

**PREFERRED LEADERSHIP STYLE OF HOSPITAL ADMINISTRATORS,
CHILDRENS HOSPITAL COLORADO: PHENOMENOLOGICAL STUDY**

A Dissertation Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Management in Healthcare Management and Leadership

By

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Abstract

This qualitative study using a phenomenological approach examined the preferred leadership styles of hospital administrators at Children's Hospital Colorado. Children's hospitals have a unique patient population and mission, which call for a different style of leadership to guide the culture of pediatric health initiatives. This research unveiled the importance for leaders to know what their main style preferences are so that they can evaluate the effectiveness of that style in a given set of circumstances. Hospital administrators are at the forefront of contributing to organizational productivity and ensuring that peak performance contributes to the overall success of the hospital. Hence, their leadership style provides hospitals and healthcare organizations the opportunity to optimize organizational productivity. To achieve the aim of the study, individual, in-person, semi-structured investigative interview methods were used. Ten hospital administrators were interviewed. This study used a theme identification process to capture the day-to-day experience. The phenomenological approach provided the hospital administrator perception of his or her leadership style and meaning of events throughout his or her lived experiences. Through an exploratory approach, the data were analyzed for emerging themes and were used to uncover gaps in leadership styles. The findings demonstrated that hospital administrators at Children's Hospital Colorado prefer situational leadership and that the research has implications for guiding change through exposing the inconsistencies among hospital leaders at one given hospital. It is suggested that future research consist of children's hospitals designing and implementing leadership development training that focuses on situational leadership.

Dedication

There are a number of people to whom I dedicate this thesis who have collectively supported me.

To my mother, Marcia, who loves me unconditionally and whose good examples have taught me to work hard for the things that I aspire to achieve. She has opened my eyes to the world and has truly taught me the meaning of treating others with kindness, love, and respect.

To my father, Ed, who throughout my life has actively supported me in my determination to find and realize my potential to pursue anything imaginable.

To my sister, Shannon, who through her life lessons has given me perspective and strength in achieving this milestone and other personal and professional goals.

To my nieces and nephews, Dante, Journee, Stevee, Skye, and Mario, for keeping this journey light-hearted.

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To my daughter Nicole, extended family, friends, and peers, who have been my sounding board while being understanding, reassuring, and loyal.

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CHAPTER ONE

Healthcare leaders are facing critical issues within their organizations, and now more than ever they must find the solutions they need to be more effective and successful. Hospital leadership styles are considered strategies and tools that help organizations better serve their patients and communities while improving financial and operational goals (Spinelli, 2006). Hospital administrators must know and understand the effects of their leadership style and the key aspects that contribute to organizational performance, organizational productivity, and the leadership styles needed to ensure peak performance. The ultimate success of a hospital administrator comes when adequate attention to managerial issues is addressed and when leadership styles increase effectiveness and maximize staff engagement (Spinelli, 2006). Hospital administrators are charged with effective performance, management processes, and the responsibility to align organizational mission, goals, and vision among staff. Administrators must focus on the future development of their employees, and they must ensure that employee goals are aligned to individual and organizational goals.

As middle managers, hospital administrators must constantly refine their performance management tools through their leadership styles to ensure that they are engaging 100% of their employees (Felland, 2003). This study's analysis and research provided data that helped focus on certain leadership themes, trends, and concepts that guided a purpose of providing knowledge regarding the preferred leadership styles of hospital administrators, specifically at Children's Hospital Colorado. The research explored through the literature review discusses the impact of different leadership styles and unveils the importance for leaders to understand their main style

preference. The many aspects of leadership styles, such as trust, integrity, strategy, and relationship-building, are managed by middle management and affect large hospital systems and patient outcomes (Felland, 2003).

The goal of this qualitative study using a phenomenological approach was to conduct an analysis examining the preferred leadership styles of hospital administrators at Children's Hospital Colorado. In addition, interviews occurred with hospital administrators from various service lines and through a phenomenological approach; interviews were used to study their leadership styles. This approach highlighted how the administrators are leading service lines and, through research, facilitated the collection of data on the many challenges faced by healthcare organizations and hospital systems today (Hunter, 2008). Chapter One outlines the general framework of the study, including its background, problem statement, purpose, research question, theoretical perspective, assumptions, significance, delimitations, limitations, definition of terms, and research design. The chapter concludes with the organization of the remainder of the dissertation.

Background

Throughout the nation, the healthcare industry is struggling to provide quality healthcare to citizens while managing costs and hospital personnel (VanVactor, 2012). Healthcare organizations and hospital systems recognize the need to provide quality services if they want to survive the economic demand of providing quality patient care and the social needs of people seeking care. Hospital administrators must constantly develop new leadership skills to meet the demands of their positions and the turbulent healthcare environment. The need for appropriate leadership styles is more prevalent than ever, as healthcare professionals are needed to function in an environment of uncertainty, change, disorder, and ambiguity (Busari, 2012). Hospital

leaders should now be expedient, innovative, and flexible while managing the needs of hospitals and the physician-patient relationship (Busari, 2012). Hence, healthcare leadership and management reflect the emphasis and the concentration of leadership within the organization by underlining measurable outcomes and hospital leadership core competencies (Busari, 2012).

As a consultant working in the healthcare industry, it is important to conduct research and get the most out of leadership styles that can help save money in healthcare costs and improve patient treatment. More critically, as an academic, it is crucial to reference the importance of studying the phenomena of hospital administration leadership from a scientific approach within the healthcare industry, as well as to share those results via hospital leadership literature. Consistent healthcare leadership styles can improve hospital communication among various service lines and clinical operations and can minimize expensive and unnecessary trips to the hospital (Olivo, 2014). Although this is important for all hospital systems, it is especially important to research and study the preferred leadership styles at children's hospitals like Children's Hospital Colorado. Pediatric hospitals are the backbone of the nation's pediatric healthcare infrastructure, and they provide the highest-quality care for children who require hospitalization or routine primary care (U.S. News & World Report, 2014). As regional centers for children's health, they meet the healthcare needs of children in urban neighborhoods, suburbs, and rural areas, and they make up 5% of all U.S. hospitals nationwide (U.S. News & World Report LP, 2014). Collecting data and analyzing disparities of hospital administrator leadership styles affecting healthcare quality, patient safety, healthcare costs, and hospital risk management set the basis for addressing leadership disparities (Al-Sawai, 2013). Moreover, this research discusses the changing demographics of the U.S. healthcare system and the leadership styles that contribute to inconsistent business practices (Al-Sawai, 2013).

Problem Opportunity Statement

The changes within healthcare systems are prevalent and continuous. The goal of every healthcare organization and hospital system is to provide the safest and most effective patient care while lowering financial costs. Hospital administrators play an important role: they are responsible for managing day-to-day operations in a number of service lines (Choudhry, 2005). Hospital administrators are responsible for providing (directly or indirectly) efficient, standardized, and adequate care to all types of patients. They are supported by medical staff and, in most cases, act as a liaison between physicians and nurses and hospital executives. Hospital administrators determine policies and regulations while evaluating physicians and patient outcomes for the betterment of the hospital and the community that it serves (Varkey, 2010).

The opportunity addressed by this research provides insight into the preferred leadership styles of hospital administrators at Children's Hospital Colorado. Leadership styles as they relate to children's hospitals are not commonly written about or researched due to the lack of knowledge surrounding this phenomenon (Oliver, 2006). The gap in literature, as it pertains to this study, was addressed by analysis conducted through a phenomenological study that provided additional information on leadership styles, specifically of hospital administrators. The information obtained in this research acknowledged inconsistencies and uncovered positive outcomes within hospital administration leadership at children's hospitals (Scott, 2004).

Children's hospitals face many challenges that vary from those of general acute care hospitals, including coordinating services for conditions that need both pediatric and adult care (Oliver, 2006). Determining the place of a children's hospital as an Accountable Care

Organization (ACO) and provider of post-acute care services lacking in the community requires specific leadership innovation (Rodack, 2012). Children's hospital patient volumes are increasing, creating capacity challenges that require hospital administrators to be more effective leaders (Rodack, 2012). Demand is high at a time when hospitals see an influx of newly insured patients under the expansion of Medicaid under the Affordable Care Act (Rodack, 2012). More importantly, the supply of pediatric specialists may be threatened if graduate medical education funds of children's hospitals are cut in a state quest to reduce costs (Rodack, 2012). This can affect children's hospital leadership across all service lines by placing large demands on them (Oliver, 2006). Additionally, children's hospitals are involved with large, integrated delivery systems that are developing ACOs and specialty pediatric health plans (Rodack, 2012). This subject matter is important because of the effect that administrators have on a hospital and patient care.

It is important to know the leadership successes and failures of administrators who are trying to keep up with the ever-changing landscape and environment of the delivery of healthcare (Scott, 2004). This qualitative research and phenomenological approach examined the preferred leadership styles of hospital administrators at Children's Hospital Colorado based on the gap in the literature that does not definitively address this subject matter. An aim of this research was to unveil the importance for leaders to recognize their main style preferences so that they can evaluate the effectiveness of that style and become more effective as hospital administrators and leaders.

Purpose Statement

This qualitative research and phenomenological approach was intended to unveil the preferred leadership styles of hospital administrators at Children’s Hospital Colorado. Patient care and quality of care within hospital systems are the most important factors discussed in the healthcare industry today. Healthcare should come in the form of better access, lowered costs, and quality care. These are obtained through rules, regulations, policies, hospital flexibility, and structure (Foster, 2011). Specifically, children’s hospitals help ensure that children have access to healthcare services to meet their unique needs and give them the best chance at a healthy future. More importantly, children’s hospital administrators must adapt to change and lead at the highest level. How they lead and manage within their service lines affects the hospital and patient care. This research focused on the impact of leadership styles at Children’s Hospital Colorado and aimed to unveil the importance for leaders to recognize their main style preferences so that they can evaluate the effectiveness of that style. The research provided information that will help hospital administrators become more effective leaders. The qualitative research methodology and phenomenological approach supported a strategy that allowed for an exploratory inquiry for this study.

Research Question

The central research question was as follows: “What is the preferred leadership style of hospital administrators at Children’s Hospital Colorado?” The impact of leadership styles at Children’s Hospital Colorado unveiled the importance for leaders to know what their main style preferences are.

Propositions

This research was designed to conduct a study on the current state and quality of hospital leadership and administration conflicts as they relate to managing leadership development during organizational and industry change at Children's Hospital Colorado. The propositions direct attention to the examination of hospital administration leadership, specifically within children's hospitals. This qualitative study using a phenomenological approach provided insight on predominant leadership style and directed participants to consider their style of leadership.

This research was also helpful in unveiling the importance for leaders to understand what their main style preferences are so that hospital executives can manage leadership initiatives through analysis and determine future investment in resources. It is proposed that this study will stimulate thought and discussions on hospital administration leadership through the comparison of hospital leadership trends, as well as leadership effectiveness through a formal interview process. It is believed that the effectiveness of leadership styles in a given set of circumstances may determine how hospital administrators need to change their leadership style in order to get better results. In doing so, this study helps to identify hospital administrators who had the opportunity to observe executive-level leadership and who were impacted by their leadership styles.

It was believed that the majority of hospital administrator leadership styles would be classified as transformational, transactional, autocratic, and laissez-faire leadership styles (Dunham, 2000). Although participants were allowed to share anecdotal information, the research framework employs an evidence-based format that probed the participants to share and discuss specific leadership events. Research findings can highlight differences of leadership styles within an organization, implying that unequal theoretical perspectives promote social

conflict theory, which creates an imbalance of expectations within the organization (Busari, 2012).

The contextual literature that has been selected presents the framework and provides an overview that helps qualify the research being presented while providing conceptual guidelines that can verify the assumptions being made (Choudhry, 2005).

Theoretical Perspectives/Conceptual Framework

The history of hospital administration has been well documented, and there is a variety of different literature focused on healthcare change management, hospital leadership, hospital organizational development, and performance management (Salge, 2009; Busari, 2012).

The hospital is a complex organization that includes dynamic activities aimed to achieve patient care satisfaction, and the standards for pediatric care are often more rigorous. Given the imperative to improve quality and efficiency in healthcare, hospital executives are currently challenged to develop and implement both innovative and proven methods to address leadership issues (Busari, 2012). Inconsistent leadership within an organization creates an unequal theoretical perspective that promotes social conflict theory, creating an imbalance of the expectations within the organization (Busari, 2012). Healthcare organizations should not leverage titles as being the driver of leadership, but instead should acknowledge the research that has been conducted in this industry.

Historic information and current relevant topics, such as the role of hospital executive leadership, are presented in the literature review. Moreover, the research presents information derived from interviews and informal discussions with hospital leaders and healthcare executives in parallel with theoretical perspectives of leadership styles being discussed in this research, such as autocratic, transformational, transactional, and laissez-faire leadership. This research required

including qualitative research methods to effectively determine hospital administrator leadership styles by focusing on the interactions between leaders and events. The framework was also enhanced by the semi-structured interview process that included open-ended questions to guide the interviews and probing questions to obtain additional information. Autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership were used to link the semi-structured interview with the hospital administrator leadership style.

This research sought to illustrate the importance of consistent leadership styles within one hospital system to minimize conflict and change. The conceptual framework was driven by the ever-changing healthcare industry and the effects of change on children's hospitals and the hospital leaders employed by them at the administrative level (mid-level managers). Hospital leadership and management have many levels of variables and intricacies, such as organizational culture and leadership development practices (Busari, 2012). It is known that leadership styles can determine performance behaviors and can affect organizational and departmental climates (Northouse, 2013).

The research utilized a qualitative methodology and phenomenological approach to allow the development of inductive themes that are drawn from systematically gathered and analyzed data. This methodology permits an exploratory approach that consists of different phases, which include the following: deciding on a research problem, framing the research question, collecting data, coding and analyzing data, and developing themes related to the phenomenon being studied. This approach brackets the experiences and explores the perceptions of the leaders themselves.

Assumptions/Biases

The objective of this research was to investigate the preferred leadership styles of hospital administrators at Children's Hospital Colorado, unveiling the importance for leaders to understand what their main style preferences are. A key assumption was that inconsistent leadership styles within a hospital cultivate a working environment that is regressive, counterproductive, and ineffective, as discussed in the *Journal of Healthcare Management* (Scheck, 2008). This assumption was relevant because it contributes to the notion that leadership instability negatively impacts organizational growth and impedes leadership innovation throughout the organization (Scheck, 2008). The assumption was that hospital and healthcare organizations have concerns with leadership structure and demonstration and are unsure how it should be assessed (Scheck, 2008). More importantly, through qualitative research and interviews, the research was used to further test the assumptions by investigating the preferred leadership styles of hospital administrators at Children's Hospital Colorado.

Hospitals will continue to feel pressure for the need to develop leadership (Scheck, 2008). Another assumption suggests that hospitals achieve better results if they foster a learning orientation and put in place processes to facilitate leadership development. Although control systems are important, hospital leaders should realize that they might impede organizational efforts during organizational change without knowing the impact of their leadership style (Scheck, 2008). This study was used to help better understand a phenomenon of preferred leadership styles of hospital administrators at Children's Hospital Colorado through qualitative interviews and a phenomenological approach (Hunter, 2008).

Significance of the Study

This research benefits children's hospital administrators, hospital executives, and other healthcare stakeholders throughout the organization. This qualitative methodology with a phenomenological approach contributes to this research by studying various types of literature outlining leadership styles. It also highlights the effect of leadership on hospital management and other various entities of the hospital, such as employees. This research was composed of research design and theoretical contributions based on qualitative research that facilitates phenomenological design, and it helps outline healthcare leadership trends that contribute to understanding hospital administration leadership styles (Bryman, 2011). This hospital leadership study can benefit Children's Hospital Colorado stakeholders through understanding leadership styles that affect patient-centered care, where success is built on consistent and strong leadership styles as reflected in the Health Care Leader Action Guide (March, 2012). More importantly, this research may facilitate a strong understanding of how improvements can be made in the quality and efficiency of how healthcare (Scheck, 2008) is delivered at Children's Hospital Colorado.

