said "I'm goal-driven" and further noted that "I know a lot about planning and execution." Finally, P2F shared a strong conviction that finding solutions and executing (i.e. turning discussions and planning into actions) is a key leadership skill. She said, "we're going to reach a solution, we're to set a precedent we can follow going forward. And that's that."

What might account for the goal driven nature that predominates in nonprofits? P1N provided a potential clue with her perspective on her guiding principles as a leader:

> I believe that nonprofits are one of the pillars of our democracy. That I take the call of nonprofit work and social work, given that I'm a social worker, as a calling. And we are called to act accordingly. And so, the funds that I derive from our families and membership and bereaved families, to me, has some sacred elements to it. They are trying to remember small children and have a legacy and we treat those funds accordingly. And that's what guides my leadership.

Transformational leadership. Three FPLs and two NPLs provided responses that can be collated under the umbrella of transformational leadership. As Chapter 2 describes, the four elements of transformational leadership theory are (a) individual consideration, (b) idealized influence, (c) intellectual stimulation, and (d) inspirational motivation (Bass, 1999). Key elements from the data for this concept included focusing on individual needs (individual consideration), acting as a role model (idealized influence), encouraging independence and

learning (intellectual stimulation), and finding a common vision and goals (inspirational motivation).

With regards to individual consideration, P5F said, “I’ve been very focused on relationships and, you know, individuals and individualizing as much as I can.” She further noted that “I would like to say and believe that my leadership style is empathetic, that it's involved” (P5F). P10N also noted her leadership style was to focus on others, saying “I attempt to be a kind leader. A collaborator. I try to listen more than I talk.” Both P2F and P7F noted that they individualized their interactions depending on the needs of those with whom they interact. P2F explained, “I feel like I have two styles, one when I'm internally oriented and one when I'm working with our external patients, families, advocates, advocacy leaders.” P7F said:

> Because you (have to) realize that if you're (with) a group of families or patients or patient advocates you don't talk the same way or treat that the same way that you would at a professional meeting with physicians. Your tone is different, your approachability is different, the way you treat the situation is different. So, I think so much of that just comes down to being a humble human and showing people that you're there to listen and learn and just that you truly care about them and what they're going through.

With regards to idealized influence, P2F described a “leadership by example” approach:

> I do a lot of leadership by example and a lot of behavior modeling, and I often invite people to sort of observe me at the table in the hopes that some of how I approach my work will help inform and influence, you know, how they may approach their work also.

In addition, (P2F) said, “a lot of my leadership skills are rooted in having a very strong set of values” and “I really try to stay positive to, you know, demonstrate the behaviors that I ask others to embody also,”

With regards to intellectual stimulation, P1N described her leadership style with her team members as "My style is collaborative. I try to have fun at work. I trust my people. But they also know that I will be asking questions." P1N also described similar elements with her FPL counterparts, "So, yeah. So, it's, you know, we're constantly teaching each other what we're about."

With regards to inspirational motivation, P2F noted that she must find common ground and negotiate to inspire collaboration. Specifically, she said, "there are times where the relationship (between) nonprofit and for-profit, it is a negotiation.…we want different things. (But), we have areas of shared interest. You have to sort of negotiate and facilitate a bit."

Interview question 2. IQ2 asked: Based on your experiences with successful PAO/FPPC collaborations, which of your leadership characteristics contributed most to a successful outcome? Three key concepts emerged from the data related to IQ2: (a) clear, transparent communication; (b) relationship building; and (c) emotional intelligence. These concepts are described below and overview is shown in Figure 4.

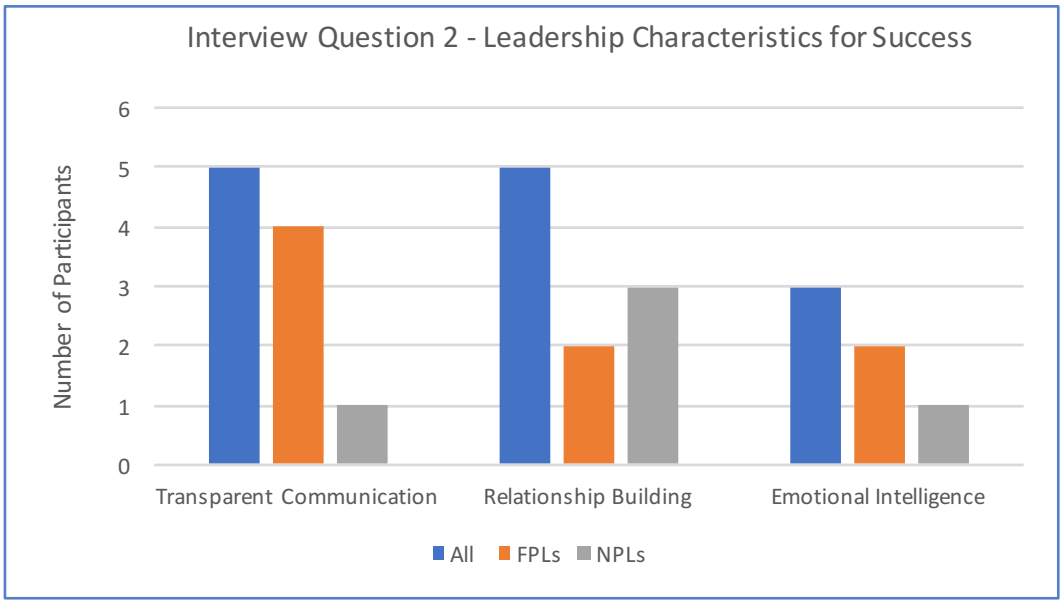

Figure 4. Leadership characteristics for success

Clear, transparent communication. P1N was the only NPL who cited good communications skills as a key contribution to a successful collaboration. Specifically, P1N said, "I think (a constructive outcome) always begins with good communication." In contrast, most FPLs (4/6 or 80%) highlighted their skills in transparent communication as a key contributor to successful collaborations with nonprofit partners. For instance, P3F said, "I think transparency … makes me successful in my role," which is like P6F's response, "I think having those listening skills are critical and then the transparency and the honesty." P7F speculated that her NPL partners appreciated the "transparency of communication" that she displayed, and further noted that part of clear communication was providing her counterparts with "the why behind the question and just having that transparent relationship with them, as transparent as you can be." P2F spoke strongly about transparency:

> I think they value my transparency. I'm very clear, I'm very direct. If there's something that I cannot share, you know, I say, like, I cannot share this. And I wish I could, and as soon as I am able to make this information public, I will share it with you and we will figure out wherever this challenge is together.

Finally, P3F noted that constructive collaborations required strong communication within her organizational as well as with her external, nonprofit collaborators. Specifically, she noted:

> I think you're constantly communicating and sharing what you learn and what you're doing and what the families are saying, and you're trying to put all of those things that are happening in the advocacy community into context for your colleagues, saying, okay, well, why is this important to us. And you have to make it relevant to the bottom line.

Relationship building. Both NPLs and FPLs noted that the ability to build relationships was a self-described leadership skill that is important in building productive CSPs. P9N said, "I

try to build a relationship that works both ways and I think people know that, they can count on something that I tell them, I am going to do or the foundation is going to do and I expect the same thing out of them as well." P3F responded, "I think you probably have to have really good relationship building skills" and further explained:

> It is thanking people, it's congratulating them when you hear about things in the news when they're being recognized for or, you know, it's putting in the time. You know, that's what I think I mean by relationship building.

P8N said she advises others, on the importance of "building that relationship of mutual respect" and P5F noted "I've been very focused on relationships and, you know, individuals and individualizing as much as I am—as much as it makes sense to." P4N observed:

> While you're dealing with companies, it is important to make relationships with people. And even if those people change positions a lot, which seems to be the story of a lot industry these days, they either end up someplace else or somebody new comes in and you, you know, you start over, you build up from what you have. And so I've always tried to build those relationships.

Emotional intelligence. Three participants (two FPLs and one NPL) noted that emotional intelligence was an aspect of their leadership skill that contribute to successful cross sector interactions. These participants used similar language such as "I think having and tapping into the emotional intelligence" (P2F), "I think at the core of it is having the right emotional intelligence and character" (P7F) and "I feel like I have good emotional intelligence and awareness of my interactions with other people" (P9N).