The significance of this study combined mature research obtained through hospital leadership literature reviews and qualitative research studied through a phenomenological approach. Through the continuum of exploratory research, healthcare stakeholders can see the value of how hospital administrator leadership is leading organizations and specific service lines during organization and industry change. For instance, children's hospitals must consider the difference between pediatric and adult care when developing strategies through leadership abilities to reach quality and cost goals. Children's hospital administrators know that caring for newborns with congenital heart disease also involves caring for the mother. Hence, treating both mother and child can be more challenging than coordinating adult services. Also, children's

hospitals have to add a maternal program to their offerings to provide coordinated care for mothers and newborns (Scheck, 2008). Children's and adult hospitals also differ due to the physiological and developmental differences between children and adults, thus affecting leadership dynamics such as the communication process with patients and service lines.

Delimitations

The study population consisted of 10 research participants who are hospital administrators, who come from various service lines, and who are current hospital administrators at Children's Hospital Colorado. The participants were volunteers who have a variety of experience within healthcare and who have been leaders of their respective departments for more than four years. The study used qualitative research and a phenomenological approach to obtain descriptive information from research participants' descriptions of their leadership styles and management experiences. The boundaries set forth in this research are based on the limited selection of four leadership styles: autocratic, democratic, laissez-faire, and situational. This selection was partly due to the degree of leadership variance at the hospital executive level (Olivo, 2014). This research was also limited to hospital administrators who are responsible for the vision and culture of the pediatric hospital (Busari, 2012).

Limitations

This study was subject to limitations evolving from the analysis of the many types of leadership styles being used today and personal traits of the research subjects. Hospital leaders can be responsible for a number of service lines and are strained by time (Olivo, 2014). The organization just recently had a change in the CEO position. Due to this change, it can be difficult to retrieve current pertinent leadership information. The organization is large and somewhat difficult to navigate. Working within a large hospital system such as Children's

Hospital Colorado comes with some barriers. The layers of administration make it difficult to communicate with key stakeholders involved in the research process. Access to emergency clinical staff and service lines was not available for this study. There was limited access to hospital departments. Due to the qualitative nature of this research and the use of Children's Hospital Colorado, it was difficult to apply the results of the research to other large hospitals that are responsible for providing care for children (Olivo, 2014). Pediatric care and adult care are approached differently, and the way each organization is managed varies.

The literature produced minimal hospital administration periodicals and scholarly articles relevant to the topic and subject of interest. The literature and hospital leadership reviews were drawn from clinicians, administrators, and non-healthcare entities. The 4,000-employee hospital has over 28 service lines and over 43 hospital administrators. The selection process and the ability to formally interview hospital administrators at Children's Hospital Colorado were time-consuming (Olivo, 2014).

Definition of Terms

Terms used throughout this study are defined here.

Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other healthcare providers who come together voluntarily to give coordinated, high-quality care to their Medicare patients.

Children's Hospital Colorado is an organization that was founded in 1908 in Denver, Colorado. It is the only children's hospital in the state, with a primary goal of providing the best healthcare outcomes for children.

Hospital consumer assessment of healthcare providers and systems (HCAHPS) is a set of questions that can be combined with a broader and more customized set of hospital-specific

items. HCAHPS surveys complement the data that hospitals currently collect to support improvements in internal customer services and quality related to patient and hospital activities (“Health Care Leader Action Guide to Effectively Using,” 2012).

The *healthcare industry* provides diagnostic, healing, rehabilitation, and preventive services. The industry represents every federal stakeholder entity that affects patient care and the healthcare consumer. It is a conglomerate of numerous organizations and hospital systems nationwide that are responsible for providing medical products, equipment, and services to protect, extend, or increase the quality of patients’ lives. Currently, the healthcare industry is going through a revamping period where there is an increasing need to cut costs across the board.

The *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* is a federal law enacted to protect the confidentiality of patient medical records. The primary goal of the law is to make it easier for people to keep health insurance, to protect the confidentiality and security of healthcare information, and to help the healthcare industry control administrative costs (Varkey, 2010).

Hospital administration is a field relating to leadership and administration of healthcare organization and hospital systems and networks. A *hospital system* is a network or group of hospital organizations that partner together to coordinate and deliver patient care.

A *service line* within a hospital system can be a department or two departments combined that are clinical departments in a hospital. For instance, an orthopedics department is a service line.

General Overview of the Research Design

This study utilized a qualitative study and inductive data analysis that was focused on participant meaning, emergent design, theoretical lens, interpretive inquiry, and a holistic

account of hospital leadership derived from research (Angen, 2000). This phenomenological approach was one that attempted to understand hospital administrator perceptions, perspectives, and understandings of his or her leadership style. By looking at multiple perspectives from the same point of view through interview questions, generalizations were made as to what leadership styles are prevalent from the hospital administrator perspective (Hunter, 2008). This was qualitative exploratory research that used semi-structured interviewing. This type of research helps to develop analytic and problem-solving solutions and allows for exploration of solutions for the complex issues associated with leadership styles at Children's Hospital Colorado. The research design provided the ability to apply new knowledge and skills to the case studies that were needed to employ interviews and observations during the course of research. The qualitative research questions used a naturalistic approach and phenomenological inquiry to seek to understand the leadership phenomena in a large hospital setting (Connelly, 2010). The qualitative research and the results of the interview used in this study provided a catalyst for interpreting the data and analytics as they pertained to identifying the leadership styles being used for this study. The research questions facilitated the ability to manage, shape, and decipher unstructured information and data (Creswell, 2009, pgs.129).

The intent of the research was to leverage qualitative research and a phenomenological approach to move beyond description to discovery of a phenomenon (Stringer, 2014). Participants in the study shared their descriptive lived experiences and understanding of leadership styles associated with Children's Hospital Colorado.

Summary of Chapter One

This chapter provides an overview of the subject matter and opportunity that stems from researching hospital leadership styles in a large hospital system, specifically preferred leadership

styles of hospital administrators at Children's Hospital Colorado. Children's hospitals help ensure that children have access to healthcare services to meet their unique needs and give them the best chance at a healthy future. The research tackled the phenomenon of how hospital administrators are leading organizations within a children's hospital during organizational and industry change. The changes within healthcare systems are prevalent and continuous, and if they are not managed correctly they can be detrimental to patient care. For instance, economic and policy issues increasingly influence hospital leadership and healthcare solutions as organizations, and hospitals wrestle with keeping healthcare quality high and costs low (Getzen, 2013). This qualitative research and phenomenological approach examined the preferred leadership styles of hospital administrators at Children's Hospital Colorado, unveiling the importance for leaders to know what their main style of leadership is to become more effective as leaders.

Organization of Proposal

While Chapter One provides an overview of the study, rationale for the study, and the introduction to the study, Chapter Two provides an overview of the healthcare industry and hospital leadership. Chapter Two also presents the conceptual framework and provides insight on the role of hospital administrators and the important effects of their leadership style on hospital culture and patient care. Chapter Three gives the methodological context for the study, using a qualitative exploratory theory and phenomenological design approach in investigating the preferred leadership styles of hospital administrators at Children's Hospital Colorado (Stringer, 2014). Chapter Three presents the methods used in the research, as well as supporting information, including the research design and research traditions used to create the framework for researching and analyzing leadership styles of hospital administrators.

CHAPTER TWO

Today's healthcare industry is giving patients, physicians, healthcare organizations, and hospital systems an upgrade from dated healthcare practices to innovative processes and procedures. The healthcare industry has seen the evolution of medical translation tools to mobile applications that help patients live healthier lifestyles (Salge, 2009). Advances in processes and technology may help save money in healthcare costs and improve patient treatments. As the U.S. healthcare industry goes through some radical changes and political pressures, initiatives around claims processing, delivery of care, patient population management, and technology begin to change how hospitals operate (Salge, 2009). Patient care and quality of care within hospital systems continue to be the most important factors discussed in the healthcare industry today. There are many models that outline or provide leadership structure, specifically within patient care. There are also many definitions regarding quality of care (Salge, 2009). Economic issues, leadership beliefs, and the ability to recruit and retain staff affect the quality of care and desired health outcomes (Choudry, 2005). More importantly, hospital leadership styles continue to be a focus of hospital management as continuity of care becomes a significant concern in patient management. Different leadership styles foster inconsistent business practices that impact organizational culture and the way hospitals operate (Choudry, 2005).

Individual leadership styles of hospital administrators commensurate with the leadership styles of the organization and its culture provide a catalyst for success (Salge, 2009). This research investigated the successes associated with hospital administrator leadership styles through exploratory and qualitative research in a children's hospital environment. For the purpose of this research, it was important to realize that leadership styles affect healthcare today.

More importantly, researching leadership styles conveys an important concept: hospitals can adjust structure and processes to eliminate and minimize risks to patient care before a negative event occurs that adversely affects the delivery of care (Choudry, 2005). The dissertation examined topics varying from healthcare industry to hospital leadership and identified the key components of top healthcare leaders, specifically within children's hospitals.

This qualitative study using a phenomenological approach was conducted through selective interviews with hospital administrators throughout different departments and service lines to help define and shape the content of the subject matter of this research. More specifically, various hospital administrators and healthcare professionals understand the constant theme of inconsistent leadership (Varkey, 2010). This has proved true through informal interviews and general conversation. It is important for hospital executives to realize that judgments are influenced more by procedures than outcomes and that procedures can be driven by leadership styles (De Cremer, 2003).

Adult care and pediatric hospitals work to increase the value of healthcare services by improving quality and lowering costs; however, the leadership styles and strategies used to reach these goals differ (Garman, 2011). Children's Hospital Colorado has a Level IIIC Neonatal Intensive Care Unit (NICU), the highest distinction granted by the American Academy of Pediatrics. Children's Hospital Colorado NICU treats nearly 750 infants each year from a 10-state area and is the only NICU in the region with the experience and technology to treat virtually any medical condition affecting newborns (U.S. News & World Report LP, 2014). Children's hospitals require family-centered care that consists of emotional, psychological, and intellectual assistance (Clark, 2008). These unique types of hospitals also require the physical ability of others to care for a child. Children's hospitals have a unique patient population and

mission, which contribute to a different style of leadership being needed to guide the culture of pediatric health initiatives. This qualitative research and phenomenological study was more than a performance improvement project or another analysis of existing leadership styles. Based on the many differences between adult care and children's care, delivering family-centered, holistic care involves specialized resources and different leadership styles that would normally be found in general hospital settings (Clark, 2008). Different and specialized approaches to care and leadership styles are needed to develop a culture of health (Goes, 2011).

Changing demographics has an impact on the future direction for children's hospitals. As states implement or expand managed care to new populations or geographies, increased and potentially burdensome administrative requirements may result for children's hospitals, such as additional contracting, preauthorization, and billing requirements. Children's hospital leaders must be prepared for this change and many other factors that affect the delivery of pediatric care (Cooley, 2009). This research can give management of Children's Hospital Colorado a perspective on current leadership styles being used within the hospital service lines highlighted in this research, specifically in Appendix A. Leadership in hospitals is important to explore because of its impact on employee performance, job satisfaction, teamwork, and patient care. This research focused on the importance of leadership styles utilized by hospital administrators at Children's Hospital Colorado and adds to the current body of published literature by using a qualitative study approach to show which styles can be utilized for effective leadership.

The Healthcare Industry

The healthcare industry has a history that has proved that the value of medicine and practicing healthcare at the highest level affect patient care, the delivery of medicine, the cost of care, and the vision of healthcare. This section, The Healthcare Industry, and the next two sections, Hospital Administrators and Hospital Leadership, provide relevancy to this study by highlighting impact areas of study as they relate to this research on the preferred leadership styles of hospital administrators.

History has shown that, sometimes, public distrust and mistrust can affect the strategies needed to adopt preventative healthcare measures (Salge, 2009). Throughout the history of U.S. healthcare, the industry has been subject to racial and socioeconomic tensions, political unrest, and social deficiency (Getzen, 2013). History has better prepared hospitals and other healthcare organizations to be proactive and not reactive. Innovative measures are a derivative of pandemics and epidemics, and healthcare leaders are constantly seeking new ways to keep communities healthy (Getzen, 2013).

Disadvantaged populations have had to take on tough public health measures, and modern medicine has had to take a back seat to growing healthcare costs and government initiatives (Getzen, 2013). Because Medicaid covers more than one-third of all children, Medicaid patients account for a large percentage (47.3% in 2009) of discharges from children's hospitals. As a result, children's hospitals treat many more Medicaid patients than the national average (Cooley, 1999). Children's hospitals serve the indigenous and vulnerable populations, and this study incorporates the importance of understanding effective leadership to minimize conflict and focus on organizational improvement.

Healthcare organizations and hospital systems can be held accountable for numerous activities, some of which are professional competence, legal and ethical conduct, and financial performance, adequacy of access, public health promotion, and surgical procedures of accountability (Getzen, 2013).

Healthcare Reform

Amid the healthcare industry's change due to healthcare reform, developing and understanding leadership in today's hospitals remains a priority for hospital leaders (Olivo, 2014). A recent study conducted by Spencer Stuart and the American Hospital Association recently looked at the impact of leadership on hospitals (April, 2014). A survey of senior hospital executives and additional interviews with more than two dozen leaders reflected that developing leadership skills through various training remains a high priority (April, 2014). This study reminded its readers of the importance of evaluating and researching leadership styles, specifically in a children's hospital environment.

Healthcare reform plays a significant part in the economic structure and also dictates the quality of care that is practiced and received. Economic and policy issues increasingly influence healthcare solutions as organizations and hospitals wrestle with keeping healthcare quality high and costs low (Getzen, 2013).

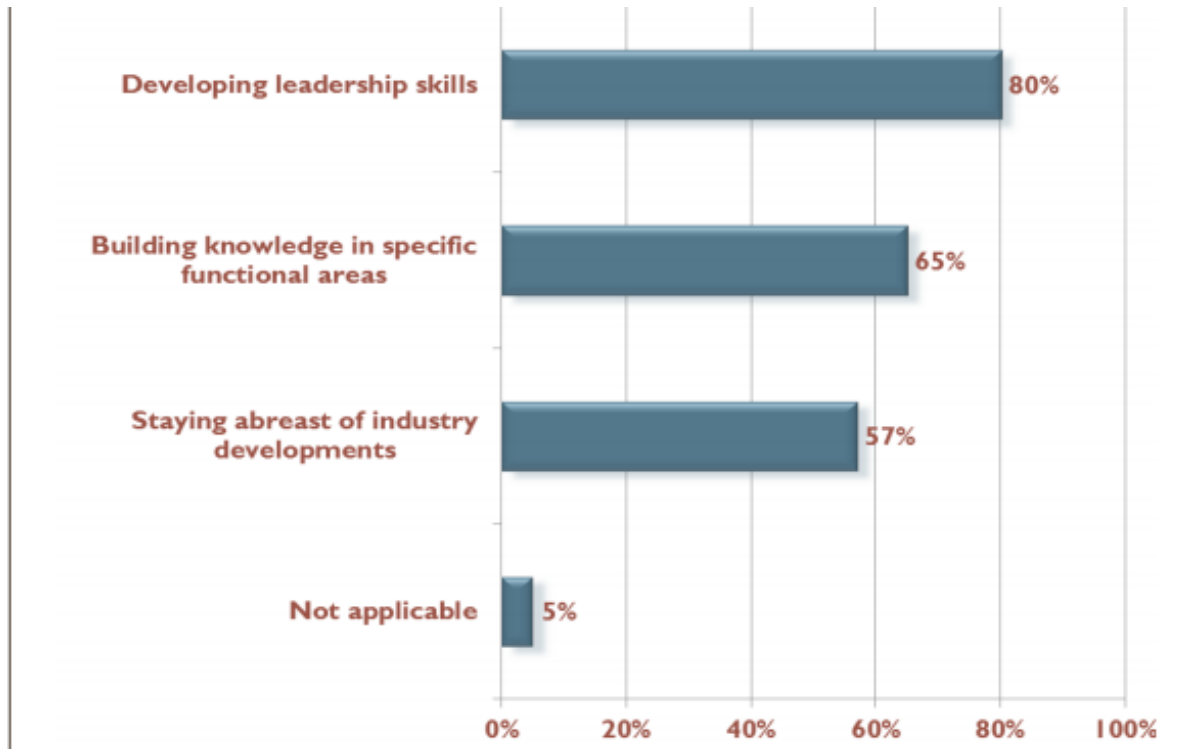


Figure 1. Health Research & Educational Trust (2014, April). Building a leadership team for the health care organization of the future. Chicago, IL: Health Research & Educational Trust.

This figure illustrates the importance of understanding hospital leadership and the significance of hospital executives making leadership training a high priority for hospital organizations. [2]

The U.S. healthcare system is undergoing rapid change brought about by managed care and the development of health technologies under new market arrangements. The industry constantly poses new challenges, and at the forefront of these changes are key hospital personnel. Clinical professionals and physicians are the key factors in providing top-notch medical quality (Varkey, 2010). Healthcare institutions, academic schools, and clinical training facilities should be the first to employ safe, high-quality, superior, and cost-effective care.

² Note [2] Health Research & Educational Trust. (2014, April). *Building a leadership team for the health care organization of the future*. Chicago, IL: Health Research & Educational Trust. Reprinted with permission.

The goal of every healthcare organization and hospital system is to provide the safest and most effective patient care while lowering financial costs through strong management and leadership (Varkey, 2010).

This research facilitated thought processes around the topic and discussion of the preferred leadership style of hospital administrators at Children's Hospital Colorado. This qualitative study used a phenomenological approach that tried to establish the existence of a predominant leadership style and that directed participants to consider their style of leadership.

Hospital Administrators

The history of hospital administration has been well documented, and there is a variety of literature focused on healthcare change management, organizational development, hospital leadership, and performance management (Foster, 2011). Hospital administrators play an important role: they are responsible for managing day-to-day operations in a number of hospital departments (Choudhry, 2005). They are supported by medical staff and, in most cases, act as a liaison between physicians and nurses and hospital executives (Choudhry, 2005). Hospital administrators determine policies and regulations while evaluating physicians and patient outcomes for the betterment of the hospital and the community that it serves. Hospital administrators can affect patient lives without providing surgery (Choudhry, 2005). They manage outpatient clinics, hospices, ambulatory departments, treatment centers, and other crucial departments that affect hospital functions. Administrators make sure that hospitals operate effectively and efficiently while providing medical care to patients (Varkey, 2010). More importantly, hospital administrators are liaisons between governing boards, department heads, physicians, and nurses, and they make sure all departments are integrated and work cohesively. They plan and coordinate medical and health services and ensure that patients are provided

optimum service (Foster, 2011). They are responsible for hospital resources and are stewards of revenue cycles and budgets. Hospital administrators are responsible for growing scientific research programs and evaluating doctors and other hospital employees (Foster, 2011). Hospital administrators need to keep up with advances in medicine, technology, government regulations, and healthcare insurance changes (Varkey, 2010). This research addressed leadership styles of hospital administrators at Children's Hospital Colorado in an industry that is constantly changing and adapting to new healthcare culture in pediatric care (Varkey, 2010).

Leadership

Leadership can best be described as strategic change that is defined by organizational change to promote production and performance effectiveness (Foster, 2011). Leadership management facilitates an organization's ability to be flexible and sustainable throughout organizational change and company growth (Foster, 2011). Leadership provides the opportunity to acknowledge social and environmental changes, which can deflate organizations that are not prepared for change outside of their control (Lawler, 2011). Hospitals must continue to find a competitive edge in order to remain profitable within the market. Often, healthcare organizations seek resources externally for solutions that may provide more insight on meaningful solutions (Scott, 2004). Leadership must understand the different dynamics of strategy and how to grow their organizations without losing key personnel, production, revenue, or innovation (Foster, 2011). Leading effectively requires leaders to demonstrate values based on respect, trust, credibility, camaraderie, and empowerment (Scott, 2004). These values emulate the values of those involved in patient care and healthcare initiatives that make the patient experience a factor in determining leadership abilities. It is the responsibility of the leader, organization, employee, and end users to integrate the many variables into an organizational setting (Levy, 2010).

Leaders should always have the ability to adapt to different situations based on their own style of leadership, one that is not dictated by the employer or the organization. Leaders should also integrate support and observation that best suits the need of the hospital and its mission (Scott, 2004). Healthcare organizations should facilitate a leader's competency and ability to lead at the highest level. Investing in people development within healthcare organizations poses a benefit through employee engagement, trusted leaders, and innovative thinking for leaders to overcome challenges.

Successful leaders have different styles and approaches that fit certain organizations and specific types of scenarios (Northouse, 2013). Regardless, leaders in a healthcare organization are responsible for carrying out goals and initiatives that translate into moving a group of people to perform at the highest level while achieving optimum results in patient care. Hospital leaders must understand their capacity to deliver in life-or-death situations (Northouse, 2013). Leaders must be credible, proactive, knowledgeable, and visionary. They must know and understand team dynamics while leading and moving the team forward (Scott, 2004). A true leader must be able to navigate conflict and understand how to best be a disciplinarian who produces positive results, especially in hospitals. Leadership styles influence favorable outcomes that are dictated by structure and process, but are developed and managed by hospital culture and leadership that believe in a set of core values that emulate quality patient care (Northouse, 2013). Favorable outcomes are delivered by those who understand the mission and live by a work ethic that is conducive to policies and regulations dictated by the hospital (Northouse, 2013). More importantly, developing hospital administrators who are in line with the organization's mission, vision, and values is beneficial. Hospital administrators are catalysts for ideas and solutions that help create best-practice methodologies for healthcare organizations and hospital systems

(Getzen, 2013). They must deliver quality assurance models that produce a measurement component that can provide hospital leaders the perspective on how to assess the effectiveness of the delivery of care (Getzen, 2013). To this extent, administrators must understand the importance of leadership through structure and processes that influence favorable patient outcomes and ensure that patient outcomes and quality of care are maximized and measured (Scott, 2004).

Examining What Differentiates Healthcare Leaders

Hospital and health system leaders are struggling at a much higher rate than they were in 2011 (Olivo, 2014). The cause of that increase is an increasingly complex working environment and the difficulty for an individual leader to seek out up-to-date development and coaching that will help them be more effective (Olivo, 2014). It is important for hospitals and health systems to take a new look at leadership development, coaching, and appointment practices (Getzen, 2013). What they are currently doing is not working. There have been literature and focus on the measurement of healthcare leadership (Getzen, 2013). Using proprietary techniques and tools, over 30,000 hospital leaders have been evaluated. Such research found evaluations differentiated the demonstrated ability (i.e., talent) of leaders using categories, respective to a normal bell curve distribution, such as A, B+, B, B-, C, and D (Olivo, 2014). The leaders were also given an overall performance rating (failing, struggling, succeeding, or excelling) based on performance metrics (e.g., quality, patient satisfaction, revenue, turnover, staff engagement, and culture) achieved within their span of control. For every leader evaluated, measurement was also completed on the complexity of their role (Olivo, 2014). Using further proprietary techniques, those roles were divided into three levels of complexity: low, medium, or high. Acknowledging

that leading or managing at any level in healthcare is difficult and complex, the differentiation of complexity is still absolutely essential to understand probabilities of success (Olivo, 2014).

Increasing Difficulty of Successful Healthcare Leadership

A comprehensive graph shown in Figure 2 (Olivo, 2014) reveals the marginal difference between succeeding and struggling leaders. A few points are mentioned to draw attention to important facts. In 2009, 31% of B– leaders were struggling. Two years later, that number increased by one-third to 40% of B– leaders struggling. The rise is significant, but is limited to B– leaders. Leaders categorized as B– make up 12% of the entire population of leaders, and before 2011 that category of leaders was performing similarly to their B-level counterparts (i.e., B and B+ leaders) in regard to their performance outcomes and demonstrated results.

As a group, B-level leaders demonstrate good leadership attributes in a semi-consistent manner and are the bulk, 5%, of leadership in a typical healthcare organization. How much the shift in struggling was due to increased complexity and how much was due to the consistency of effective leadership is yet to be known. At the end of 2013, the shift was no longer limited to B– leaders; the shift had engulfed both B and B+ leaders. The swell was a 163% increase of struggling B-level leaders over the last three years (see graph below).



Figure 2. The Profile of an Executive Healthcare Leader. Tom Olivo, President and CEO, Success Profiles, Inc. March 11, 2014. This figure illustrates examples of leaders who are struggling and succeeding in their respective hospital systems. [1]

Hospital Administrators and Organizational Performance Management

There are many factors that contribute to organizational performance. Hospital administrators are at the forefront of leading and contributing to organizational productivity and ensuring that peak performance contributes to the overall success of the hospital (Olivo, 2014). Healthcare executives are recognizing that middle managers are under enormous pressure to work faster and more efficiently with less resources.

¹ Note [1]: From “The Profile of an Executive Healthcare Leader”. Tom Olivo, President and CEO, Success Profiles, Inc. March 11, 2014. Reprinted with permission.

Positions in the healthcare industry are in a constant state of change, and healthcare managers must compete internally to improve overall organizational performance. Hospital administrators must be aware of the many roles they need to play in order to achieve successful organizational performance and efficient patient care (Wallick, 2001).

Healthcare organizations have been challenged to make high-quality, safe, and reliable care more affordable, portable, transparent, and efficient. Skillful leadership and contributions from all members of the organization are needed to accomplish these changes at all levels of management. Hospitals must be driven by leadership styles that complement their vision for finding better ways to design, implement, and refine their model for leading middle managers (Golanowski, 2007).

Advances in healthcare technology have also provided hospitals and healthcare organizations the opportunity to optimize their productivity (Getzen, 2013). A prime example is the innovative way of providing remote and quality patient care via teleconferencing. This pioneering method has proved to optimize hospital productivity while providing effective patient care by allowing patients and physicians to connect outside of the hospital. The ultimate success of a hospital administrator comes when adequate attention is given to both technological and managerial issues. The purpose of performance management is to increase effectiveness and to maximize staff engagement (Olivo, 2014). Hospital administrators are also charged with effective performance management processes and the responsibility to align organizational mission, goals, and vision among their staff (Varkey, 2010).

However, healthcare environments are becoming dynamic, and it is important for healthcare organizations and hospital systems to accommodate these changes (Stefl, 2008).

Administrators must focus on the future development of their employees, and they must ensure that employee goals are aligned with individual and organizational goals (Stefl, 2008).

As middle managers, administrators must constantly refine their leadership styles and performance management tools to ensure that they are receiving 100% of employee dedication through stout leadership (Olivo, 2014). The literature review for this research reveals the examination between information technology, organizational performance, leadership styles, and the performance tools used to manage employees during organizational change (Olivo, 2014).

The research topics focused on leadership styles that affect hospital management and the techniques used to govern performance management during organizational change(s). There are many factors changing the face of healthcare, and these changes are affecting patients, hospital administrators, and physicians (Oliver, 2006). Numerous changes are taking place throughout the nation and in various hospital systems. Many executives need assistance with managing change and handling the new demands of healthcare technology and organizational change (Oliver, 2006).

Gap in Literature

The gap in the body of knowledge for the subject of hospital leadership was based on researching and learning about the preferred leadership style of hospital administrators in children's hospitals. This qualitative study using a phenomenological approach unveiled the importance for leaders to know what their main style preferences are so that they can evaluate the effectiveness of that style and become more effective as hospital administrators and leaders. The gap in literature was addressed by this unique research of leadership styles being studied between adult care and pediatric care hospitals. Interviewing hospital administrators provided an outline to guide future research for more insight on the facts regarding hospital administration

leadership. The gap in literature explores and acknowledges inconsistencies and uncovers positive outcomes with leadership styles associated with children's hospitals (Scott, 2004). This study combined qualitative research and a phenomenological approach that provides an exploratory examination resulting in investigating how hospital administrators are leading organizations and specific service lines during organizational and industry change at Children's Hospital Colorado.

This research provides more information about the preferred leadership style of hospital administrators in children's hospitals. The gap is specific to preferred leadership styles of hospital administrators. Whereas most hospital leadership style studies are focused on hospital clinicians, nurses, and physicians, this study focuses on non-clinical administrators and executives who are directly involved in the successes and failures of a hospital. This study can reveal how hospital administrator styles are in line with the hospital through the perception of the executive leadership and as perceived by the hospital administrators. In April 2015, Children's Hospital Colorado acquired a new CEO, who has 20 years of experience in healthcare administration and has been on the hospital's senior leadership team for 11 years. In a Children's Hospital Colorado newsletter, she references how healthcare reform has focused more on adult care, and she now feels it is important to more effectively innovate pediatric care (Children's Colorado, 2015).

Research Question

The aim of this research was to identify and help understand a series of variability and unknowns among hospital administrators as related to their leadership styles. The driving topic, as mentioned previously, was leadership styles. The following question helped clarify the

questions of the interview and the research: What is the preferred leadership style of hospital administrators at Children's Hospital Colorado?

Leadership Styles

This particular study combined qualitative research and a phenomenological approach that provided an exploratory examination resulting in investigating how hospital administrators are leading organizations and specific service lines during organizational and industry change at Children's Hospital Colorado. The leadership styles that are relevant to this study are described below and have been vetted through seminal literature involving the comparison of leadership styles in a hospital setting, specifically children's hospitals. Leadership styles such as autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership are a catalyst to leadership style behavior (Eagly, 2003). These leadership styles were used to gauge the preferred leadership styles of hospital administrators at Children's Hospital Colorado through a semi-structured interview. Leadership studies continue to focus on the universal phenomenon of leadership in human groups, hospital administration in this case (Olivo, 2014).

The key aspects of the leadership role involve influencing a group through various activities and coping with change. This can be even more difficult when considering leadership of healthcare professionals, given that most theories were not developed within a healthcare context, but were usually developed for a business setting and then applied to healthcare (Al-Sawai, 2013). A number of leadership styles and approaches can be adapted to the healthcare setting to optimize management in the highly complex environment of a hospital. The four leadership theories and styles, autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership, were chosen for this study to seek and understand the preferred leadership styles of hospital administrators in a pediatric hospital setting. As such, the

dynamics of these four leadership styles are defined to provide a baseline description of each style as it relates to the interviews being conducted for this study.

Autocratic Leadership

An autocratic leadership style, telling people what to do and when to do it, gives the leader total authority and control over decision-making (Eagly, 2003). In the position of hospital administration, the autocratic leadership style can be best used in situations where control is necessary and there is little margin for error. This type of leadership style can also be used when subordinate healthcare staff is inexperienced and may be unfamiliar with the type of work (patient care) necessary (MacPhee, 2007).

Laissez-Faire Leadership

A laissez-faire style is more useful in encouraging healthcare employees to work independently and to think creatively. Laissez-faire leadership is a free style of leadership that allows employees to work on their own with little or no guidance (Spinelli, 2006). Hospital administrators give minimal direction and allow subordinates to have freedom to make their own decisions. In order to determine the leadership styles of the interviewees, it was important to identify each of the hallmark traits of each style. Laissez-faire leadership, which is non-directive, passive, and inactive, can work effectively in a hospital setting with tenured and self-directed employees who have many years of experience working in the same service line (Spinelli, 2006).

Democratic Leadership

Democratic leadership, where decision-making is shared, can be considered team-based and involves everyone on the team in the decision-making process; however, the hospital administrator has the authority to make any final decisions for the service line (Barr, 2012). Research has found that this leadership style is one of the most effective and creates higher

productivity and increased group morale and can affect patient behavior (Bass, 2000).

Democratic leadership can lead to better ideas and more creative solutions to problems because group members are encouraged to share their thoughts and ideas (Barr, 2012).