Interview question 3. IQ3 asked: What leadership characteristics do you value most in your collaboration partner? This question invited participants to reflect on what strength their

leadership partners contributed in successful collaborations. Two concepts emerged from data analysis related to IQ3: clear transparent communication and focused nonprofit goals/vision.

Clear, transparent communication. Most FPLs (4/6 or 80%) described clear, transparent communication as a skill they valued in their nonprofit collaboration partners. P2F simply noted that she valued a collaboration partner who was "a strong communicator." 6F said she appreciated:

> The ability to communicate it very clearly when things are going well, when things are not going well. To try to figure out, if it's not going well, how can we help to make things better or what could we have done differently and what can we plan to do in the future.

Similarly, P5F responded that "those people who are able to communicate that but are also seeking a way to work, you know, together for that mutually beneficial conclusion is something that is significantly valuable to me." P5F further noted that clear communications from NPLs was a key factor in mobilizing change in her own organization. She explained:

> To have a discussion, to be able to contribute in a meaningful and a clear manner what the needs are, why that is the way it is, so that I'm able then in kind, you know, if it's appropriate, take the needs and the wants and the absolutes from our community back into the company to say this is how we need to change our direction or this is a priority for our families and this is why we should consider it a priority for ourselves.

Finally, PF7 described the value of communication of NPLs and nonprofit organizations that are well connected to the family and patient stakeholders that each nonprofit helps. Specifically, P7F said she valued NPL partners "that really do communicate well with their communities and are constantly asking their patient communities for feedbacks and needs so that they can constantly try to evolve to meet those changing patient needs."

Focused nonprofit vision. Most FPLs (4/6 or 67%) but no NPLs noted that a clearly defined vision and ability to identify important challenges are key leadership attributes that are valuable in a counterpart. This concept was described by FPLs using words and phrases such as "focused" (P2), having a clear "mission and vision" (P6F), and the ability to see problems "from all aspects" (P5F). For example, as P2F reflected on leaderships attributes she valued in her collaborations partners, she noted, "I feel like you have to know your space, know why a company or anyone, know why a potential partner is like—why you're even thinking of a partnership with someone. So, being focused and being a strong communicator." P6F stated she valued:

> Somebody who is clear from their end, in what their organization is doing, and what their mission and vision is. Not to be like, "Oh, we'll do what you want us to." That kind of thing. To have the ability to say "no" from their end if we ask something that doesn't seem like the best way to go about it or isn't in their purview. I think that goes to that honest and transparent thing.

P7F described the types of questions and answers she appreciated in exchanges with her nonprofit partners, noting "so I really value when I work with those big organizations in those big therapeutic areas, I really value an organization that is always being able to see, "Okay, what don't we have? What do patients really need?" P7F elaborated that should be able to answer "Hey, you guys have been around for a while there's been so much done in the therapeutic area, what are you missing?"

P5F provided a summary of this concept:

> I appreciate those that are across the table that are, you know, have that ability to see a problem, not just my shoes or the company shoes, but from all aspects, you know,

because it's not necessarily an easy thing to do. And to be willing to seek a way to come to a conclusion.

Respect from for-profit partners. Data analysis showed that while no FPLs mentioned being respectful or having a respectful attitude as a leadership characteristic that was valuable in a collaboration partner, 3/5 (60%) of NPLs did cite that they valued collaboration partners who displayed respectful attitudes and approaches. For example, P8N noted that she valued collaborators that can build "that relationship of mutual respect." P11N also mentioned "mutual respect" and "trust" and further explained, "And that trust I think is hugely important. Because again, you end up talking in generalities and you can't get to the point where anything can be done because you don't really know what they're talking about." P1N articulated that a respectful attitude can make the difference between unproductive and productive partnerships. At first, P1N noted that "people in industry just talk down to us all the time like we are just stupid," indicating the lack of respect that she has encountered in some interactions. She further explained:

> There's an astonishing number of people who want time with you and who want your blessing, but they have never—they barely looked at your website, they barely understand who you are. And then they proceed to tell you what you need.

In contrast to these negative, unproductive partnerships, P1N later observed that, "you can tell the good companies—you can tell the ones who have their poop together by how much research they've done on us and what our successes have been and all of that." Finally, P1N said, "Because it's a matter of respect. So, it all starts with a respectful, informed conversation. And those people I can warm up to. Those are the people who I can have a meeting of the minds with."

Data summary for RQ1. In summary, RQ1 asked what leadership characteristics impact productive PAO/FPPC interactions? Data analysis indicates that NPLs and FPLs are aligned on the importance of relationship skills for productive PAO/FPPC interactions and both NPLs and FPLs identify with aspects of transformational leadership. However, FPLs and NPLs indicated differences in the importance of communication skills and in the importance other leadership attributes. Specifically, four key themes were identified from data analysis of the interview questions related to RQ1:

1. FPLs, but not NPLs indicated that communication skill is a highly valuable leadership characteristic that impacts productive partnerships. Most FPLs (4/6 or 80%) placed a high value on clear, transparent communication, either as one of their own strengths or as a leadership skill that they valued in their collaboration partners. The importance of communication skills was not as evident in the data of NPL responses.
2. Both NPLs and FPLs agree that a leader's relationship skills impact productive partnerships. Data analysis indicates that both NPLs and FPLs (5/11 participants or 45%) believe the ability to develop and maintain relationships is an important leadership skill.
3. Based on the data, more FPLs than NPLs self-identified as collaborative, consensus building leaders. In contrast, more NPLs than FPLs, self-identified as goal driven, results oriented leaders.
4. Both NPLs and FPLs (5/11 participants or 45%) identify with some elements of transformational leadership.

Research Question 2. Collaborative structures are complex and operationally complicated, and Witte (Witte, 2012) argues that typical management structures, that reward managers only for successful outcomes at a subunit level, can raise barriers to successful collaborative relationships. In addition, Schiller and Almog-Bar note "differences in communication, expectations and management practices make it hard to work together" (Schiller & Almog-Bar, 2013, p. 949). Research Question 2 asked what managerial skills or professional competencies impact productive PAO/FPPC partnerships? Five interview questions were associated with RQ2, and data analysis for these IQs are described below.

Interview question 4. IQ4 asked: Based on your experiences with productive PAO/FPPC collaborations, what is the importance of strategic analysis skills (such as assessing operational, organizational or financial feasibility)? Nine of 11 participants (82%) agreed that strategic analysis skills were important for productive partnerships. Specifically, four of six FPLs and all five NPLs indicated they invested time in strategic analysis of partner organizations or thought such analysis was important. For example, P11N said:

> I think (strategic analysis) is important in any project. If you don't do that, you're going to go down the wrong path more times than you're going to go down the right path and either start something that's too big to finish or you'll not have the skills you need.

P9N described a routine process for evaluating partners prior to conferences, remarking "I will Google every (company) and determine if that's someone we should interact with or not." P10N remarked "I actually spend quite a bit of time" on strategic analysis and further commented that evaluation of others was rooted in a string understanding of her organizations strategy. Specifically, P10N said:

> Before I think you can do a strategic analysis on another, you have to do it on yourself. So, we went very, very extensive strategic planning, two, within the first three years under my leadership to really be able to say to the community, and to our partners, this is who we are, this is how we function. These are our priorities. And we were able to do that, then you can speak and articulate things to your partners and you see very clearly if your partner can say, oh, yeah. Well, we match up here or here or here. Or you get the blank stare.

Methods and focus of strategic analysis varied and included financial analysis of partner organizations, investigations into personnel of potential partners, and evaluation of organizational fit or alignment. P1N described a specific interest in analyzing the people and reputation of prospective collaborators, declaring that "I want to know who their people are. I will do some LinkedIn searches." Interestingly, PF7 noted that strategic analysis of likely nonprofit partner should not only focus on their capabilities but on their probable needs as well. Specifically, she said:

> What you said is assessing their capability but then, the second half of that is their needs. Does that partner organization have the capability, from a resource perspective… but is it the right thing? Is that what that organization needs? And that's where it's not about us and I think that this is something that's really important and it goes to this discussion.

Two NPLs described a specific interest in financial analysis. P1N said "I'll do some reading about their company, what they're–what they're working on. The success they've had, their reputation. I'm interested in their financials, whether they're publicly traded. Track record." Similarly, P4N stated he routinely would ask

Questions to kind of get a sense of, you know, how they're raising money or how they're spending money. How they're trying to, you know, what do they gauge as success. It may not be product success. It might be, you know, perception of product success.