Situational Leadership

Situational leadership involves hospital administrators adjusting their leadership style to fit the development level of the followers they want to influence (Hartley, 2010). Situational leadership is also where the leader changes the style, not the follower, to meet the needs of others in the organization and is based on the situation. This style can be used as a catalyst for the hospital administrator to change the style, not for the follower to adapt to the leader's style. In situational leadership, the style may change continually to meet the needs of others in the organization based on the situation (Hartley, 2010).

Theoretical Leadership Literature

Leadership can determine performance behaviors and can affect organizational and departmental climates (Northouse, 2013). Every organization is different, and a hospital is unique in the purpose it serves. Hospital administrators must make decisions that affect patient care and consumer behavior while managing employee satisfaction. How hospital administrators handle change and how they lead can affect many moving parts of a hospital (Oliver, 2004). The literature herein relies on assessing the leadership styles that are used to determine department effectiveness and the leadership styles that affect the leader's service line and, indirectly, pediatric care within Children's Hospital Colorado.

Leadership styles are more effective when a leader has the credibility and stature to take control and define the vision and the group goals. Organizational situations are dictated by the environment, which establishes the communication between leaders and followers and can

stimulate high or low performance (Bass, 2000). Group characteristics and the behaviors and actions of the group play a large role in the effectiveness of a leader's ability to lead in an organization. Leadership theories can be based on leadership behavior that is dictated by the leader, the environment, and the types of followers in an organization (Bass, 2000).

Leadership has been described as the behavior of an individual when directing the activities of a group toward a shared goal. The key aspects of the leadership role include influencing group activities and coping with change. A difficulty when considering leadership of healthcare professionals is that most theories were not developed within a healthcare context, but were usually developed for the business setting and then applied to healthcare (Atchison, 2001).

Published research provides little evidence that such leadership initiatives are associated with improvements in patient care or organizational outcomes when applied in the healthcare setting (Sawai, 2013). Children's Hospital Colorado and the number of service lines that it serves, not to mention the large organization's mission to provide healthcare to children, help provide the conceptual framework through which one might understand how individuals influence one another within leadership relationships (Amagoh, 2009). This qualitative study using a phenomenological approach helped identify leadership styles being used at Children's Hospital Colorado. More importantly, it is critical to provide hospital leaders the strategies and tools needed to help better serve their patients and communities while improving financial and operational goals (Amagoh, 2009).

This study encompassed research on styles of leadership, focusing on the way the functions of leadership are carried out and the way hospital administrators behave with their team. The focus highlights the importance of how behavior affects performance using basic styles of leadership, such as autocratic leadership, laissez-faire leadership, democratic leadership,

and situational leadership styles, as a benchmark. Relevant examples of this type of research are characterized below.

Contextual Leadership Literature

The healthcare industry is a complex and dynamic environment containing many perspectives that shape organizational culture and the nature of leadership. As leadership is a social phenomenon, it is important to understand the complex social processes that mediate our perceptions and, in turn, influence leadership styles (Varkey, 2010). The contextual literature referenced below illuminates the social construction of hospital leadership styles in a healthcare setting.

In studying leadership, it is known that there are many levels of variables that determine employee satisfaction, production, and outcomes (Varkey, 2010). Recent studies looking at healthcare leadership style employed interview and survey techniques. Inge Rikkink (2014) used qualitative research to conduct interviews with leaders from 10 different healthcare institutions in the Netherlands. In the interviews, the healthcare leaders were asked to describe incidents and their behavior during these incidents (Rikkink, 2014).

A study was conducted by Anant Deshpande, Assistant Professor of Business, Management and Economics at the State University of New York, and Christine Hill, Adjunct Instructor (2012). This qualitative study focused on the importance of leadership styles being used by hospital leaders at the administrative and physician level and showed which leadership styles can be utilized for effective leadership within the organization. Other research was conducted by Dr. Rushami Zien Yusoff (2012) to determine the relationships between healthcare leadership styles (autocratic, laissez-faire, democratic, and situational) and quality management practices in public hospitals in Saudi Arabia.

A qualitative research study was conducted where nurse managers observed their own leadership style and behavior and its effects on their employees. The purpose of the study was to provide nurse managers information and feedback from open-ended interviews so that they could adjust to a more effective leadership style (Soli, 2012). The results of the study revealed that the nurse managers had many leadership styles, but that situational leadership was the dominant style among the participants. The study also found that there is no one-and-only correct leadership style and that a manager with the ability to reflect on his/her own behavior and with a high emotional intelligence is better able to regulate and estimate his/her leadership style with different employees in different situations (Soli, 2012). The study also reconfirmed that leadership styles influence patient care and its quality, at least indirectly. This research coincides with another relevant study regarding hospital leadership effectiveness that was conducted through the examination of B.M. Bass's (1985) model of transformational, transactional, and laissez-faire leadership. This study evaluated hospital administrator leadership effectiveness by studying the relationship of leadership behaviors to subordinate managers and perceived outcomes. The author measured leadership orientation and outcome factors through subordinate manager ratings of hospital administrators using a questionnaire. The findings revealed that the relationship between transformational leadership and the outcome factors were stronger and more positive than were the transactional and laissez-faire styles (Spinelli, 2006). This study also highlighted the hospital environment being a complex place to lead and how the industry is constantly changing, affecting how hospital administrators lead.

Another relevant study used the qualitative study approach to show which styles can be utilized for effective leadership by conducting an analysis of two hospitals. The study discussed the participative and autocratic leadership styles utilized by hospital administrators, but revealed

that leaders demonstrate a variety of behaviors based upon different situations (Deshpande, 2011). It was suggested by this study that future research can look at hospital leadership styles, such as directive leadership, transformational leadership and charismatic leadership, and their impact on the administrators and staff relationships (Deshpande, 2011). Figure 3 shows the importance of leadership styles on the effect of the output within the conceptual framework. The contextual leadership literature highlights the importance of understanding the many leadership styles that determine organizational effectiveness. The literature review also helps in understanding the model of transformational, transactional, and laissez-faire leadership in a healthcare setting. More importantly, this section provides insight on good leadership being a crucial part of organizational success as it pertains to autocratic, laissez-faire, democratic, and situational leadership styles.

Social Cognition Theory and Leadership

The view of leadership lies in social psychological theories that illuminate the nature of group-life and its impact on individual perception and subsequent behavior (Amagoh, 2009). In particular, social cognition theory and attribution are relevant to this research through empirical conceptualization of leadership (Moir, 2009). The social cognitive theory explains how people acquire and maintain certain behavioral patterns, while also providing the basis for intervention strategies (Bandura, 2001). The relevance to this study relied on the use of social cognition theory and attribution to inform this study on how leaders think and act in organizations, specifically hospital administrators at Children's Hospital Colorado. It is important to understand how leadership styles, through social cognition theory and attribution, manage behavior through direct behavioral actions of the hospital leader (Moir, 2009). As leadership is a social phenomenon, it is important to understand the complex social processes that influence hospital

leadership styles (Moir, 2009). Through the interview process, social cognition theory helped to make a distinction between personal and self-categorization as it varied with the social context of Children's Hospital Colorado and the hospital administrators who were interviewed.

Using social cognition theory (Figure 3) and attribution emphasizes the need for hospital administrators to consider the dynamics of the social environment within service lines on both interpersonal and intrapersonal behavior. Through the social cognition theory, the interpretation of the interview transcripts provided analysis and detail that were used to analyze leadership styles of the interviewees. This iterative process permitted exploration of emergent themes of leadership styles being used by hospital administrators at Children's Hospital Colorado. In subsequent interviews, formal exploration of patterns and themes surfaced within the data (Scheck, 2008).

Social cognitive theory and the social cognitive factors affecting leadership styles are included in the literature review as it pertains to this study (Bandura, 2001). There are a number of personal, behavioral, and environmental factors that influence leadership styles (Bandura, 2001). The literature review pertaining to this research provided the tools needed to assess the current state and quality of hospital administration as related to different types of leadership. This literature review presents the framework and overview that helps provide information on hospital administrator leadership styles. This is driven by the ever-changing healthcare industry and the effects of change on hospitals and those employed by them at the administrative level, mostly mid-level managers (Oliver, 2004).

Conceptual Framework

The conceptual framework for this research study centered around leadership in healthcare, the unique aspects of a children's hospital, current regulatory and economic dynamics

that affect this industry as related to hospital administration leadership, and social cognition theory. The conceptual framework was driven by the ever-changing healthcare industry and the effects of change on hospitals and the hospital leaders employed by them at the administrative level (mid-level managers). The conceptual framework was used to investigate disparities of leadership styles of hospital administrators that affect healthcare at Children's Hospital Colorado and to address leadership disparities (Al-Sawai, 2013). The difficulties of leadership in today's hospitals and organizational structures have grown with the increased complexities in the healthcare delivery system. Across the nation, hospital systems are engaging in leadership quality improvement initiatives and are trying to identify characteristics of hospital leadership. All hospitals are working with adversity in the form of competition, healthcare reform, physician alignment models, and clinical and operational areas (Dalton, 2013).

However, pediatric care and adult care are approached differently, and although Children's Hospital Colorado has a similar structure to traditional hospitals, the way it practices medicine and treats patients is different. Given the nature of pediatric care, the mission and the vision of the hospital must be different than that of traditional hospital systems (Dalton, 2013). While some hospitals employ a limited number of physicians, some physicians working in a children's hospital are not employees of the hospital. Instead, they are granted privileges to admit patients to the hospital (Dalton, 2013). The functional and developmental differences between children and adults are different as well. A children's hospital dictates specialized approaches, care, expertise, equipment, and diagnostic capabilities. A child's status can change much more rapidly than an adult's, and the family-centered, holistic care approach involves specialized resources and processes (Dalton, 2013). More importantly, children are not able to articulate

levels of pain or describe symptoms in the same way as an adult, and hospital administrators are responsible for making sure that the communication between clinician and patient is concise.

Hospital administrators directly affect the direction of children's hospitals, and they help to shape policy, make needed changes, and lead our nation's health-related organizations in a way that serves individual patients by helping to improve the healthcare system. Hospital administration is a multidisciplinary field that relies on professional literature to come from various journals and periodicals, specifically the *American Journal of Medicine*, on such subjects as health policy, health services, and health administration (Kahn, 2014).

Understanding the leadership styles of hospital administrators at Children's Hospital Colorado enabled an evaluation of the likely effectiveness of that style in a given set of circumstances. This understanding could possibly lead to changing style in order to get a better result, directly or indirectly, involving patient care. In an attempt to show how recognizing, demonstrating, and capturing leadership styles related to hospital administrators at Children's Hospital Colorado is valuable, this exploration can meaningfully contribute to the many existing leadership theories. For instance, this research can supplement such theories as behavioral theories of leadership, where inborn traits or capabilities are not considered, but what these hospital leaders actually do are considered.

The conceptual framework reflected in Figure 3 highlights the relationships among the theories, constructs, models, and contexts of the proposed literature as it relates to the qualitative study using a phenomenological approach. It consists of the input (participant feedback), the interview process, and the output that is reflective of social cognition and the comparative leadership styles as referenced in this study of autocratic, laissez-faire, democratic, and situational. Hospital administrators must manage leadership styles through performance values

and tools that meet industry demands (Foster 2004). This exploratory research and qualitative phenomenological study helped provide an overview of how hospital administrators at Children's Hospital Colorado lead within the organization that they manage and direct (Stringer, 2014). Positive leadership behaviors and leadership styles can positively affect the hospital working environment and increase patient satisfaction while reducing adverse events (Wong, 2007). Throughout this study, it was important to acknowledge the many variables in leadership styles as related to the duties of hospitals administrators at children's hospitals. The framework below highlights the foundation used in unveiling leadership styles at Children's Hospital Colorado.

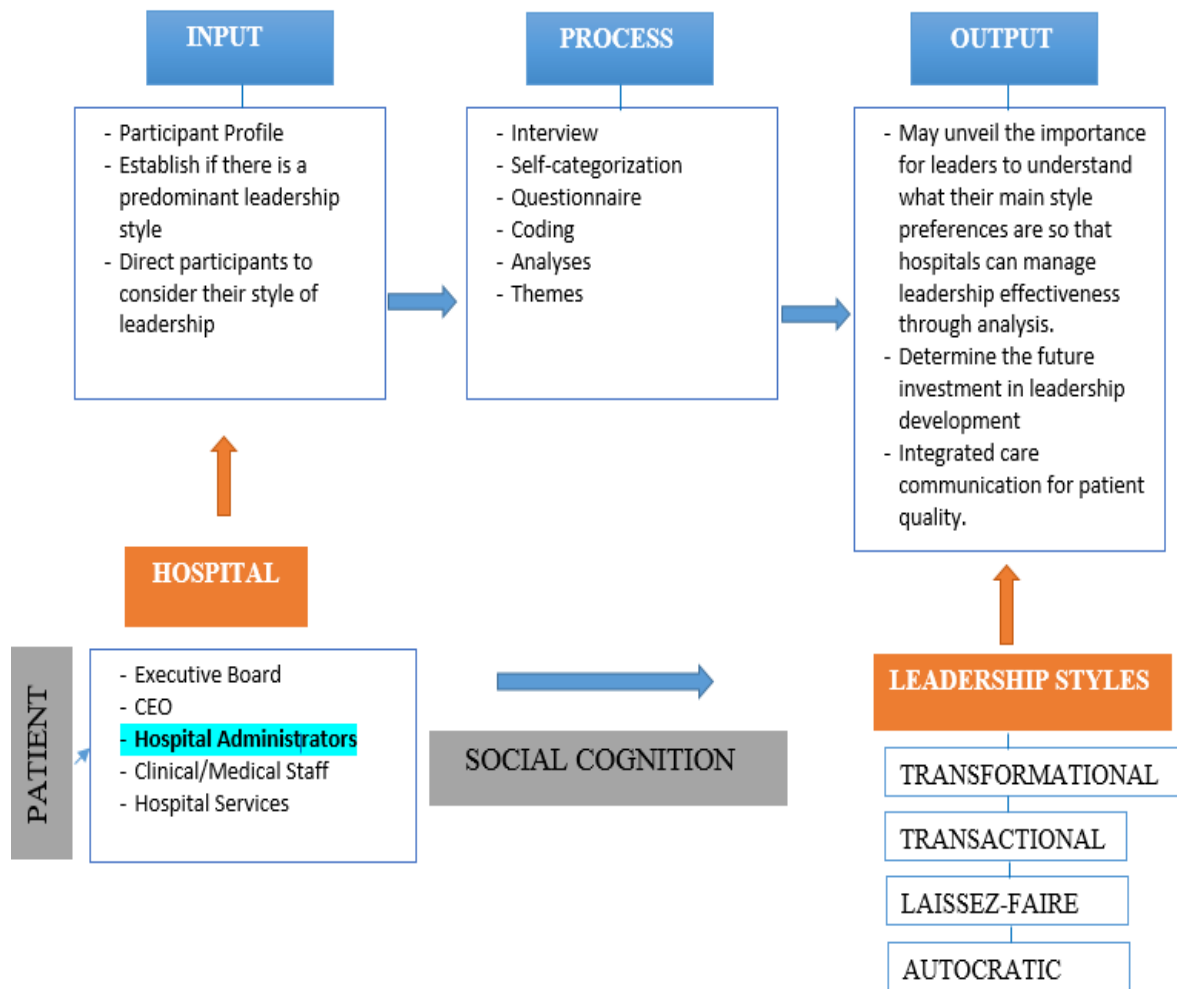


Figure 3. Conceptual Framework—Qualitative study using a phenomenological approach

Strategic changes are a constant within hospitals, and quality indicators come in many forms and can serve a variety of purposes. As the research developed, it was required to understand how quality indicators were developed to provide healthcare decision-making and research tools used by clinicians, program managers, researchers, and others at the healthcare federal, state, and local levels. Most healthcare organizations, if not all of them, are assessing the levels of quality present (or absent) among healthcare organizations (Olivo, 2014). Hospital

systems focus on various business and corporate strategies that align with patient care and consumer demand (Foster, 2004).