Interview question 5. IQ5 asked: based on your experiences with productive PAO/FPPC collaborations, how important are marketing skills in gaining attention and support from internal or external stakeholders? In the context of complex societal problems, Andreason (1994) stated that marketing efforts may be used to influence voluntary behaviors and to improve "personal welfare and that of the society" (p. 110). Most participants (8/11 or 72%) agreed that marketing skills were important for productive partnerships. Specifically, five FPLs and three NPLs affirmed that marketing skills are a key professional competency in constructive PAO/FPPC collaborations as evidenced by words such as "important" (P4N, P5F) or "helpful" (P5F) or "critical" (P6F). P7F stated that she brings her professional marketing background into her advocacy work, and she offered a summary perspective on the value of marketing in PAO/FPPC interactions by describing marketing as "being able to communicate, to be organized, to be strategic" in interactions with nonprofit partners. P7F went on to say, "a good marketer knows how to understand patient insights and what do you do with those insights and how do you really take those and put them into action? So, I think those are key skills."

In contrast, while P6F placed a similar, high value on marketing by describing this skill as a tool to "get people to pay attention to what you're doing," she also acknowledged this was difficult for her, saying "My background is not in marketing and that has definitely been one of the more challenging aspects (of collaborating)."

Other participants shared alternative perspectives on marketing. For example, when asked if she thought marketing was important for productive CSPs, P2F replied "I think it can be. I

think it can be. I think there is an element of how do you tell your story, which is the marketing part." Other participants also equated marketing and storytelling. For example, P6F responded that marketing was the ability "to tell a story and to (use different pathways or different techniques to use to raise awareness." In the same vein, P4N noted:

> I think it's really important to be able to tell our story and to position the foundation when we're seeking or building a relationship with an industry partner. But you've got to put it in terms, again, that are important to them.

Similarly, P3F stated:

> Creating a story that is not just appealing but understandable and compelling to patients, that's everything, I mean. If we don't do that, we lose our—we have no customers. We have to be able to educate them and engage them in our work and what we're doing.

P5F also valued storytelling, observing that "there's just this growing realization that we need each other and we want to work with each other" and she further explained "so I do think it's important to be prepared to share (our) story."

Lastly, two NPLs noted the importance of social media in their marketing efforts. P11N engages in marketing through social media because it is "really important in the patient organization, because it keeps the patient engaged, it keeps them involved." P9N noted that social media is cost effective, stating that "we don't have the funding to do really much when it comes to marketing for the organization outside of what we're doing with our social network, if you will, our website."

Interview question 6. IQ6: Based on your experiences with productive PAO/FPPC collaborations, how important are group facilitation skills in activating or maintaining constructive interactions? More than half of the participants (7/11 or 64%) agreed that

facilitation skills were important for productive partnerships. Specifically, data analysis shows that three FPLs and four NPLS thought that facilitation skills were a valuable professional skill that contributed to constructive collaborations. When asked if facilitation skills were important, P1N spoke simply, but powerfully, saying "Yeah, that's important, when your goal is so aspirational, you know?" She further explained that her organization does "a lot of group management and assessing, especially at our conference every year." P10N remarked on the importance of being able to "bring people together and facilitate conversation and make sure all parties are heard and maybe even if there's not consensus, how do you arrive at that"; she then further noted "and I do think there's managerial strategies to that." In a similar vein, P8N observed that facilitation skills were vital for constructive teamwork, observing that at least one of the team should be a "cheerleader" and "somebody who wants this to happen, who really believes in the team, who is really willing to give up a little bit more of him or herself to go above and beyond for the team to function as a team together."

Two participants linked facilitation skills to action and productive outcomes. For example, P11N stated:

> So I think the skill is very useful, again, in just trying to keep the interaction going in the right direction. I've seen a lot of nonprofit, for-profit interactions where everyone comes together and says, hey, it would be great to work together. Here's what we have. Here's what you have. And it never goes any further, because there isn't anything concrete on the table for anyone to do. So I think having a facilitator who can keep them linked to action as opposed to just we're all going to talk about how great we are….I think that is useful.

Similarly, P2F remarked, "I think, well, for me it's important to have facilitation skills because you're trying to get people to yes, right?" She elaborated by saying:

> Again, for me it's always coming back to there's opportunity and potential here for us to do something amazing if we work together. And so trying to ground people in that and focus people on a shared task is…is the best way to facilitate anything, I think.

While agreeing that facilitation skills were important for "trying to come to an agreement," P6F noted she relied on others for facilitation skills. She explained:

> It's not my comfort zone, first of all, because I would really like to be listening to what people are saying rather than trying to focus on making sure that every single person's being heard or having the opportunity to speak, I guess, I should say, and posing the questions and so forth. I like to be the listener in those situations. So, while I may be the person who puts together the discussion guide and the questions that the moderator uses, I'm not leading those discussions with patients.

In contrast, P5F said "I'd like to think I'm fairly skilled at it." She also emphasized the high value that facilitation skills given the variety of communication channels currently available. Specifically, P5F observed:

> But the ability to develop a rapport within a group, either, you know, in this day and age electronically through, you know, some kind of teleconference or web-based engagement, as well as in person, is critical and I think it's very important because these are at times very significant and very big subjects that we would be, you know, discussing and hopefully wanting to come to some kind of conclusions from or understanding upon. And so, arriving at a place to be productive quickly is important.

Interview question 7. IQ7: Based on your experiences with productive PAO/FPPC collaborations, what managerial or professional competencies do you think your collaboration partner values most? Three managerial or professional concepts emerged from data analysis

related to IQ7, including trustworthiness, the ability to execute, and professional communications skills.

Being trustworthy. The concept of trustworthiness was described with words and phrases such as *transparency*, *ethical behavior*, and *values*. For example, P2F said" I know that people value my values. People that work with me understand that, again, you know, I operate from this—from a very clear sense of values and purpose and ethics." She also noted, "I think they value my transparency." P3F could draw on her previous work in a nonprofit, explaining that "just a couple of years ago I worked for nonprofit and I think I valued transparency." P7F noted that being transparent and trustworthy could mean explaining why certain information could not be shared. She explained that this might include:

> Having communications with the organizations where you tell them, "Hey, sometimes we might not be able to give you information about a certain event or say there's just something going on with a program, but here's why we can't give you details about that." And making sure that you're educating them about the why behind what you can and can't say or what you can and can't act upon and feeding that to them over time.

Execution ability. P7F contributed to the concept of execution ability by noting that an "advocacy organization appreciates a partner who is on top of things. When you say you're going to do something, to do it." In the same vein, P9N remarked that his for-profit collaboration partners "can count on something that I tell them, I am going to do or the foundation is going to do and I expect the same thing out of them as well." P11 also noted that "getting things done" was valued by his counterparts.

Communication skills. Several participants noted that higher level, professional dialogue and communication skills were important to their counterparts in other organizations. For

example, P1N said “I think they're looking for someone they can have investigative conversations with in the beginning.” P4N noted his for-profit partners were “really seeking a closer, more interactive collaboration. So, they're expecting us to kind of take a bigger seat at the table.” P7F remarked “I think number one it's listening so that whole active listening, they appreciate that, but then the second piece of that is listening and having appropriate communication.” She further explained that active listening meant “taking the time to understand their needs. So that again, it's not an ‘all about me’ strategy or a plan, it's about, well, what do you need instead of making assumptions?” P11F provided a final contribution to this concept of professional communications:

> I think an awful lot of it comes down to just being professional and keeping communication open, responding and making sure you have the right people answering the right questions, you don't have to go around in circles and do it again.

Data Summary for RQ2. In summary, RQ 2 asked what managerial skills or professional competencies impact productive PAO/FPPC partnerships? Data analysis shows that FPLs and NPLs generally agree that strategic analysis skills, marketing skills and facilitation skills are all important for productive PAO/FPPC partnerships. Specifically, data show that:

1. A majority of both NPLs and FPLs (9/11 participants or 82%) indicated that strategic analysis was important for productive PAO/FPPC collaborations; however, this concept had different meanings to different participants. Methods and focus of strategic analysis varied and included financial analysis of partner organizations, investigations into personnel of potential partners, and evaluation of organizational fit or alignment.
2. A majority of both NPLs and FPLS (8/11 participants or 73%) thought that marketing skills were a key professional competency and important for productive partnerships.