Summary and Conclusion

The subject matter and opportunity addressed by this research are hospital leadership styles at children's hospitals and discovering how the leadership styles represent the persona of the organization. The impact of leadership styles at Children's Hospital Colorado unveiled the importance for leaders to know what their main style preferences are. Understanding leadership styles and gauging the effects of performance management can improve sustainable hospital management. Successful leadership styles depend on an organizational infrastructure that contains tiered levels of management that can be massaged into many facets of organizational changes and organizational development (Lawler, 2011).

Children's hospital systems must understand successful leadership styles and embrace innovative management techniques that positively affect hospital personnel and, indirectly, patient care. This research provides more information on how hospital administrators at Children's Hospital Colorado are leading. The changes within healthcare systems are prevalent and continuous, and if they are not managed correctly, can be detrimental to patient care and the overall success of the hospital (Olivo, 2014). This subject matter is important because of the effect that administrators have on a hospital and patient care. More importantly, hospital administrators should know their successes and failures in trying to keep up with the ever-changing landscape and environment of the delivery of pediatric care. There are many business strategies that affect children's hospital systems, and many of these strategies affect revenue-driven processes and patient care in a pediatric setting. All hospitals have the responsibility to be

equally engaged and are responsible for producing positive patient and financial outcomes (Olivo, 2014).

Chapter Three provides the details of the methodology of this study and covers components such as the research setting, participants, materials, instrument, procedures, and analysis process. The discussion of procedures explains the specific steps that were followed while the study was being conducted. Chapter Three gives the methodological context for the qualitative study using a phenomenological approach. The analysis process outlines how the obtained data were coded and analyzed while investigating the successes associated with hospital administrator leadership styles. Chapter Three also provides insight into the exploratory and qualitative research in a children's hospital environment and provides this research with sources to better investigate the leadership styles at Children's Hospital Colorado.

CHAPTER THREE

This chapter outlines the research methodology used to study the preferred leadership styles at Children's Hospital Colorado. There are many factors that are changing the face of healthcare; these changes are affecting patients, hospital administrators, and physicians. Many executives need assistance with managing change and handling the new demands of healthcare reform and organizational change. Continuous performance improvement establishes the identity of an organization to enhance its credibility as a premier healthcare organization in its respective market (Edmondson, 2007). Understanding leadership improvement helps an organization remain competitive in providing quality care while reducing patient costs (Levy, 2010). Maintaining profitability within the organization also drives performance initiatives that leaders must measure and should be accountable to. Leadership requirements for leading an effective organization stem from leadership values that are associated with respect, trust, credibility, appreciation of others, and empowerment (Levy, 2010). These values emulate those involved in patient care, adult and children care, and healthcare initiatives that make patient experience a factor in determining leadership abilities. Leaders should always have the ability to adapt to different situations, based on their own style of leadership that is not dictated by the employer or the organization. Leaders should also integrate support and observation that best suits the need of the organization and its mission. Healthcare organizations should facilitate a leader's competency and ability to lead at the highest level (Olivo, 2014). Successful leaders have different styles and approaches that fit certain organizations and specific types of scenarios. Regardless, leaders in a healthcare organization are responsible for carrying out goals and initiatives that translate into moving a group of people to perform at the highest level while

achieving optimum results in patient care. Leaders must understand their capacity to deliver in life-or-death situations (Northouse, 2013).

This chapter outlines the qualitative approach used to determine the preferred leadership styles of hospital administrators at Children's Hospital Colorado. The tool used to conduct research was semi-structured interviews with a fairly open framework that allowed for focused, conversational, two-way communication. This form of interview was used both to give and receive information from hospital administrators at the hospital. Chapter Three gives details on research traditions, the research question, the research setting, population, sampling procedure, instrumentation, validity, reliability, data collection, and data analysis.

Research Traditions

Research methodologies affect many aspects of a dissertation and the construction of research projects. Case studies and data analysis are the result of informative research derived from qualitative methodologies. The choice of a qualitative and phenomenological approach was made for trying to understand the essence of hospital administrator leadership styles. This was accomplished by examining the views of hospital administrators at Children's Hospital Colorado who have experience managing and leading various service lines within the hospital (Orbe, 2009). The research provided the foundation and structure for defining hospital administrator leadership styles being discussed and analyzed, specifically the preferred leadership styles at Children's Hospital Colorado. This research was based on qualitative research and a phenomenological approach to analyze data obtained from direct observations of hospital administrators during the interview process. Open-ended interviews with hospital administrators at Children's Hospital Colorado facilitated choosing a phenomenological design (Orbe, 2009). This phenomenological study involved long, in-depth interviews with hospital administrators to

get a full picture of their experience with various leadership styles within Children's Hospital Colorado. This study embraced the qualitative exploratory and phenomenological analyses that explore ways to search for and analyze leadership patterns within a healthcare organization (Hunter, 2008). Specifically for this study, they provided leverage and the ability to unveil the importance for leaders to know what their main style preferences are so that they can evaluate the likely effectiveness of that style in a given set of circumstances. This research approach relied on the participant's view of the situation being studied and the process guiding the interview with the selected participants (Farina, 2014). The qualitative study using a phenomenological approach was used to establish if there is a predominant leadership style and to direct participants to consider their style of leadership.

The phenomenological qualitative study was conducted to understand the experiences of hospital administrators at children's hospitals and link them to organizational outcomes of healthcare executives. The essence of the experience in the phenomenological study was explained by what hospital administrators experienced and how they experienced it (Flood, 2010). Hospital and healthcare leadership literature and reviews also provided knowledge and understanding into various healthcare and hospital leadership studies, some of which are annotated in this chapter (Varkey, 2010).

The exploratory research, phenomenological design, and qualitative review determined how effective leadership styles really account for streamlined communication and department successes through formal dialogue and structured interviews. This qualitative research methodology and phenomenological approach supported a strategy that helped produce an exploratory inquiry for this study. This type of study is appropriate for this type of research because the qualitative methodology and phenomenological approach allows for the

development of trends and themes that were drawn from the interview in real time and in person (Varkey, 2010). This methodology permitted an exploratory approach that consisted of different phases, including deciding on a research problem, framing the research question, collecting data, coding and analyzing data, and developing themes related to the phenomenon being studied (Flood, 2010). This approach allowed the investigator to draw from personal and professional experiences, knowledge of the study sites and materials, and level of sophistication brought to the analytical process without allowing perceptions to interfere with critical thinking and discovery (Flood, 2010).

The proposed qualitative research centered on the leadership styles of hospital administrators at Children's Hospital Colorado, where increasing expectations and new developments in the field of healthcare and medicine mean a more dynamic working environment (Dorros, 2006). Leaders and managers are faced with an increasing number of new situations, where dated rules are not applicable and the need for exploring new executive competencies is in demand, as well as understanding hospital leadership styles in order to increase the quality of decision-making (Manion, 2005). This phenomenological analysis and qualitative research was driven by the ever-changing healthcare industry and the effects of change on hospitals and those employed by them at the administrative level (mid-level managers). In studying middle management and leadership, we know that there are many levels of variables that determine employee satisfaction, production, and outcomes (Rubin, 2012). Also known is that leadership can determine performance behaviors and can affect organizational and departmental climates (Rubin, 2012). It is difficult to understand and measure how much healthcare reform has affected hospital leadership, specifically in a pediatric working

environment where patient care has a different delivery model than that of adult care (Olivo, 2014).

However, every organization is different, and a hospital is unique in the purpose it serves. Hospital administrators must make decisions that affect patient care and consumer behavior while managing employee satisfaction. How hospital administrators handle change can affect many moving parts of a hospital. This phenomenological approach and healthcare leadership study was supported by numerous interviews and qualitative methods, medical management literature reviews, and exploratory research (Hunter, 2009). Examples of these healthcare leadership studies are referenced below.

A strength of this qualitative research is that it provided insight into healthcare leadership in an understudied context. The research also provided insight into hospital administration leadership and enabled participants to determine the appropriate responses to selected interview questions by embracing exploratory research and phenomenological design (Connelly, 2010). This study included the questioning and observation of hospital administrators to understand their preferred styles of leadership based on an investigative process.

Similar healthcare leadership research studies have used this type of methodology. One research study, through a phenomenological approach, tried to understand the meaning of interpersonal skills in healthcare leadership, and another study using phenomenological design attempted to research and explore the experiences of healthcare leaders in critical leadership roles (Hunter, 2008; Stringer, 2014). Another study considered healthcare leadership development and trends and discussed designing, implementing, and evaluating global healthcare leadership development models and programs (Macphee, 2013). Others have discussed a collaborative approach to healthcare leadership, where they chose to identify the differences

between leadership and management and applied the concepts to collaborative management practices (VanVactor, 2009). The phenomenological approach in these studies used qualitative interviews. The purpose of the qualitative interview is to gain information regarding a particular research topic, and the technique used to facilitate answers to these questions comes in the form of a questionnaire. This study used a phenomenological approach to gain information on the preferred leadership styles of hospital administrators.

These studies and other research have discussed the importance of healthcare organizations knowing and understanding the leadership styles that are present throughout an organization. It is important that the organization can adjust preferred leadership styles accordingly in order to maintain consistency within the organization throughout the cycle of patient care (VanVactor, 2009). The phenomenological approach in this study helped to explore and understand the everyday leadership experiences at Children's Hospital Colorado without presupposing knowledge of those experiences (Solomon, 1997). During the in-depth interviews, the participant reflectively recalled his/her experience by prompting the investigator to bring to light the meaning of the experience.

Methodology Relative to Healthcare Leadership

The healthcare industry is an evolving industry that changes daily and continues to move in many different directions to include politics, patient care, insurance companies, and healthcare technology and hospital systems (Salge, 2009). The area of interest was hospital administration leadership styles and the effect on hospital performance management and the physician-patient relationship. Qualitative design and research is the perfect driver and catalyst to facilitate finding the material being used to better prepare the research design. The research design of qualitative study differs from that of a study starting with an understanding to be tested (Creswell, 2009).

The research took into account the scope of the required data needed to achieve the desired results through calculated interviews with hospital administrators. Using qualitative research questions with a naturalistic approach and phenomenological inquiries enabled the understanding of hospital leadership phenomena that exist in specific hospital settings. The qualitative research questions were derived from a detailed description of data and analytics in the form of various resources (Creswell, 2009, pgs.129). For the purpose of this research, the qualitative study provided accurate data to help support the subject at hand.

Qualitative research analyzed data from direct observations based on fieldwork, in-depth studies, and most importantly, open-ended interviews with written documents (Creswell, 2014). Interviews are among the most familiar strategies for collecting qualitative data (Warren, 2005). Unlike other structured survey interviews and questionnaires used in epidemiology and other health services research, qualitative interviews apply less-structured interview strategies, creating a one-on-one approach that more easily facilitates discussions regarding individual experiences and perspectives (Warren, 2005). Qualitative interview questions and certain strategies should be the result of detailed descriptions of data and analytics. It is important to facilitate, manage, shape, and decipher unstructured information and data. Interviews help do just that; according to Herbert Rubin and Irene Rubin (2012), there are five interview segments consisting of semi-structured/unstructured interviews, focus groups, internet interviews, casual conversation and in-passing clarifications.

Some of the research questions consisted of semi-structured and unstructured interviews. The data used for this research were retrieved from a structured interview process derived from specific leadership style topics. This was based on a set of predetermined and rigorous questions based on leadership research. The use of a semi-structured interview that is open allows for new

ideas to be brought up during the interview. As a result of what the interviewee referenced and discussed, concrete facts and pertinent information were retrieved from the interview.

In-depth interviews provided rich and in-depth information about the experiences of individuals; however, there are many different forms of qualitative research interviews, as well as other types of qualitative research methods that can be used by healthcare investigators (Atkinson 2002). The relationship between the hospital and hospital administrator and the level of permission needed to interact with participants were very important factors. The use of various interview strategies, along with multiple sessions and various questions allowing the information to be pulled together, were needed to compare the data and previous research.

Observing subjects was a key component to gathering research. Hence, it was important to understand, and have familiarity with the number of observation data-gathering processes that have been used successfully (Creswell, 2010). The approach incorporated qualitative methods of data collection, such as interviewing, observation, and script reviews.

Observational strategies included developing relationships, analysis and interpretation, selecting hospital administrators and people and events to observe, and choosing the right strategy to move into the interview research setting (Rubin, 2012). The observational strategy facilitated coding the data and eliminated any bias through the interview strategy. The goal was to identify two to three key learning points associated with the research. Interview strategies and three key learning points were revealed through this process (Rubin, 2012). The research concentrated on interview preparation, relationship-building, and asking the right questions. The interviews were a key component to information-gathering and were a critical element in retrieving the right information and communicating it to the audience (Rubin, 2012).

The interview preparation set the precedent for the interview. It was important to know how to conduct the interview and know the audience and interviewees before presenting the questions (Creswell, 2010). Specific questions, as they pertain to hospital leadership styles, stemmed from research resources such as the *Health Care Management Review* (2012) and the *Organization Development Journal* (2010). The selected interview questions provided the participants a better understanding of the research being presented.

Reviewing the interview presentation enforced question articulation and made sure questions were communicated correctly. It was also important to understand and adhere to interview protocol. This assisted the data analysis and the qualitative research (Creswell, 2010).

It was important to establish a relationship with the interviewees. This was done by establishing trust up front and understanding the best way to communicate with them. It was important to select a pool of interviewees who were different and had different dynamics, outlooks, culture, and mindsets regarding hospital administration leadership. Consistency throughout the interview process was of the utmost importance. For instance, the questions and research helped to select a pool of hospital administrators who would directly reflect the type of outcomes that should be looked for to back up the qualitative research. One way to appeal to the participants was by asking questions that pertained to the research and provided the best-possible outcomes based on the phenomenon of understanding leadership styles of hospital administrators. Phenomenological research required questions to be asked that revealed the participants' descriptions of the phenomenon (Sunderland, 2015). The phenomenological understanding of how participants experienced this leadership phenomenon was a key component to the success of this research.

Research Questions, Propositions, and/or Hypotheses

What are the preferred leadership styles of hospital administrators at Children's Hospital Colorado? This is the research question that was used to shed light on leadership within the organization. One of the most important aspects of being a hospital administrator is to be a strong leader. The purpose of this research was to conduct a study using a phenomenological approach to establish the existence of a predominant leadership style and to direct participants to consider their style of leadership.

Research Design

Population and Sample

Children's Hospital Colorado is located in Aurora, Colorado. Children's Hospital Colorado has been ranked for more than a decade as one of the best children's hospitals nationally in *U.S. News & World Report* and as the consistent choice eight years in a row by area physicians for the care of children (U.S. News & World Report LP, 2014). Founded in 1908, Children's Hospital Colorado is a private not-for-profit pediatric healthcare network dedicated 100% to caring for kids. With more than 2,000 pediatric specialists and more than 5,000 full-time employees, Children's Hospital Colorado is home to a number of nationally and internationally recognized medical programs (U.S. News & World Report LP, 2014).

Identifying the population for this study and selecting an appropriate sample to interview was the most important part of striving for a valid and reliable survey. The sample was used to evaluate the likely effectiveness of leadership styles in a given set of circumstances and to determine how hospital administrators need to change their leadership style in order to get better results. The impact of leadership styles at Children's Hospital Colorado unveiled the importance

for leaders to know what their main style preferences are. The population of the study was hospital administrators at Children's Hospital Colorado.

The sample was selected from the various service lines, listed in Appendix A. The selected sample came from specific service lines that have more than 25 hospital personnel in their respective departments (Huck, 2012). This provided the study with a good median point from which to draw regarding the hospital administrators' experience within their respective service lines (Huck, 2012). The service lines were predetermined based on the ease of access and breadth of responsibility. Participants had at least 10 years of experience in a leadership role at Children's Hospital Colorado. Interviews took place in various locations throughout the hospital, specifically within certain departments and service lines.

The sample size was based on that recommended for phenomenological study, which in this case, was less than 10 (Groenewald, 2004). The proposed research falls into the exploratory continuum based on various types of research that outline leadership affecting hospital employees at all levels of management; hence, the sample size for this study was small (Rumler, 1995). The sample size consisted of 10 hospital administrators permanently employed at Children's Hospital Colorado (Groenewald, 2004). The logic and criteria for this sample size were based on similar research and sampling size used in the research conducted on healthcare leadership development and trends, as well as the research conducted on the collaborative approach to healthcare leadership (Macphee, 2013; VanVactor, 2009).

Sampling Procedure

The selection and sample of hospital administrators at Children's Hospital Colorado was based on a process that was streamlined to meet the demands of the research. The service lines were predetermined based on the ease of access and breadth of responsibility within the hospital.

The research sample was also selected based on a set of defined criteria meeting the expectations of the desired outcomes listed below. The sample of this study was hospital administrators at Children's Hospital Colorado who met the following criteria for a portion of the sampling plan:

Criteria:

1. Has worked as a hospital administrator for more than five years
2. Has worked at Children's Hospital Colorado for more than five years
3. Leads a service line with more than 10 personnel
4. Has a fiduciary responsibility
5. Reports to an executive

The sampling plan entailed the use of opportunity sampling. This research used opportunity sampling by using hospital administrators from Children's Hospital Colorado who were a part of the target population, who were available at the time of this research, and who were willing to take part in this research. This type of sampling plan was based on convenience through the outreach efforts of the People Development Consultant at Children's Hospital Colorado. The criteria associated with opportunity sampling for this study are listed above. The service lines that were targeted are listed in Appendix A.

Instrumentation

The instrumentation for this research was the hospital administrator interview that consisted of selected key questions that helped to define the areas of preferred leadership styles at Children's Hospital Colorado (Appendix B). This also allowed the interviewee to respond to questions in more detail. The structured interview protocol was also a tool used to help guide the progress of the study to the ultimate goal of gathering data and formulating conclusions for each question during the interview.

Through strategic analysis and the careful wording of the proposal to Children's Hospital Colorado, the People Development Consultant and Human Resources professional at Children's Hospital Colorado facilitated the partnership and communication. The Human Resources representative was given permission by the Chief Legal Officer of the hospital to approve the scheduling of the semi-structured interviews with hospital administrators at Children's Hospital Colorado.

The interview protocol started with building a relationship between the interviewer and the subjects and introducing the interview script and questions (Creswell, 2009). A consistent process was established, focusing on achieving the desired results of the interview. The rationale for using these tools was based on previous research conducted on leadership in the healthcare industry and the appropriateness of the instrument needed to collect data for the purpose of this research (Creswell, 2009).

The flexibility of the semi-structured interview tool and approach allowed for the discovery and elaboration of information that was important to the participants, but was not previously thought of as being pertinent by the research team (Creswell, 2009). For this purpose, a script was drawn and used to establish consistency throughout the interviews, and the interview script (Appendix C) was used to ensure participant accountability.

Trustworthiness/Credibility

The semi-structured interview, in conjunction with qualitative research, was interpretive and could verify and validate research through experimental questions based on aspects such as the type of leadership style, service line, and hospital administrator experience (Angen, 2000). Ensuring valid interpretation of data and interpreting the truth, value, applicability, and consistency of the research was accomplished through data triangulation (Angen, 2000).

Trustworthiness was completed and validated through cross-checking the consistency of the specific and factual interview data items derived from various sources. Through the qualitative approach and for this research, trustworthiness and value were assessed through credibility, which was gauged by having an adequate engagement in this leadership research setting so that recurrent interview patterns in data were properly identified and verified (Angen, 2000). Ensuring trustworthiness and credibility was approached in this phenomenological study centered on Moustakas' (1994) systematic approach to analyze data about lived experiences. A phenomenological approach was chosen in this study as the appropriate methodology for this research. The outcome of a valid study should demonstrate its value and support evaluation methods. This research was organized and analyzed based on a phenomenological approach through specific discussions that were used to help identify the phenomenological analysis that was used to explore in detail how participants made sense of their professional experiences (Moustakas, 1994).

In this research, data source triangulation delivered the comparison of qualitative data received from structured interviews with hospital administrators with data obtained and analyzed from the relevant information contained in the interview questions (Pope, 2000). Data source triangulation validated the data and research by cross-verifying the same information; in this case, the information and analysis were retrieved from hospital administrator interviews. The triangulation of data strengthened the research because of increased data credibility and validity. Data source triangulation was accomplished through multiple in-person interviews. Readings of transcripts and review of the taped interviews established consistent and focused analysis of the critical episodes that were at the core of the research on healthcare leadership (Pope, 2000). As stated above, data source triangulation took place through credible content validation on this

particular research, topic, and phenomenon. During the formal study, various participants from various service lines were asked open-ended questions regarding leadership styles from their professional perspective and the perspective of the facility (Children's Hospital Colorado, 2015). The questions were designed and used to help finalize the interview questions and to facilitate data triangulation consistency. The purpose of the study expounded on leadership styles that were being discussed and researched, such as autocratic, laissez-faire, democratic, and situational leadership styles, as well as the effect that these styles have on patient care and department success (Dunham, 2000). The consistent message throughout the interview was outlined and stated in the purpose of the research, which was to evaluate the likely effectiveness of leadership styles in a given set of circumstances and to determine what hospital administrators should do to change their style in order to get better results based on responses and answers to selected questions.

Reliability

The semi-structured interview helped this study by consistently gathering credible information over time and underlining the circumstances affecting the organizational structure at Children's Hospital Colorado. It also affected the research process and methodology set forth in the research and created trustworthiness through dialogue and relationship-building. The semi-structured interview in this research identified human experience and created an iterative process that facilitated qualitative research. The semi-structured interview also allowed participants the freedom to express their views in their own terms. Semi-structured interviews can provide reliable, comparable qualitative data (Creswell, 2009). Each interview question was asked in the same manner, and each question was accompanied by a purpose statement to clarify the question

when needed. Each question was approved by the hospital and internal leaders and executives at Children's Hospital Colorado.

Data Collection

Data collection is an important aspect of any type of research study. Inaccurate data collection can impact the results of a study and ultimately lead to invalid results. Interpretation of data depends on the coding, organizing, and determination of commonalities among the interview artifacts and documents. The qualitative data-gathering strategies included interviews and observations that the interviewer uncovered with the purpose of collecting data in order to discover a strong understanding of this phenomenon. More importantly, the process created a detailed dialogue throughout the interview and a meaningful experience that exposed various themes. The themes were discovered throughout the interview and were recorded manually and via tape recorder throughout the interview process with hospital administrators from Children's Hospital Colorado. Data collection was conducted face-to-face and through one-on-one interviews with hospital administrators at Children's Hospital Colorado. The semi-structured interview and data collection method helped facilitate the interpretation of information through a standard set of questions and in-person interviews.

Human subject protection and ethical issues were addressed through predictive analysis and risk mitigation. Protecting the rights and welfare of human research subjects was of the utmost importance throughout the duration of this research period. Compliance was adhered to with regard to all federal and state regulations and university policies governing the collection and use of research data collected from human subjects. Provisions set forth in this research have been implemented for protecting the privacy of human subjects and maintaining the confidentiality of collected data. This includes human subject data and the circumstances under

which protected health information (PHI) regulated by HIPAA may and may not be used or disclosed. Data retention, storage, and disposal protocols that protect the confidentiality of human subjects in this research were discussed with each interviewee. Through qualitative research methodologies, precise data collection methods, and human subject protection awareness, the research produced a holistic product.

This research yielded qualitative analysis of narrative data through the lived experiences of hospital administrators at Children's Hospital Colorado through a thorough interview process. Ambiguous answers were clarified, and when appropriate, the interviewee was probed so that follow-up information could be captured. Classifying fields in the dataset were used to set the attribute values on respondent nodes. This created a node structure that reflected the demographic characteristics of the hospital administrators at Children's Hospital Colorado. Data collection occurred with the interviewer and respondent engagement in a formal interview. The interviewer used an interview script (Appendix C), but was able to follow topical trajectories in the conversation that allowed the interviewer to stray from the script when he felt it was appropriate. In addition, the interviewer used a list of questions and topics that needed to be covered during the conversation that were introduced in a particular order (Appendix D). The data collection was then reviewed and recalled from all tape recordings. Interview reminders ensured full participation (Appendix E). Informed consent facilitated human protection measures (Appendix F) and maximum value data collection. Collection was completed manually through a tally calculation (Appendix G).

The data were obtained through the semi-structured interview, and it provided the participants with a discovery and uncovering of experience of leadership styles (Huck, 2012). The semi-structured interview script provided a clear set of instructions for interviewers and

provided reliable, comparable qualitative data. The semi-structured interviews were conducted, preceded by observation and informal and unstructured interviewing in order to allow the interviewee to develop a keen understanding of the topic of interest necessary for developing relevant and meaningful semi-structured feedback (Huck 2012). For this research, the semi-structured interview was recorded via a paper-based interview script. Also included were tape-recorded interviews, which were transcribed for analysis. Emphasis was placed on the development of rapport and dialogue with the interviewees through note-taking and one-on-one introductions and conversations. The analysis was conducted via a numeric examination system that was used to interpret the answers to the questions as they pertained to the research conducted on healthcare leadership and the subject matter being addressed (Appendix G).

Data Analysis

Data analysis was organized through research, data outcomes, sources, and coding, which facilitated thoroughness and efficiency. The data analysis for this research focused on and determined how leaders make sense of their own perspectives, opinions, and social drivers (Busari, 2012). The qualitative research, based on subjective data, was analyzed. This was completed through data analysis and manual calculations. Field notes were coded by finding common objective observations that were made during the interview process. The analysis was based on types of leadership that have been prevalent with executive hospital leadership styles (Busari, 2012). Each leadership style reflected by the interviewee—autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership—was assigned a code as it pertained to the interview dialogue related to each leadership style.

The results were tabulated, and the qualitative research was analyzed based on subjective data received through the interview. The type of leadership style and coding number associated

with each style is reflected in Appendix G. The number one represents the leadership style best representing autocratic leadership, telling people what to do and when to do it. The number two represents laissez-faire leadership, where non-directive, passive, and inactive leadership is portrayed. The number three code reflects democratic leadership, where decision-making is shared. The number four code represents situational leadership, where the leader changes style, not the follower, to meet the needs of others in the organization based on the situation.

At the end of the interview, a review of the answers and scores was rendered. The purpose was to see how consistent participants were with their leadership while gauging the type of leadership style they possess. This step-by-step description of data analysis provided the best probability of defining the qualitative analysis and uncovering situational leadership as the preferred leadership style of hospital administrators. In addition, it involved the identification, examination, and interpretation of patterns and themes in this interview and research, which contained textual data that assisted with determining how patterns and themes helped answer the research questions.

Ethical Considerations

Ethical issues are prevalent; however, the study design protected the research and the participants' identities. The identities of the participants were not released, and the participants were informed of the possible risks through counseling and the informed consent process (Creswell, 2009). Possible risks included conducting the study in the confines of one organization. It was imperative to disguise and protect participant identity. Participant names were dated by interview date and were number-coded. The investigator is the only individual who knows the research participants' identities. Also, all field notes, transcriptions, audiotapes, and original signed consent forms are number-coded and are kept in a secure drawer and

computer that only the investigator can access. All documents will be kept for the duration of the project, plus a period of five years after the dissertation publication, in accordance with research guidelines (Creswell, 2012). After this time period, all documents will be destroyed, and all participant interview data will be deleted from all computer and recorder sources.

Pilot Study

Pilot studies can accomplish a range of important functions and can provide valuable insights for other researchers (Morin, 2013). Instituting a pilot study helped ensure that this research was designed appropriately to conduct an assessment on the current state and quality of hospital leadership and administration conflicts as they relate to managing leadership development during organizational and industry change at Children's Hospital Colorado. A pilot study was conducted with two hospital administrators from Children's Hospital Colorado, and the input was used to validate research questions. The pilot study was also used to help modify the research questions prior to conducting the study. The pilot study followed the methods outlined in this chapter. The phenomenological design and exploratory research used in this study helped create the foundation to create open-ended interviews with hospital administrators at Children's Hospital Colorado (Connelly, 2010).

Summary of Chapter Three

Chapter Three outlines the research methodology used to evaluate leadership at Children's Hospital Colorado. This chapter explains and outlines how information was obtained and how data were collected and analyzed. The study consisted of 10 interviews involving healthcare administrators from Children's Hospital Colorado and discussed their preferred style of leadership. The study used a qualitative, exploratory methodology to obtain descriptive information from research participants. The goal of this research was to enable hospital

administrators to evaluate the effectiveness of their leadership style in a given set of circumstances and to determine what to do to change their leadership style for better results (Thomas, 2009).

Chapter Four presents the outcomes of this study by linking the findings to the data that were collected and analyzed in response to the propositions posed in Chapter One of this dissertation. Three fundamental goals drove the collection of data and subsequent data analysis. These goals were intended to develop a base of knowledge about the leadership styles of hospital administrators at Children's Hospital Colorado. More importantly, they were to evaluate the likely effectiveness of leadership styles in a given set of circumstances and to determine how hospital administrators need to change in their style in order to get better results based on responses to selected questions.

CHAPTER FOUR

Chapter Four presents collected data that were used to interpret this qualitative study using a phenomenological approach. Chapter Four presents the analysis of the research around the preferred leadership styles of hospital administrators at Children's Hospital Colorado. This study looked at the importance of leaders knowing their main style preferences so that they can evaluate the styles' effectiveness in a given set of circumstances. Hospital administrators must have a leadership style that provides hospitals and healthcare organizations the opportunity to optimize organizational productivity. This chapter presents participant demographics and study data collected from one-on-one, in-person, semi-structured interviews. This chapter identifies how the investigator engaged in the themes and participant demographic process to capture hospital administrator leadership styles and experiences. It also provides information on the inconsistencies discovered among leadership styles at one given hospital through the phenomenological approach. The data were analyzed for emerging themes and were used to uncover gaps and analyze hospital leadership styles through an exploratory approach. The interview themes and data analysis are presented and summarized in this chapter.

Participant Demographics

The participant demographic information presented in Table 1 provides details and data regarding research participants as related to this qualitative study using a phenomenological approach. Participants were hospital administrators that came from the following departments within Children's Hospital Colorado: Pharmacy Services, Hospital Operations, Ambulatory Services, Nursing Digestive Health Institute, Clinical Nutrition, Quality and Patient Safety, Strategy, Network of Care, Patient Care Services for Nursing, and Emergency. Each participant had completed leadership development training through the hospital and had embraced their role

as a leader in their respective department. All participants reported to the C-Level suite and stated that they had great rapport, open communication, and a strong relationship with them. In total, 10 participants were willing to be involved in the research, five males and five females. More participants were identified, but only 10 were interviewed in person, with two additional mock interviews taking place as part of the pilot study. The tenure among the hospital administrators was 13+ years of experience. Each participant had some form of fiduciary responsibility, including financial analysis, budgets, patient care reimbursements, and resource funding. Aligning budgets to increase efficiency and drive effectiveness was a key component mentioned by each participant. The ability to conduct organized financial planning on behalf of the hospital administrators proved to be a credible factor and demographic as related to this study because it was needed to enhance leadership styles of each leader within their departments.

All participants signed the consent forms without hesitation, and they felt very comfortable being interviewed, discussing their experiences, and sharing sensitive information pertaining to this study. Through the assistance of Human Resources, interviews were set over a four-week period, and the consumption of time and lack of interest was a non-factor. Each participant who met the study criteria was selected and interviewed accordingly. Each interview was held in an office or a secluded part of the hospital, and the sessions averaged 60 minutes. Interest in this research was consistent with each participant. The dialogue was engaging and implicit of various hospital leadership styles. Participants were very open and welcoming. All participants appreciated the importance of this research and the meaning behind understanding and interpreting leadership styles of hospital administrators at Children's Hospital Colorado.

The majority of participants involved in the research felt that they made an impact on patient care directly. Not all participants had academic degrees, but all had taken leadership

courses throughout their professional career. Only half the participants had clinical degrees and patient bedside exposure, while most had managed two or more departments during their tenure with Children’s Hospital Colorado. Table 1 outlines the participant demographics as related to this study.