3. Most NPLs and FPLs (7/11 participants or 64%) agreed that having facilitation skills, or access to team member with facilitation skills, was important for productive partnerships.

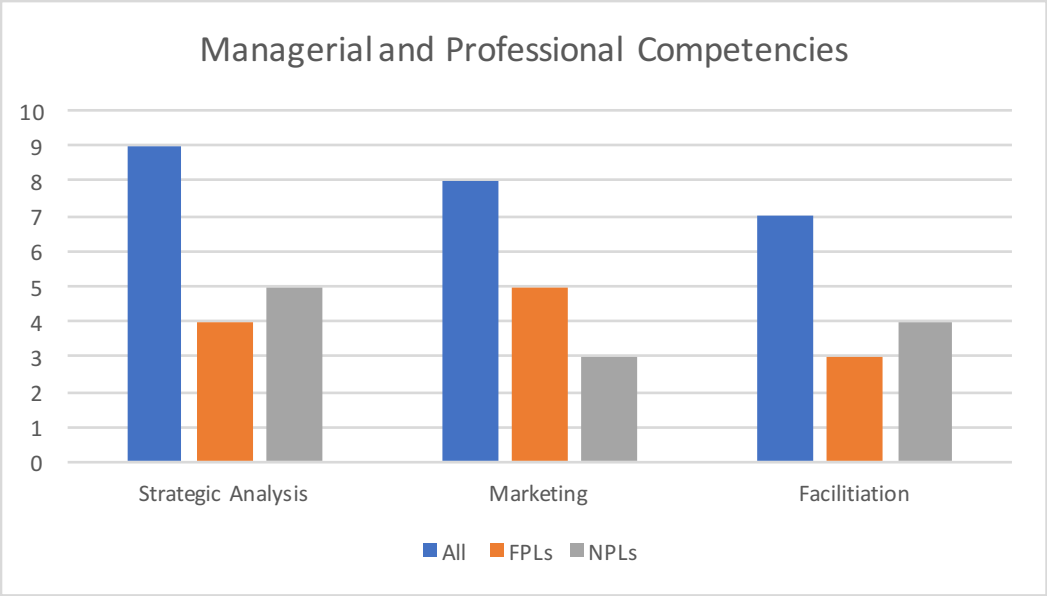

Figure 5. Managerial and professional competencies

Research Question 3. CSPs can be challenging due to differences in objectives and decision-making process across partner organizations. Consequently, the decision-making skill, capability and experiences of CSP practitioners may be an important component of successful PAO/FPPC collaborations specifically and CSPs in general. Research Question 3 asked: What similarities and differences in decision making processes (in the partner organizations) impact productive PAO/FPPC interactions? Six interview questions were associated with RQ3, and data analysis for these IQs are described below.

Interview question 8. IQ8 asked: What are your goals when entering into a collaboration? Data analysis shows a variety of perspectives among NPLS and FPLs related to pre-defined goals at initiation of a partnership, and in general, most participants described goal setting as an emergent process. P1N spoke strongly about her goals stating "I'm always looking for

meaningful treatments for families. Period. That's what I'm looking for." In contrast, P7F remarked that initial conversations were about "developing mutual objectives and having discussions about what those mutual objectives are." Similarly, P2F noted that "it varies," further stating that

> I think that's actually another important leadership skill is just being strategic about knowing what different partners capacities and capabilities are. And not asking someone to do something that they're probably not going able to do for any number of reasons.

P3F said

> Well, some of my goals are to help support the general needs of their organization. To help them with something that they want to achieve. Ultimately, to positively impact patients. And want to position our company as patient-friendly and, you know, how to generate the goodwill within the patient community.

Interview question 9. IQ9 asked: Do you participate in strategic decision making at your organization? If so, at what level? (team level, department or division level, executive level, etc.) The key concept derived from data analysis of IQ9 is that there is a lack of equivalency in decision-making authority between the NPLs and FPLs in this research. Specifically, most of the NPLs (5/6 or 83%) indicating they were the decision maker in their organization or were significantly involved. In contrast, less than half of FPLs (2/5 or 40%) indicated they were significantly involved, with 3/5 (60%) of FPLs noting their involvement was as a contributor or influencer, not decision-maker.

Furthermore, the data show that NPL's have both strategic and operational leadership responsibilities. P1N noted that she is "constantly problem solving for parents who need help, for

donors who want to be helpful for volunteers, for board members." P11N described a strong role, noting that she and her colleague "each are co-directors. And we have final veto power on whatever decisions are made." P4N said, "My wife and I are co-founders and we run the foundation, but we are not paid." P10N indicated she was the key decision maker in her organization and further clarified her role, saying "in terms of ultimate decision maker on operations, that's me." PN9 was the only nonprofit participant who indicated he was not a significant decision maker, noting that "the answer really is, most of the decisions and the strategy and the likes is done with the board of directors."

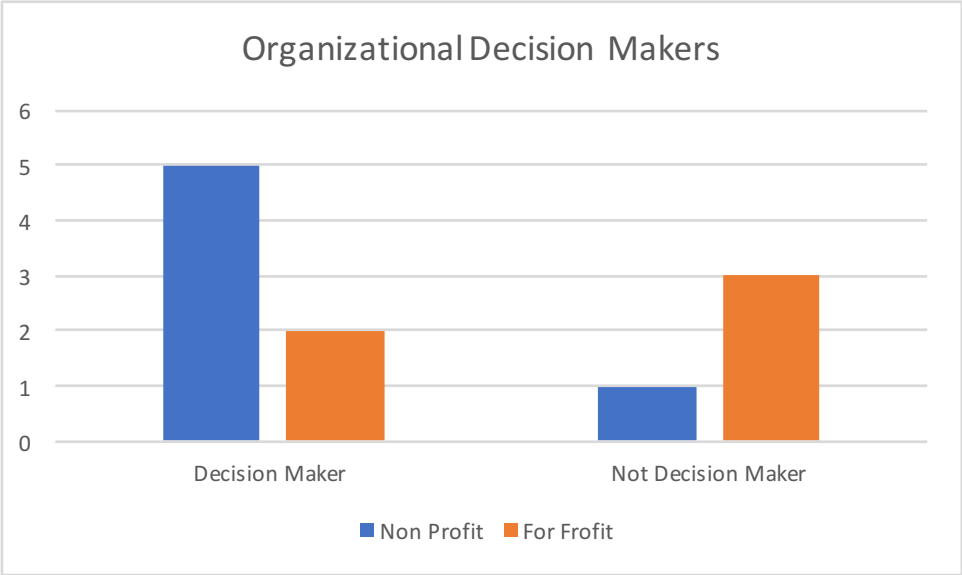

Figure 6. Organizational decision makers

Those FPLs that self-identified as contributors or influencers indicated interactions or access to the executives in their organizations that are the decision makers. Specifically, P2F said, "But I have access to the leadership team and they're pretty, I would say, pretty engaged in what (I am) doing." She further noted that "But, you know, I do have the platform to be heard." Similarly, P3F said "I do get to interact with the executive level." Finally, P6F response summarized the general role of NPL leadership through influence, noting:

> So, it is more of then working with people who are higher up in the organization to provide insights and feedback and ideas and suggestions and things that could be done to improve that within the company, but I can't necessarily always be the leader on those specific ideas.

Interview question 10. IQ10 asked: How are decisions made in your organization? In other words, if you are faced with an issue or problem, how does your organization discuss and decide on a solution? Two key concepts emerged from the analysis of responses to IQ10 (a) NPLs are more likely to leverage strategic plans than FPLs and (b) decision making is complex and variable for both NPLs and FPLs.

NPLs leverage strategic plans. There are differences in how NPLs and FPLs described decision-making processes in their organizations, with 5/6 of NPLs (83%) indicating that organizational decision making was rooted in a strategic plan or based on well-defined strategic goals. In contrast, none of the FPLs made connections between decision making and a strategic plan or strategic planning process. Specifically, NPLs provided rich details on how issue resolution in their organizations is rooted in robust strategic planning. P9N noted, "we're undertaking a new strategic plan as a planning process, as I speak." P11N said, "I start (with) the strategic plan for what I think we need to get done." P4N described the strategic planning focus of decision-making in his organization, saying:

> I think we always need to look at what are the tactical things going on and what are the strategic goals. And optimize both of them. It's just—it's not about what we do next week. It's about really, you know, what do we do over the next year. And the next two years. And, you know, those sorts of things. We can't just make short-term decisions or take short-term actions without thinking about what are the longer-term impacts of that.