Table 1 Participant Demographics

Participant	Gender	Leadership Experience	Fiduciary Responsibility	Reports to an Executive
1	Female	10	Yes	Yes
2	Female	15	Yes	Yes
3	Male	9	Yes	Yes
4	Female	12	Yes	Yes
5	Female	16	Yes	Yes
6	Male	13	Yes	Yes
7	Female	12	Yes	Yes
8	Male	16	Yes	Yes
9	Male	11	Yes	Yes
10	Male	17	Yes	Yes

Presentation of the Data

Answers to semi-structured interview questions that were interpretive in nature provided data obtained from the participant’s interview. It was determined that the relationship between leadership styles and the uncertain variables within an organization, population, and social structure within a department helped create themes.

The goal was to conduct an analysis examining the preferred leadership styles of hospital administrators at Children’s Hospital Colorado. Hospital administrators were interviewed from various service lines through a phenomenological approach, and their leadership styles were

studied as such. All questions were designed to support research on the preferred leadership styles of hospital administrators at Children’s Hospital Colorado. The four questions were as follows:

1. How do you go about leading a group of people? Please provide a specific example.
2. Describe a time when your manager gave you feedback. What was the situation and outcome? Did this experience cause you to reflect on your leadership style, and in what way?
3. Please provide an example of how you've demonstrated a leadership skill. Please illustrate your example with a situation.
4. How does your leadership style influence others during a crisis? Please provide an example.

Seven major themes were produced from analysis of the interview data. The prevalent themes included communication, credibility, mentorship, decision-making, shared knowledge, trust, and compassion. Table 2 presents the seven major themes and associated sub-themes. Each theme is presented in more detail below.

Table 2 Leadership Themes

THEMES	SUB-THEMES
1. Communication	Group/Department Decision-Making
2. Credibility	Leadership Experience
3. Mentorship	Consistent Leadership
4. Collaborative Decision-Making	Group Decision-Making
5. Trust	Employee Engagement

6. Shared Knowledge	Skills Enhancement
7. Compassion	Patient Care

Communication

The first theme was the importance of communication at various levels that came in different forms. Most participants stated that they met with their directors at least weekly to discuss department goals, finances, patient care, and overall problems in the department. All participants encouraged open-door policies and feedback and felt a democratic style of leadership across the organization at the C-Suite level. However, all participants felt that situational leadership gave them the best success and effectiveness when leading their departments. It was learned by most participants that not informing team members of a decision can affect the whole organization and can negatively impact the departments if communication is not consistent and prevalent. Having a sense of urgency is driven by scenarios within the hospital environment, and most participants strongly agreed that managing that urgency comes from leadership experiences, including previous failures. Acting with a sense of urgency was also driven by the ability of the organization to establish a culture where group decision-making was a catalyst to a positive outcome.

Credibility

Another theme that emerged was the importance of participants defending departments in organizational meetings and establishing credibility through being vocal and extraverted. Administrators felt that their subordinates consider them reliable sources of information, and this in turn helped them analyze a situation and develop several potential solutions. They felt that credibility also stemmed from holding the department accountable for day-to-day operations.

Mentorship

Due to the uniqueness of children's hospitals, most participants also spoke to the importance of mentorship and grooming subordinates to work for other children's hospital organizations. In a sense, leaders developing leaders to create a pipeline of children's hospital leaders was a shared vision by most of the participants.

Collaborative Decision-Making

Quick, collaborative decision-making was a theme throughout the interview process with the 10 participants. Collaboration between different provider teams and clinics can become cumbersome, but it is imperative to the success of coordinated care and quality of care to make sure that, as a leader, there is an awareness of how decisions affect other departments and their patients. Participants managing clinical and non-clinical personnel expressed that they were often times not familiar with or aware of a specific skill set needed to accomplish tasks within their department. For instance, a participant had a few physician assistants whom he managed, but he had no knowledge of how the physician assistant should be conducting day-to-day duties because of lack of familiarity with the respective clinical skill set. Hence, trust played a large part in leading these individuals, and the credibility that was established through being tenured at the hospital helped drive the leadership capabilities of this participant. "These Physician Assistants are experts in their field, and as a leader it is important to trust their judgment and input."

Shared Knowledge

Another theme was shared knowledge. Through shared information and shared knowledge and the importance of clinical decisions being streamlined throughout various departments, it seemed that often a democratic approach to leadership evolved due to the

importance of resolving problems dictated by critical, urgent, dynamic patient demands that affected a multitude of hospital departments. However, specific situations required situational leadership, and participants felt that due to the dynamic and diverse teams that they lead, this style of leadership proved to be more effective based on the ever-changing working environment of Children's Hospital Colorado and the associated patient demands. To this extent, most participants used humor to lead and relied upon "group think" to make management decisions, as well as using the skill of listening as source of communication to enhance their relationship with their subordinates. Reflection also played a large part in how these participants led and managed their departments.

Compassion

Compassion was a key characteristic and theme, used as a source to motivate employees. Mentorship styles and partnerships with key department personnel facilitated leadership development within departments, and coaching played a big role in employee performance and positive morale. It was also pointed out by participants that the combination of servant leadership and transformational leadership is important to educating leaders to understand how the hospital is being run as a whole, as well as ensuring transparency regarding how decisions are made related to patient health and organizational growth, which are affected by healthcare reform Medicare initiatives at a national level.

Leadership Effectiveness

Participants stressed the importance of having a proactive leadership style that does not disrupt the clinical decision-making process, affect patient safety, or interrupt the clinical workflow. What makes sense as a leader, as well as how leaders want to employ their teams with patient demands and the sense of urgency around how clinics need to roll decisions together, are

determined by the need to be consistent with the delivery of the message and the desired results of that specific message. Decision-making can affect more than one department, and understanding the multiple pieces of the hospital makes it that much more important for a leader to spend extra time communicating so that all key players are empowered to lead at the highest level. Leading hospital professionals, including clinicians, requires direct intervention so that they get the most out of their workforce. Formalizing different outcomes and meeting with different leaders helps establish process development and clinical projects that help maximize the manager's time and the departments. Giving clinical experts the autonomy to grow, holding them accountable, and making them feel supported without taking a directed leadership approach works well in this hospital setting.

Most participants also stressed the importance of leading departments that were sometimes understaffed, but were mission-critical to the hospital. They realized the importance of maintaining unity and a positive culture through transparency and communicating the shortage of staff to external departments. They managed this problem by including all staff members in the decision-making process for overcoming obstacles during the period that the department would have limited personnel. Participants agreed that leadership during this time hinges on the ability for the leader to communicate and listen effectively, while providing guidance to their department and that of internal customers. This communication also helps the administrator to have others vested in the strategic goals of the department while maintaining a laissez-faire leadership style that caters to all the departments affected by a staffing shortage.

Other department managers relied on administrators at Children's Hospital Colorado for guidance and the opportunity to learn by doing. Leading by example was a mantra, and when a crisis surfaced, it made it easier for all leaders to maintain a consistent style of leadership

transforming into a quicker decision-making process that made a positive impact on the outcomes. Acknowledging the crisis or problem when it first surfaced often eliminated the problem through a logical, sequential, and emotional intelligence process.

The cornerstone to hospital administration leadership interpreted in this research was acknowledging that administrators are managing, educated professionals who are guiding and steering folks with clinical expertise. This requires a thoughtful process as it relates to leading versus managing. According to one participant, “A good manager does not get push back, but makes sure that they are on the same page as the subordinate by asking questions and reassessing situations.”

Communication and listening was a common theme for hospital administrators, and the ability to collaborate and plan for change was also instrumental in discussing strategy and accomplishing organizational goals. Hospital administrators know that there is far more to be gained by not necessarily being at the forefront of conversation or barking demands, but by receiving instant communication, negative or positive, through listening first and reacting second. Recognizing the value of listening to others was an important leadership factor at Children’s Hospital Colorado, and it was appreciated when reciprocated. Hospital administrators realize that being be a great leader without being a great communicator will not make them successful. Participants felt that they need to understand that the purpose of communication is not only to deliver the message, but to engage in required listening practices in order to seek understanding before seeking to be understood.

Participants felt that leadership is less about their wants and needs, but more about the needs of the people and the organization for which they are responsible. Leadership styles at Children’s Hospital Colorado are adapted through a variety of ways, most commonly to meet the

particular demands of the patient and situation through collaboration and discussion. Most felt that they needed to be decisive and have precision with their delivery of communication.

Some hospital administrators felt that asking for input at all levels could be cumbersome and detrimental to the timeliness of an impactful decision. Although they felt that key players and stakeholders should be involved in any decision-making process, they also felt that being too democratic can be a barrier to effectiveness. It was stated that "the healthcare industry is unforgiving when it comes to failure and miscues; too much miscommunication can affect a patient."

Healthcare reform was also mentioned in various interviews. It is thought that it is hard to try something new or out of the norm, maybe as it relates to operation, for fear of something going wrong. Hospital administrators felt that their margins for error are low and transformation and improvements take a long time. Then again, this is where hospital administrators know and understand the strengths and weaknesses of their departments. It was found through the research that, as a leader and hospital administrator, it is important to understand the subordinate skill level, to have a frame of reference for delegating responsibilities, and to be sure that decisions are centered on making the best decision that positively impacts the patient and the employee. It is important to provide constructive feedback and ensure that the expertise and knowledge needed in the department produces good results for the betterment of the hospital.

Presentation and Discussion of Findings

Findings were generated from the collected study data and are described above. Some themes that emerged centered on communication, credibility, mentorship, decision-making, shared knowledge, trust, and compassion. Participants in this study pointed out that leadership styles of executive leaders of the hospital helped the organization achieve projected goals for the

future. Participants spoke highly of the overall leadership within the hospital and were very pleased with the goals and vision of the organization. Although clinical and patient outcomes played a large role the discussion of leadership styles, hospital administrators still believed that the decision-making process and the ability to lead at a high level hinged on the leader's ability to make quick and swift decisions as related to the situation. Use of the situational leadership style was a prevalent finding throughout the analyses process; however, other leadership styles were used based on the past experience of the administrator.

The data analysis process first introduced the data collected that were organized, coded, and tabulated based on the semi-structured interviews and answers. Data were manually characterized through hand-based field notes, which were then coded based on common objective observations during the interview. The analysis process was based on the types of leadership style, their definitions, and a coding number (1, 2, 3, 4) associated with each style:

1. Autocratic leadership—telling people what to do and when to do it
2. Laissez-faire leadership—non-directive, passive, and inactive
3. Democratic leadership—shared decision-making
4. Situational leadership—change in leadership style to meet the needs of the follower

Although participants were allowed to share anecdotal information, the research framework employed an evidence-based informal interview format to focus on the participant's leadership experience and on specific leadership events that occurred at Children's Hospital Colorado. The research findings highlight leadership styles within an organization based on the perspectives, experiences, and learned behaviors of the participant, as well as his or her ability to be fully engaged throughout the interview process.

After each interview had been reviewed and coded, primary themes were categorized based on the participants' leadership styles. The themes for this study were triangulated based on a coding matrix designed for each interview as a method of establishing the accuracy of the information. The purpose of triangulation was intended to compare more than one point of view so that the responses could be seen from many perspectives as they relate to leading others in a hospital environment and to establish a correlation between the participant's perspective and the data.

At the end of each question, each theme was categorized by *never, sometimes, often, or always*. The purpose was to see how consistent participants were with their leadership while gauging the type of leadership style they possess. The transcribed interviews, interview observations, and field notes produced categories and themes. The integrated coding assessment produced the coding matrix and was used as a guide to group the codes into interpretive data. Triangulation of the data from all 10 interviews, observations and notes, and coding tables produced the final outcomes and themes for this study and phenomenological research, which was based on real-world leadership experiences within Children's Hospital Colorado.

Children's hospital leaders must be capable of adapting their behavior to the context of the situation they are in. Situational leadership was most frequently used, and the administrators felt that they must become good at changing their style and focus while having the ability to stretch and challenge their thinking with innovative leadership methods that resonate with their teams and executive hospital leadership. This study found that it is also important for hospital leaders at Children's Hospital Colorado to develop a wider range of leadership styles and understand what leadership styles are most likely to have the best impact on their decision-making process and on the desired result of that decision.

Summary of Chapter Four

Chapter Four provides an overview of collected data that are used to interpret the qualitative research and phenomenological study by examining the analysis of the preferred leadership styles of hospital administrators at Children's Hospital Colorado. The purpose of this study was to investigate hospital administrator leadership styles through exploratory and qualitative research in a children's hospital environment. Chapter Four presents the demographic results of the participants, the reliability of the interview script used, descriptive analogy, results for each interview, and the research findings. In Chapter Five, the purpose of the research is reviewed, recommendations are discussed for future research, limitations are highlighted, and conclusion and findings implications are presented.

It is important for hospital administrators to sometimes look outside their four walls and engage in creative and innovative leadership practices that create strong, efficient, and safe business practices. Leading by example, creating a sense of urgency for how to take care of people within one's department, and knowing that you are responsible for the decisions made can be very rewarding. However, there are times when not everyone agrees on a decision, and analyzing the situation and thinking about the time constraint can help move things forward. Understanding the importance of leadership styles as they relate to autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership can help manage talent and establish trust with team members. Behavior standards, communication, accountability, teamwork, relationships, quality and safety, and professionalism exemplify the leaders at Children's Hospital Colorado.

Hospital administrators reflected on leadership and understood how various degrees of decision-making created leadership influences, such as constructive feedback in recognizing

strong leadership by understanding how situations impact behavior. Maintaining a cool head during a time of crisis and delegating responsibility, as well as making decisions based on the impact to the hospital, patient, and departments and, more importantly, developing a plan that everyone can understand are important leadership characteristics prominent in healthcare leaders at Children's Hospital Colorado. Their preferred leadership style stems from aligning communication throughout the organization and understanding the variance and impact associated with the essence of intrinsic motivation through planned execution by all departments. This is developed through situational leadership that is warranted at the highest level and is based on a democratic approach that is collaborative, direct, strategic, and impactful.

CHAPTER FIVE

This chapter provides a brief summary of the phenomenological study by examining the analysis of the preferred leadership styles of hospital administrators. The healthcare industry is a complex and dynamic environment containing many perspectives that shape organizational culture and the nature of leadership. As leadership is a social phenomenon, it is important to understand the complex social processes that mediate perceptions and, in turn, influence leadership styles. Chapter Five highlights the purpose of the phenomenological study and discusses the findings and limitations as they relate to the exploration of preferred leadership styles of hospital administrators at Children’s Hospital Colorado. This study attempted to answer the question “What are the preferred leadership styles of hospital administrators at Children’s Hospital Colorado?” This research unveiled the importance for leaders to know what their main style preferences are so that they can evaluate the effectiveness of that style in a given set of circumstances. This research was designed to conduct an assessment on the current state and quality of hospital leadership and administration conflicts as they relate to managing leadership development during organizational and industry change at Children’s Hospital Colorado. This research highlights the impact of leadership styles at Children’s Hospital Colorado, and this chapter includes the summary of findings, conclusions, implementation to practice, possible future research, and reflection.

Findings and Conclusions

This qualitative research and phenomenological study was an analysis of existing leadership styles. By using individual, in-person, semi-structured investigative interview methods, the day-to-day experience of administrators was captured, and the differences among leadership styles at Children’s Hospital Colorado were retrieved. Through the phenomenological

approach, the hospital administrator perception of his or her leadership style was uncovered. The data obtained through these interviews were analyzed, and emerging themes were derived from specific and descriptive questions. Through an exploratory approach, the data unveiled themes that are presented and interpreted here. All 10 hospital administrators were interviewed in a consistent manner, and the same protocol was followed throughout the process.