Similarly, P8N responded:

> Every five years we develop what is called a 'strategic plan' that kind of says, 'Okay, we would like to do... Within this organization we would like to accomplish A, B, and C.' Then we work that out into what would each of these A, B, and C mean practically, not only a strategic plan but also a tactical plan. And that strategic and tactical plan is approved by the Medical Advisory Committee and by the board. So that is organizationally to set the broad strokes of what we're going to do as an organization.

P10N specifically highlighted that strategic planning was key to constructive collaborations:

> So, we went (into) very, very extensive strategic planning, two, within the first three years under my leadership to really be able to say to the community, and to our partners, this is who we are, this is how we function. These are our priorities. And we were able to do that, then you can speak and articulate things to your partners and you see very clearly if your partner can say, oh, yeah…well, we match up here or here or here.

Decision making is complex and variable. The second concept that emerged for patient advocacy leaders (both NPLs and FPLs) is that the decision-making processes within their organization are complex and variable and dependent on the type of decision at hand (strategic vs. operational/tactical). This result is like the data for IQ9 describing that NPL's have both strategic and operational leadership responsibilities. P3F noted that a specific decision-making process "just depends (on) what it is." P6F used almost identical language, remarking, "And I think it really depends on what the issue is." P10N replied, "I guess it really depends on what kind of focal problem it is. If it's operational…that's going to be me huddling with the staff." P1N said:

> If the problem is big enough and it affects the whole of the organization, I'm involved in my board president, for sure, and probably the rest of the board. But talking with him (the board president) first. It just kind of depends on what it is.

Interview question 11. IQ11 asked: What is your perception of how decisions are made in your partner organization? In response to IQ11, most FPLs (5/6 or 83%) noted that there is a variety or a "spectrum" (P2F, P5F) of decision-making processes in partner organizations, which is consistent with the concepts noted above, and that this variability often presents challenges. P6F described a variable experience when working with nonprofits that led to challenges, saying that "in some cases...they have a smooth process and in other cases, the board of directors aren't as informed on how nonprofits should be run and organized." Likewise, P7F stated, "It's a broad range, to be honest with you. I think that a lot of that depends on the size of the organization, whether they have full time staff." Similarly, P2F has been confronted with a range of decision-making processes in partner nonprofits:

> So, I think that, I think it varies. I think some decisions, or some people are just opportunistic. I believe that some people honestly never say no, like are just if anyone is like willing to do anything, they'll to do that. I think some organizations the more, the larger well-staffed, well-funded organizations are sometimes less clear in their decision making or it feels like the decision making is much more rooted in the financial benefit versus the actual real opportunity for members. So, I think there's a spectrum.

P3F reflected on her experience by offering, "that it kind of depends on the size." More specifically, she commented that larger nonprofits were often "very bureaucratic, very difficult to get any decision made. Very slow." In contrast, she noted that "there are other organizations, smaller ones that I can work with, where they can—I can email them, and they'll be like, oh,

yeah, we'll put it on social media later today." Similarly, P5F said "I guess my perception is that it's varied amongst the type of nonprofit," further noting that some PAOs are

> much more sophisticated in their structures and their decision-making practices, you know, that they're more policy of process mature. As opposed to, you know, the other spectrum which still categorizes as a nonprofit, but would be something that is more akin to a family or a couple families that have started a nonprofit in the name of their children or for some, you know, some example like that, that there's just a—their resources are going to be different. Their potential backgrounds and expectations or desires are going to be different. And so, it's like there's no real cookie cutter comment that I can give. But that I just do appreciate that there's going to be this span and spectrum.

Three NPLs respondents also highlighted a varied and often confusing decision-making process within their pharmaceutical industry partner organizations. Additionally, 2/3 NPL respondents recognized that the overall organizational structure of the for-profit company has an impact on their experiences with PAO/FPPC decision-making interactions. In general, NPLs were cognizant of the fact that their FPL partners were not decision-makers. For example, P11N remarked that decision-making "varies quite a bit depending on the size of the company." P11N further described challenges in working with industry:

> When you work with the smaller companies often the person across the table from you can make the decision themselves. Or they talk to their colleague across the table and they come to a decision and they go with it. And the larger companies…they have to go back and go up and down the hierarchy and then lawyers get involved, it gets a lot more complicated. It depends what you're asking, really, because in any organization, the

individuals you're talking to will have some degree of flexibility. It just extends to different degrees in different organizations.

P10N also said "it really depends," further saying that "I think my perspective is based who is on the industry team I'm working with." Notably, P10N concluded:

> So, it seems like industry as where they place advocacy within their industry company is usually very telling. So, for example, if they actually have an advocacy arm, with a director or manager, with a clear line of reporting structure, and its very transparent how decisions are being made. If it falls, let's say in marketing, then it's a gobbledygook. When you're not sure who's making the decisions. Or more importantly then why.

Finally, P1N highlighted that, in her experience, decision-making in for-profit partners was often obscure and confusing, and she recognized the challenges her FPL partners contend with in the context of a for-profit business model. In her words

> Oh, gosh. For me, honestly, I think that it's—that's still kind of a black box, you know. I don't think everything is solely based on bottom line financials, I think, you know, I think it's based on—everybody's taking risks here, including us. So, there's, you know, risk potential and, you know, whether the venture capitalist came through like they thought they were going to. What do the third quarters look like that. Did that mouse model really turn out to be, blah, blah, blah, when we recreated it. I mean there are so many factors that I think they're working on. And of course, if they're working with a portfolio of diseases, which most of these companies are, even startups, you know, they've got other disease portfolios to manage and other patient advocacy groups they're dealing with as well.

Interview question 12. IQ12 asked: What is the advantage or disadvantage of the decision-making process in each organization? Data analysis shows a variety of perspectives among NPLS and FPLs related to relative advantages and disadvantages of specific decision-making process.

P1N, P3F, P4N and P6F noted different reference frames for decision making between organizations. These differences were evident not only because of different stakeholders between for profits and nonprofits but also because of organizational size differentials with the nonprofit space. Specifically, P1N referred to fundamental differences between for profits and nonprofits noting that "Well, I think we're just so different. You know, our missions are so different, really." Additionally, this nonprofit leader explained:

> We're beholden to different audiences, you know. And because of that there is been a lot of differences in—maybe not in how we make decisions. I mean, I'm hoping we're all basing things on data and, you know, real intelligence. But we're beholden to different people.

P6F also highlighted that there are different stakeholder priorities between for profit and nonprofit organizations: "There's always someone that you have to answer to, whether it be on the industry side or the patient side, but those are theoretically different people and different issues that they're concerned about."

When describing differences between organizations, P4N highlighted the advantage that these differences can bring to CSP interactions:

> I have to listen and say, wait a minute. You are problem solving a different way than I would, or I have been. Help me understand that. How are you going to get from point A to point B. Because you're, you know, you're a smart and capable partner, if I can

generalize it. And yet you're seeing this differently than I am. And so those are the ways that we learn and as we go into, you know, further into the current project or into the next projects, we take those understandings and those relationships with us.

P3F highlighted the advantage of working with smaller nonprofits, noting differences in the decision-making process. Specifically, P3F commented, "I love to work with the smaller ones because they actually make decisions right." Additionally, P3F noted that in her experience, the decision-making process in larger nonprofits was disadvantage to partnership and collaboration:

I think what also makes a difference is the smaller groups are just so accessible. I mean, you can email a question to someone, to the executive director that started the group, and you get email back in half an hour saying, oh, yeah. I can be on a call tomorrow. Let's talk more. But, you know, with some of these large organizations, sometimes it's hard to even get an email back.

Beyond noting differences, participants also noted other thought provoking aspects of decision-making in FPPC/PAO interactions. For example, P2F provided a negative view of the way nonprofits controlled access to organizational decision making. P2F said:

But there is, you know, this like you have to pay to have a seat at our (nonprofit) table, which I just don't think it is a—I think there's increasing, you know, it's ironic, because there is increasing scrutiny on pharma as a whole and how we're changing relationships with funding.

Additionally, P11N, while reflecting on her experience in multiparty PAO/FPPC interactions, explained:

Making decisions by committee is great for building consensus and having everybody believe it's their own idea. It is incredibly slow and incredibly frustrating to make it

happen. Making a decision yourself is so much easier because you can make the decision and move on to the next step. But you may run into problems later if other people don't agree with that decision or comes back to, well, perhaps we should have done it some other way. So I think there's definitely advantages on both sides, I think depending on the project and the scale of the project. You've got to think about it. I wouldn't put together a big consortium without going through some sort of group decision making so that everybody's got some ownership and you—it's going to take a while. But the product on the other end will be bigger and better because of it.

Interview question 13. IQ13 asked: Do you and your collaboration partner discuss and outline some joint decision-making processes related to mutually agreed upon goals? Five of six respondents (83%) indicated that joint decisions making was not routinely discussed with collaboration partners. One NPL respondent said that, in her experience, joint decision-making did occur in the context of multi-party collaborations (i.e. two or more partners). Specifically, P11N remarked that "(c)ertainly (there is joint decision-making) in the situations where I've had multiple companies or (I am) working with a consortium."

In contrast, five respondents indicated that neither FPLs or NPLs routinely engaged in joint decision making with their counterparts or partner organizations. P1N responded "I wouldn't say so," which was like P2F's statement "you know, in terms of decision making, not so much." P3F said "we might outline some milestones, but for the most part, we… allow a patient advocacy group to have a fair bit of autonomy." P6F replied "So, I have to say that no, at least where we are today." Initially, P7F explained "I don't know if I'd really call it decision-making, per se" and further elaborated by noting that join discussions were "a lot about

providing input and consideration of that input, and how things are executed can be very much influenced, again, where appropriate by the advocacy organization."

***Data Summary for RQ3*.** In summary, RQ3 asked: What similarities and differences in decision making processes (in the partner organizations) impact productive PAO/FPPC interactions? The data describe disparities in decision-making authority between the NPLs and FPLs and complex, variable and challenging decision-making in partnerships. Specifically, three key themes were distilled from the key concepts described in the data analysis above:

1. Data analysis indicates that NPLs and FPLs approach decision-making differently because (a) there are clear differences between NPLs and FPLs in decision making authority (NPLS are more likely to be decision-makers in their organizations) and (b) NPLs are more much likely than FPLs to use formal strategic plans and strategic planning processes to drive decision-making.
2. Both NPLs and FPLs find that decision-making processes within their home organizations are complex and variable. Decisions vary based on the type of decision at hand (strategic vs. operational/tactical) and on the unique characteristics of each collaboration. Participants noted two factors leading to unique collaborations: (a) for-profits and nonprofits have different stakeholder expectations and different organizational missions, and (b) there are organizational size differentials with the nonprofit space.
3. In general, the data show that neither FPLs or NPLs routinely engage in joint decision-making discussions with their counterparts in partner organizations.

Summary

Armistead et al. (2007) characterize several leadership challenges in multi-sectoral partnerships, including "differing expectations, consensus building, dealing with conflict, and

performance" (Armistead et al., 2007, p. 218). Data analysis of this phenomenological study describes the specific challenges and opportunities that patient advocacy leaders experience in the context of PAO/FPPC collaborations. Key findings and themes resulting from this data show that there are similarities and differences between FPLs and NPLs as described by the 11 participants of this study.

RQ1 explored the leadership characteristics that impact productive PAO/FPPC collaborations. FPLs are more likely than NPLs to value communication skills as a leadership competency. Both NPLs and FPLs view relationship skills as important and impactful to productive cross sector partnerships. FPLs and NPLs differ in that FPLs are more likely to identify as collaborative and consensus building leaders and NPLS are likely to identify at goal driven and results oriented leaders. Both NPLs and NPLs identify with elements of transformational leadership.

RQ2 explored leadership and professional competencies that impact productive PAO/FPPC partnerships. Most FPLs and NPLs agreed that strategic analysis skills, marketing skills and facilitation skills were important and impactful to productive cross sector partnerships.

RQ3 explored similarities and differences in decision making that impact productive PAO/FPPC partnerships. NPLs are more likely to be decision makers in their organizations and are more likely to base decisions in formal strategic plans. Both NPLs and FPLs experience complex and variable decision-making context within their organizations. Generally speaking neither NPLs or PLs routinely discuss joint decision making with their cross sector counterparts.

In the next chapter (Chapter 5), these key themes will be discussed in more depth. Chapter 5 will also include implications of these findings, limitations of this research and recommendations for future research.

Chapter 5: Discussions, Implications, Recommendations and Conclusion

> I always believe you're better off making investments in leadership than anything else, if you really want a sustainable partnership.
>
> — Nonprofit Participant (2)

The enduring prevalence of complex societal challenges (e.g. poverty, clean water, human health and disease prevention, and climate change or other environmental problems) require the resources, efforts, and expertise of more than one organizational sector or type. Hukins and Kippin (2013) noted that the "long term challenges for state, business and society are daunting" (p. 6) and these challenges demand change efforts that can be enabled by cross sector collaboration. In other words, the "convergence of economic, social and political pressures" is a driving force that is fostering the continuing emergence of cross sector partnerships (CSPs) between government, nonprofit and for-profit entities (Sakarya et al., 2012, p. 1710). Literature has shown that leadership and management skills, as well as decision-making frameworks are important in CSPs; however, Crosby and Bryson (2010) suggested that the "leadership language and scholarship have been remarkably scarce in the academic literature on collaboration" (p 212).

Patient advocacy organizations (PAOs) routinely interact with for-profit pharmaceutical companies (FPPCs). Despite the importance of PAO/FPPC partnerships, these specific collaborations are underrepresented in both scholar and practitioner literature. The goal of the research study presented here was to explore how practitioners at the interface of PAO/FPPC partnerships experience the phenomenon of collaboration with one another. Six of the participants were nonprofit leaders (NPLs) and six were for-profit leaders (FPLs). Specific objectives were (a) to provide a more thorough understanding of personal leadership attributes of

successful patient advocacy collaborators, (b) to explore leadership attributes and skills necessary for successful PAO/FPPC collaborations, and (c) to investigate the potential impacts of similarities and differences in the decision-making processes of each partner in a PAO/FPPC collaboration.

This study posed three research questions (RQ's) and each RQ was supported by interview questions (IQs). The research questions (RQs) and related interview questions (IQs) are as follows:

- RQ1: What leadership characteristics impact productive PAO/FPPC interactions?
  - IQ1: What are your personal leadership styles or characteristics?
  - IQ2: Based on your experiences with productive PAO/FPPC collaborations, which of your leadership characteristics contributed most to a successful outcome?
  - IQ3: Based on your experiences with productive PAO/FPPC collaborations, what leadership characteristics do you value most in your collaboration partner?
- RQ2: What managerial skills or professional competencies impact productive PAO/FPPC partnerships?
  - IQ4: Based on your experiences with productive PAO/FPPC collaborations, what is the importance of strategic analysis skills (such as assessing political or financial feasibility)?
  - IQ5: Based on your experiences with productive PAO/FPPC collaborations, how important are marketing skills in gaining attention from internal or external stakeholders?

- IQ6: Based on your experiences with productive PAO/FPPC collaborations, how important are group facilitation skills in activating or maintaining successful interactions?
- IQ7: Based on your experiences with productive PAO/FPPC collaborations, what managerial or professional competencies do you think your collaboration partner values most?

- RQ3: What similarities and differences in decision making processes (in the partner organizations) impact productive PAO/FPPC interactions?
  - IQ8: What are your goals when entering into a collaboration?
  - IQ9: Do you participate in strategic decision making at your organization? If so, at what level? (team level, department or division level, executive level, etc.).
  - IQ10: How are decisions made in your organization? In other words, if you are faced with an issue or problem, how does your organization discuss and decide on a solution?
  - IQ11: What is your perception of how decisions are made in your partner organization?
  - IQ12: What is the advantage or disadvantage of the decision making process in each organization?
  - IQ13: Do you and your collaboration partner discuss and outline a joint decision making processes related to mutually agreed upon goals?

Detailed discussions of the key themes resulting from data analysis are discussed in depth below.

Discussion

Chapter 4 described key findings from data analysis of each of the RQ's. These key findings are examined here in relationship to current literature.