The four interview questions were based on research with the intent to add to published literature and scholarly research projects and fill a gap in knowledge for other children's hospitals and scientists studying the field. The research and analysis aimed to achieve a scientific approach by conducting the research as a phenomenological study using situational responses for the interviewees to draw their own conclusions about their leadership preferences. The questions were asked in a way that allowed the interviewee to provide strong examples of leadership. The questions were framed in a way that did not lead the interviewee or set the expectation that the leader is a scientist in the field of leadership. The goal was to dissect the stories and situations of the interviewees to see if the responses aligned with the four leadership styles outlined throughout the dissertation, more specifically in Chapter Two. These questions were used to analyze the responses and make conclusions about the kind of leadership style being used. These questions were developed to inspire thought and storytelling from the interviewee, resulting in rich data.

It was proposed that this study would be used to analyze hospital administration through the comparison of hospital leadership trends and effectiveness. This study helped hospital administrators to examine their preferred leadership style as compared to autocratic, laissez-faire, democratic, and situational. It was also proposed that the effectiveness of leadership styles in a given set of circumstances could determine how hospital administrators needed to change their

leadership style in order to gain better results and be more effective leaders. The research supported that although forms of autocratic, laissez-faire, and democratic leadership styles are prevalent, situational leadership is the preferred leadership style of hospital administrators at Children's Hospital Colorado. As reflected in the proposition annotated in Chapter One, the research indicated that hospital administrators frequently change their leadership styles based on the influences and direction of executive leadership through hospital reform initiatives.

The research also produced themes and subthemes, as outlined in Chapter Four, as related to the proposition statements around leadership development and leadership differences. This study found that hospital administrators must make decisions knowing that the impact of that decision could affect other departments and personnel within the hospital. Hence, the need for impeccable communication during crucial times is the key to making hospital decisions. Also, understanding the knowledge and skills of the team can produce effective leadership styles and can further enhance department strategies. The research found that hospital administrators need to be flexible and credible, have department backing, and possess a skill level that is commensurate with their responsibilities and hospital goals. Another theme and proposition that was reflected on numerous occasions is that "not communicating with all hospital departments creates conflict," meaning that all departments, clinical or non-clinical, that would be affected by a decision-making process should be involved in the communication process as it relates to leading a group of department toward a resolution.

Participants spoke highly of the overall leadership within the hospital and were very pleased with the goals, mission, and vision of the organization. Participants felt that they had no problem with accomplishing department goals that rolled up into the goals of the organization. Some participants made reference to their current leadership style being effective enough to lead

their departments in alignment with that of the organization. Although clinical and patient outcomes played a large role in leadership style discussions, hospital administrators still believed that the decision-making process and the ability to lead at a high level hinged on the leader's ability to make quick and swift decisions as related to the specific situation taking place. For instance, a directive leadership style was needed to direct a flight-for-life to take off with a patient to another hospital after realizing that the materials and resources needed to manage the patient did not exist at a specific location. Participants were very open in discussing their experiences, and it was also noted that leadership style was shaped by the organization and not necessarily by the person to whom they reported. On numerous occasions, it was noted that "my current leadership style is defined by my hospital experiences, clinical encounters, and interactions with patients, clinicians, and other peers or mentors." As the hospital prepared for an audit, clinicians progressed from being uncertain and unfamiliar with the process to being knowledgeable and confident in their abilities through situational leadership. Administrators matched their leadership style to that of the clinician's knowledge, skills, and abilities.

Limitations of the Study

This study focused on hospital administrators who met a set of defined criteria. Due to the organization size and the small sample group of hospital administrators, it was difficult to protect autonomy. Therefore, participants may have been guarded in their responses. Also, there was not an opportunity for the participants to be asked a number of different scenario questions to truly get the full scope of leadership experiences.

Although leadership styles are heavily studied and the research study only included one organization, the technical analysis needed to dissect the many programs related to performance improvement initiatives as they relate to leadership styles made it difficult to interpret. Based on

many differences between adult care and children's care, delivering family-centered, holistic care involves specialized resources and different leadership styles that would normally be found in general hospital settings (Clark, 2008). Different and specialized approaches to care and leadership styles are needed to develop a culture of health (Goes, 2011).

The study described the literature in specific detail, outlined the unique environment of children's hospitals, and underlined why this phenomenological study was more than a performance improvement project or another analysis of existing leadership styles.

Implications for Practice

The results of this study support the importance of hospital administrators at children's hospitals knowing and understanding their preferred style of leadership so that they can lead more effectively. First and most importantly, hospitals should design and implement leadership management training and development programs that focus on guidance and encouragement tactics that help children's hospital departments to integrate and communicate as leaders more efficiently. This was exemplified by gaps in communication being caused by inconsistent leadership styles. As demonstrated in this study, consistent communication was a major theme in leadership. This study also provided information on how hospital leaders should be able to use situational leadership to solve problems and identify innovative ways to make decisions and move departments forward. Second, due to their unique patient base and delivery of care, hospital leaders at children's hospitals must have the ability and freedom to unlock the skills and style of leadership needed to make quick and timely decisions. For instance, the decision to flight-for-life a child for cardiology care must be swift. Administrators must possess the knowledge and expertise that is often found in effective leadership styles, in this instance, situational leadership.

This study and its results may be relevant for practitioners in the field so that they understand the importance of leaders knowing their preferred style of leadership. The findings of this study reaffirm the need for children's hospitals to provide self-reflective mechanisms and training, no matter their level, to help managers become effective leaders and learn a self-cognitive process. This was demonstrated by the hospital administrators' desire to learn more about their leadership styles and reflect upon their own leadership experiences. It was found that situational leadership is the most appropriate leadership style for children's hospital administrators and should be the style of choice, and this research may be relevant for other healthcare researchers.

Implications of Study and Recommendations for Future Research

The healthcare industry is a complex and dynamic environment containing many perspectives that shape organizational culture and the nature of leadership. As leadership is a social phenomenon, it is important to understand the complex social processes that mediate perceptions and, in turn, influence hospital leadership styles. Future research suggestions are based on this phenomenological study exploring the preferred leadership styles of hospital administrators at Children's Hospital Colorado, which will contribute to the future body of knowledge on children's hospital leadership styles. The future research recommendations below are based on the investigative work that has been identified in this study.

The first recommendation for future research is to compare on a national scale preferred leadership styles of children's hospital administrators and the direct effect of the leadership styles on patient care. This study would highlight leadership effectiveness and the decision-making processes affecting pediatric care overall and throughout the whole children's hospital network. Children's hospitals are the backbone of the nation's pediatric healthcare infrastructure,

and hospital administrators drive the vision of the hospital. Acknowledging and understanding the preferred leadership styles of hospital administrators nationwide would help organizations better understand the leadership gap affecting the delivery of child-centric care. Based on this study, understanding the leadership gap could improve hospital processes, save money, streamline patient care, and improve quality of care.

A second recommendation is to study the gap between clinical leadership and hospital administration leadership. This study would highlight the differences and the effects of physicians and nurses collaborating with administrators on important clinical decisions, such as how to expand or reconfigure services. This type of study could present the foundation to help children's hospitals analyze, track, and measure clinical leadership development and correlate that with the impact on quality and costs. This study would not only focus on the differences between clinical and non-clinical leadership, but it could provide guidance on effective leadership as it relates to the values, culture, and capabilities of the organization.

A third recommendation is to expand the research to children's hospital leadership development. Children's hospitals are designed with children in mind and have specialists, services, and technology not found in other hospitals. Pediatric care can require different clinical solutions, team dynamics, and the expertise needed to provide safe and effective care. This study could propose new ideas through leadership development coaching on how best to emulate the type of leadership style needed to maintain consistency throughout the hospital at all levels. More specifically, enhancing the quality of situational leadership within the organization through leadership development could close the gaps among the seven themes discussed.

Each of the three recommendations can influence future research, but more importantly, could create innovative solutions that may be able to improve child health and pediatric

healthcare, as well as reduce costs to the 220 children's healthcare systems nationwide through situational leadership training. More research can be done on leadership in the unique children's hospital setting.

Reflections

This qualitative study using a phenomenological approach examined the preferred leadership styles of hospital administrators at Children's Hospital Colorado. This research unveiled the importance for leaders to know what their main style preferences are so that they can evaluate the effectiveness of that style.

The researcher has over 10 years of healthcare consulting and business development experience and used industry knowledge to develop positive working relationships with healthcare executives and leaders at all levels. With a master's degree in leadership and management and professional experience in the healthcare industry, the researcher took this opportunity to focus this research on the phenomenon of healthcare leadership styles within a children's hospital. When researching current literature, the researcher found the focus to be on general hospital leadership trends. This study stimulates thought and discussions on hospital administration leadership through the comparison of hospital leadership trends and leadership effectiveness through an informal interview process. This study reveals the effectiveness of leadership styles in a given set of circumstances, determining that hospital administrators need to change their leadership style in order to be more effective leaders.

It was important to reference the meaning of studying the phenomena of hospital administration leadership from a scientific approach within the healthcare industry. As the interviews revealed, understanding healthcare leadership styles can improve hospital communication among various service lines and clinical operations and can minimize mistakes

during time-sensitive decision-making processes. Although it is important to study preferred leadership styles in all hospital systems, it is equally important to research and study the preferred leadership styles in children's hospitals, which are the backbone of the nation's pediatric healthcare infrastructure. Subjects were open, candid, and dedicated to the interview process as it related to their preferred leadership style(s). Each interview was different, and each subject was able to relate to autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership. The semi-formal interview format was consistent, but the experiences and backgrounds of the participants made for an intriguing analysis and theme-structured outcome. The data revealed differences in leadership styles that were based on specific situations affecting integrated care processes and clinical decision-making scenarios.

In retrospect, the researcher felt that the study went as planned and that there were no major hurdles in working with one of the top 10 hospitals in the nation, Children's Hospital Colorado. The information obtained from this research can enhance the study of hospital leadership through the understanding of leadership behaviors and the research of characteristics of multiple leadership styles.

Conclusion

This research sought to illustrate the importance of consistent leadership styles within a children's hospital system that can minimize conflict and change. This qualitative study using a phenomenological approach examined the preferred leadership styles of hospital administrators at Children's Hospital Colorado. This study used autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership to link the semi-structured interview with the hospital administrator leadership style. The conceptual framework was driven by the ever-

changing healthcare industry and the effects of change on children's hospitals and the hospital leaders employed by them at the administrative level (mid-level managers).

By investigating the preferred leadership styles of hospital administrators through lived experiences, it was concluded that organizations should design and implement leadership and management training that can develop programs focusing on self-reflective and facilitative leadership styles, such as a situational style of leadership. Moreover, underscoring the predominance of situational leadership in this study forges the way for leadership development programs. Understanding when to apply different leadership skills to the motivation and capabilities of the employee in a situation is paramount in a children's hospital for communication and patient care. The results of this study support the importance of hospital administrators knowing and understanding their preferred leadership style so that they can lead effectively and create a positive work environment. The findings produced such themes as communication, credibility, mentorship, decision-making, shared knowledge, trust, and compassion. Emphasizing these themes is significantly important to the administrators at children's hospitals, who are the primary providers of the highly specialized services needed to care for children with medical complexities. Moreover, underscoring the predominance of situational leadership through this study forges the way for leadership development programs.

As a hospital administrator, specifically at Children's Hospital Colorado, it is imperative to improve leadership skills and the practice of leadership. It is important that children's hospital administrators are aware of their current level of skills, their strengths and weaknesses, their behavioral patterns, and more importantly, the predominant ways in which they attempt to influence others. This is their leadership style.

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APPENDIX

APPENDIX A: CHILDREN'S HOSPITAL COLORADO SERVICE LINES

- Adult Congenital Heart Disease Program
- Allergy Program
- Anesthesiology
- Asthma Program
- Audiology, Speech and Learning Program
- Bone Marrow Transplant Program
- Burn Program
- Cardiology Clinic
- Craniofacial Center
- Critical Care
- Cystic Fibrosis Research and Care Center
- Digestive Health Institute
- Ear, Nose and Throat
- Emergency Department
- Endocrinology
- Epilepsy Program
- Gastroenterology
- Gynecology
- Heart Surgery

- Hospitalist Services
- Immunology
- Infectious Disease Program
- Neurology Clinic
- Neuropsychology
- Occupational Therapy
- Oncology Program
- Physical Therapy
- Plastic and Reconstructive Surgery
- Radiology
- Rehabilitation and Therapy
- Rheumatology
- Urology

APPENDIX B: HOSPITAL ADMINISTRATOR INTERVIEW QUESTIONS

Demographic Data:

Name: _____

Title: _____

Gender: _____

Department Location: _____

Service Line: _____

Position Duties: _____

Interview Question Notes

<p>Q1: How do you go about leading a group of people? Please provide a specific example.</p>	
<p>Q2: Describe a time when your manager gave you feedback. What was the situation and outcome? Did this experience cause you to reflect on your leadership style, and in what way?</p>	

Q3: Please provide an example of how you have demonstrated leadership skills. Please illustrate your example with a situation.

Q4: How does your leadership style influence others during a crisis? Please provide an example.

APPENDIX C: INTERVIEW SCRIPT

Name of Participant: _____

Title of Participant: _____

Years of experience as a Hospital Administrator: _____

Participant Number: _____

Location: _____

Date: _____

Time Started: _____

Time Finished: _____

Total Interview Time: _____ (minutes)

Introduction:

Investigator (background) – My twenty one years of dedication to service and country in the United States Air Force has given me the opportunity and experience to lead at the highest level. I started my Air Force career in financial management, and left the Air Force as a senior level Regional Recruiting Manager. I have over 15 years of healthcare consulting and business development experience, and I currently serve as an Account Executive with CIVHC, Center for Improving Value in Healthcare. I have previously worked for Exempla Healthcare, Kaiser Permanente, and KFORCE Healthcare. My experience within the Healthcare industry also includes managing the workforce needs for the Air Force’s Biomedical Service Corps, Medical Service Corps, Dental Corps and the Medical Health Professions Scholarship Programs. I am a member of the Colorado Healthcare Strategy and Management Organization (CHSM), Healthcare Information and Management Systems Society (HIMSS) and the American College of Healthcare Executives (ACHE), and I currently sit on the executive board for the Prime

Health Collaborative committee. I have also proudly served as an Adjunct Professor at Colorado Technical University for the last 7 years. I hold a Master of Arts in Management and Leadership and a Bachelor of Science in Business Marketing, and I am currently a Doctoral Management student studying Healthcare Leadership and Management. Our focus today will be on leadership, and I am specifically interested in leadership styles of hospital administrators at Children's Hospital Colorado (CHCO).

Thank you for participating in this study. I want you to be comfortable and consider this a formal interview being conducted in an informal setting. Feel free to ask questions at any time and feel free to expand on your answers. This interview will be recorded via a digital audio voice recorder, and the recording will be used as a reference for the study only. The list of questions that will be asked are based on years of hospital and healthcare leadership research conducted by the investigator as it pertains to this study.

Consent Form.

Before we begin the interview, I would like to go over the informed consent form [*if the participant does not have a copy, provide a blank copy and go over the form and have the interviewee sign/date*]. Do you have any questions regarding this form? [*If none, proceed.*] Could you please sign and date the form for my records? I will also email you a copy for your records. Ensure the form is signed and dated.

At this time, is there anything that would prevent you from participating in today's session? [*If not, proceed*].

[*Annotate interview time start*]

Interview. [Hospital Administrator's Name] Thank you for volunteering to participate in Hospital Administrator's from this leadership study. Your interview is part of a larger study that

includes 20 other Children's Hospital Colorado (CHCO). You have signed a consent form allowing me to record this interview via digital audio voice recorder. This will be done so that the investigator can spend time listening to everything that is being discussed and will not be interrupted by note taking. Again, your responses to these questions and everything that is being discussed will remain confidential and in my possession at all times. If at any time that you feel the voice recorder is hampering this interview, feel free to request to have it turned off. A transcript of the recording will be prepared but nothing that is said will be attributed to any individual or situation. Do you have any questions for me before we begin the interview and is there anything that would prevent you from participating in today's session? [*If not, proceed*]. I will now start the recording and commence the interview.

My name is Everett Costa, today is (date) _____, the time is _____, and I am interviewing participant # _____