RQ1 leadership characteristics. Given the increasing prominence of CSPs, Gray (1989) argued that a "special breed of leader is needed if more systematic use of collaboration is to occur" (p 279). Current literature also suggests that individual leadership style, attributes, and capability are also important to high functioning cross sector collaborations (Hukins & Kippin, 2013; Kolk et al., 2010; Lovegrove & Thomas, 2013). Research Question 1 asked What leadership characteristics impact productive PAO/FPPC interactions? The interview questions associated with RQ1 invited NPLs and FPLs to share their experiences on leadership attributes, skills, and characteristics they thought were important to CSPs. Four key themes were identified from the key concepts derived from data analysis of the interview questions related to RQ1 and each of these is discussed below.

RQ1 – Theme 1: Most FPLs (4/6 or 80%) placed a high value on clear, transparent communication, as self-identified and critical strength and as a leadership skill that they valued in their collaboration partners. This finding is consistent with previous literature that describes the importance of communication skills in CSPs. For example, communication has been noted as one of the key functions that occur within the productivity phase of Williams et al. (2016) life-cycle model (as noted in Chapter 2). Williams et al. (2016) stated that the productivity stage is not only complex but also the most critical phase in the collaboration life-cycle as it generates the outputs that produce outcomes. Four functions are constantly occurring in the productivity phase including "communication, learning, decision-making and managing stability" (Williams et al., 2016, p. 183). Additionally, Stadtler and McDonald (Stadtler & MacDonald, 2018) noted

that "(c)ommunication skills and competencies are critical for establishing shared meaning and understanding among the often diverse (CSP) partners" (para. 5).

In contrast, the importance of communication skills was not as evident in the data of NPL responses, and this result (i.e. an apparent difference between NPLs and FPLs) is a new and different finding important to both scholars and practitioners. Specifically, this suggests that NPLs may be at a disadvantage during PAO/FPPC interactions if they are not as capable as their for-profit partners in communicating their goals or the value they bring to a partnership.

RQ1 – Theme 2: Data analysis indicates that both NPLs and FPLs (5/11 participants or 45%) believe that the ability to develop and maintain relationships is an important leadership skill that positively impacts productive PAO/FPPC partnerships. This research finding corroborates current literature that emphasizes the important of relationship skills in CSPs. For example, as noted in Chapter 2, Bryson et al. (2006) stated that CSPs provide multiple opportunities for formal and informal leadership, and collaboration leaders should have relationship and political skills. Additionally, Schweitzer (Schweitzer, 2014) noted that the "ability to create trusting relationships" (p. 442) is one of the factors that enhance alliance success.

RQ1 – Theme 3: Based on the data, more FPLs than NPLs self-identified as collaborative, consensus building leaders. In contrast, more NPLs than FPLs self-identified as goal driven, results oriented leaders. This result, highlighting differences in self-described leadership characteristics, is generally compatible with CSP literature describing differences between sectors and organizations in goals and values. For example, Goulet and Frank (2002) stated that "nonprofit, for-profit, and public-sector organizations differ from each other in mission and approach" (p. 1). Additionally, current literature notes that that it is "difficult to

negotiate shared purpose and resolve competing interests" (Armistead et al., 2007, p. 218) that result in consensus in CSPs. But, this result does add new insight highlighting the differential development and valuation of leadership skills between NPLs and FPLs.

***RQ1 – Theme 4*:** Analysis indicates that both NPLs and FPLs (5/11 participants or 45%) self-identify with some elements of transformational leadership. This finding is consistent with previous research in two areas. First, Kolk et al. (2010) noted that transformational leadership is an important skill for cross sector collaborators because it is positively related to active engagement in partnership-related conversations. Second, preceding literature also has shown there is a positive relationship between transformational leadership and organizational performance and organizational innovation in the pharmaceutical sector research (Garcia-Morales et al., 2008).

RQ2 managerial skills and professional competencies. Morse and Buss (2008) stated that specific skills that are applicable in a collaborative, cross sectoral context include self-management, strategic thinking, and facilitation skills. RQ2 was designed to explore these issues in PAO/FPPC partnerships and asked, what managerial skills or professional competencies impact productive PAO/FPPC partnerships? This research adds to the current body of knowledge by identifying three skills sets (strategic analysis skills, marketing skills, and facilitation skills) that are important to the success of PAO/FPPC partnerships.

RQ3 decision making. Current literature notes that CSPs may be particularly influenced by differences in decision making processes and culture in the partnering organizations, particularly between sectors with different institutional logics. Specifically, "nonhierarchical structures and inclusive decision-making processes may not be perceived as legitimate by outsiders more accustomed to traditional command and control bureaucracies" (Bryson et al.,

2015, p.7). Other studies have also noted that decision-making in CSPs is a key challenge facing practitioners. For example, the cooperative nature of CSPs indicates that consensus decision making is necessary in collaborative structures (Mayer & Kenter, 2016). In addition, Cairns and Harris (B. Cairns & Harris, 2011) stated that tensions can exist around information sharing and decision-making processes in collaborations. Gray and Purdy (2014) proposed that each sector holds an "institutional logic that helps its members interpret events, create meaning, and experience a sense of identity" (p. 214) and differences between sectors may impact decision making frameworks. RQ3 asked, what similarities and differences in decision making processes (in the partner organizations) impact productive PAO/FPPC interactions? The data describe disparities in decision-making authority between the NPLs and FPLs and illustrates the complex, variable and challenging decision-making context that exists in PAO/FPPC partnerships. Three specific themes were distilled from the key concepts derived from data analysis of the interview questions related to RQ3.

***RQ3 – Theme 1*:** Data analysis indicates that NPLs and FPLs approach decision-making differently because (a) there clear differences between NPLs and FPLs in decision making authority (NPLS are more likely to be decision-makers in their organizations), and (b) NPLs are more much likely than FPLs to use formal strategic plans and strategic planning processes to drive decision-making.

These findings are broadly in harmony with literature noting decision- making differences between sectors. Goulet and Frank (2002) proposed that "nonprofit, for-profit, and public-sector organizations differ from each other in mission and approach" (p. 1) and nonprofit organizations' decisions are guided by the specific interests of the members of the organization and the populations or groups they serve (Erakovich & Anderson, 2013; Najam, 1996).

However, this data provides significant new insight into specific ways decision-making differs for FPLs and NPLs. In other words, this research adds to the body of knowledge by highlighting that NPLs are decision-makers, while FPLS are generally not, and by emphasizing that NPLs (and not FPLS) anchor decision making in strategic plans and formal strategic planning processes.

RQ3 – Theme 2. Both NPLs and FPLs find that decision-making processes within their home organizations are complex and variable. Participants noted two factors leading to unique collaborations: (a) for-profits and nonprofits have different stakeholder expectations and different organizational missions, and (b) there are organizational size differentials with the nonprofit space. This finding supports current literature that describes complexity in decisions making for the CSPs. For example, the cooperative nature of CSPs indicates that consensus decision making is necessary in collaborative structures (Mayer & Kenter, 2016). Furthermore, McNamara (2012) noted that independent decision-making, centralized decision-making, or participative decision-making may be needed depending on the type of partnership.

RQ3 – Theme 3: In general, the data shows that neither FPLs or NPLs routinely engage discussions with their counterparts in partner organizations regarding decision-making. Despite the literature noting the importance of decision-making, this is a new finding that adds important insight into the nature of PAO/FPPC interactions.

Implications

This body of research, presented in Chapter 4 and discussed in more detail in this chapter, leads to several important implications:

- This research suggests that NPLs and FPLs have differing perspectives on the value of communication skills. These differences have implications for mutual

understanding and developing an ability to work together. In other words, each research participant in this study provided their subjective experience, but given the complexity of these collaborations the development of intersubjective congruence is important. Stahl (Stahl, 2016) noted that "major geo-political issues of the day concern how people around the shrinking globe can understand each other and relate in unity to their shared world" (p. 2). In other words, developing and maintaining areas of shared meaning and outlook are critical for successful collaboration. Stadtler and McDonald (Stadtler & MacDonald, 2018) noted that "(c)ommunication skills and competencies are critical for establishing shared meaning and understanding among the often diverse (CSP) partners" (para. 5) and that communication related skills are "closely linked to effective knowledge integration. Knowledge integration enables individuals to facilitate shared meaning by identifying overlapping needs and framing these needs with language the transcends sector boundaries" (para. 5).

- Results from this study suggest that patient advocacy leaders working in PAO/FPPC partnerships are subject to similar leadership pressures experienced by practitioners in the wider class of CSPs (e.g. challenges in decision making, and the tensions between complex organizational and collaboration structures). There are two important implications here. The first is that the PAO/FPPC subset of CSPs is a useful sampling frame for ongoing investigations into wider CSP phenomena. The second is that patient advocacy leaders would benefit from the larger body of CSP knowledge that is available. Consequently, educating current and future practitioners in the cross sector space of patient advocacy should draw on the wide body of knowledge available regarding general CSPs.

- The results of this study provide valuable perspective into the broad assortment and diversity of leadership competencies and management skills that are important in PAO/FPPC collaborations. There is no one size fits all approach to successful collaboration, since each organization and partnership are unique, and each leader brings a distinctive perspective. Furthermore, Huxham and Vangen (Vangen & Huxham, 2010) noted that CSP leaders are not only concerned with "influencing or transforming individuals," but they are also concerned with transforming the behavior of organizations (p. 1160). This has implications for the skill development and the professional growth of individual practitioners and suggests that patient advocates should become diligent in self-assessment. Specifically, proactive reflection and assessment of skills and competencies (i.e. an inventory of an individual's personal *tool box*) is a useful as a first step towards either leveraging personal strengths or learning new skills. This library of skills and competencies may seem daunting from the perspective of a single practitioner! However, both CSPs in general and specific PAO/FPPC interactions are not solo endeavors, reliant on only one person. Stadtler and McDonald (2018) stated that while CSPs "call for enhanced self-awareness, they do not call for superheroes excelling in all skillsets. Instead, greater awareness about the required competencies may help to build partnership teams in which member skillsets are complementary and cover the diverse skillsets." (para. 8).

Limitations

The goal of this phenomenological study was to explore the lived experiences of patient advocacy leaders working at the interface of PAO/FPPC partnerships, and data analysis has provided unique perspectives and important insights into this phenomenon. However, this study

reflects the subjective experiences of the 11 participants. Hence, the data is dependent on the participants' abilities to articulate their experiences. Participants in this study all met the inclusion criteria for significant experience in the field of patient advocacy. However, there is no certainty that these findings are typical of the whole population of leaders in PAO/FPPC collaborations. The results of this study may be limited because participants were not balanced by gender (i.e. there were 2 males and 9 females). This study may also be limited because participants were not matched pairs (i.e. there is no evidence that NPL organizations had partnership or collaborations arrangements with organizations of the FPL participants).

Recommendations for Future Research

On a macro scale, CSPs are important drivers of problem solving and solutions to complex problems effecting society. As a specific example of CSPs, PAO/FPPC partnerships provide a unique value proposition in the development of new drugs. This research made new contributions to the field, but has also generated new questions. Four recommendations for further research are outlined below.

1. In this study, for-profit organizations tended to be larger in size than nonprofits, ranging from 25- 450 full time, paid staff. Nonprofits ranged from 0-40 full time, paid staff. A future study, with a larger sample size, could be stratified by organization size to explore similarities and differences between NPLs and FPLs when organizational size is not a differential factor.

2. Participants were not balanced by gender (i.e. there were 2 males and 9 females) and participants were not matched pairs (i.e. there is no evidence that NPL organizations had partnership or collaboration arrangements with the organizations of FPL participants). A future study, with larger sample size and greater gender balance

would be informative. In addition, insight could be gained with a larger study of known NPL and FPL collaborators.

3. CSP research indicates that successful alliances evolve over time via a "sequence of learning-reevaluation-readjustment cycles over time" and it is logical to assume that collaboration leaders gain valuable skill and expertise over time as they experience this learning cycle (Doz, 1996, p. 64). In this study, participants' tenure as patient advocates ranged widely, from 1.5- 33 years. A future study, stratified by years of experience, that explores the similarities and differences between leadership and management capabilities between newer and more experienced patient advocates could add significantly to the body of knowledge for both scholars and practitioners.

4. Given that current literature and this study indicate that transformational leadership may be an important factor is CSPs, a future study could include a validated measure of transformational leadership such as the Multifactor Leadership Questionnaire (MLQ) to further explore elements of transformational leadership that are important to PAO/FPPC collaborations.

5. This study focused on two-sector collaborations between nonprofits and for-profit organizations. However, drug development is a highly-regulated endeavor and interactions across with various government entities (most notably the Food and Drug Administration) are required for the widespread use and successful commercial launch of a new medicine. Future research could include participants from the government sector that interface directly with NPLS and FPLs.

Conclusions and Final Thoughts

Innovative and enduring solutions to the myriad of complex social and environmental challenges facing the world today require the shared resources and combined talents of government, nonprofit, and for-profit sectors. These interactions manifest in specific types of interorganizational interactions called cross sector partnerships (CSPs). Each of these sectors serve different, important purposes and when mutually focused on specific problems, CSPs can enable synergistic approaches that result in more effective solutions than the narrower efforts of a single sector.

Drug development is a specific example of a complex, urgent social challenge. Parents and families of sick children often form nonprofit patient advocacy organizations (PAOs) to engage in supporting sick family members and to support research and drug development. Because of their interest in improving the health of specific populations, PAOs are increasingly entering into relationships and collaborations with for-profit pharmaceutical companies (FPPCs). Consequently, PAO/FPPC partnerships are an example of the broader CSP phenomenon.

Despite the increasing popularity of PAO/FPPC partnerships and the recognition that these interactions are both fostering scientific discoveries and having a positive impact on development of new therapies, key attributes of successful leadership in these collaborations have not been fully explored and theorized in the literature. This study sought to contribute to the body of knowledge on leadership in PAO/FPPC partnerships by investigating the lived experience of the for-profit FPPC leaders (FPL) and nonprofit PAO leaders (NPL). Specific objectives were to provide a more thorough understanding of personal leadership attributes of successful patient advocacy collaborators, to explore the managerial attributes and skills necessary for successful PAO/FPPC collaborations, and to investigate the potential impacts of

similarities and differences in the decision-making processes of each partner in a PAO/FPPC collaboration.

This research used a phenomenological approach to explore how leaders in the field of PAO/FPPC alliances experience collaboration with one another. In support of the research purposes stated above, this study addressed the three research questions (RQs), using semi structured interviews. These RQs were:

1. What leadership characteristics impact productive PAO/FPPC interactions?
2. What managerial skills or professional competencies impact productive PAO/FPPC partnerships?
3. What are the similarities and differences in decision making processes in the partner organizations that impact productive of PAO/FPPC interactions?

Each RQ was supported by three to six interview questions (IQs), which were designed to elicit rich descriptions of the lived experience of patient advocacy leaders.

Results from this study include several important new contributions that add to the body of knowledge related to PAO/FPPC cross sector alliances. First, the data describe disparities in decision-making authority between the NPLs and FPLs and the data illustrate the complex, variable and challenging decision-making context that exists in PAO/FPPC partnerships. Second, these results confirm that strategic analysis skills, marketing skills, and facilitation skills are important leadership competencies that impact productive PAO/FPPC partnerships. Finally, this research describes (a) that NPLs and FPLs place similar value on relationships skills and elements of transformational leadership; (b) that more FPLs than NPLs self-identified as collaborative, consensus building leaders; (c) that more NPLs than FPLs, self-identified as goal driven, results oriented leaders; and (d) that here is an apparent difference between NPLs and

FPLs in the importance of communication skills, with more FPLs than NPLs describing this as a valuable leadership competency.

This study is significant because an increased understanding of collaborations between patient advocacy organizations and drug development companies may allow for more positive and beneficial future collaborations. Current and future industry and PAO practitioners will each benefit from a more thorough understanding of the roles they play in these collaborations. Furthermore, this research provides some insights into how future practitioners might be guided towards additional training and professional growth that enhance professional competency. Finally, effective leaders working at the interface of PAO/FPPC partnerships impact the outcome of these alliances, which ultimately provide benefit to those patients suffering from diseases that can be positively impacted by new drug development. In addition, this research provides insight into the general phenomena of cross sector alliances, which may prove beneficial to a wide range of social challenges.

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APPENDIX

IRB Approval

PEPPERDINE

Pepperdine University
24255 Pacific Coast Highway
Malibu, CA 90263
TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: February 24, 2017

Protocol Investigator Name: Monica Miller

Protocol #: 17-01-491

Project Title: LEADERSHIP AND MANAGEMENT IN PRODUCTIVE CROSS SECTOR COLLABORATIONS BETWEEN PATIENT GROUPS AND INDUSTRY

School: Graduate School of Education and Psychology

Dear Monica Miller:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair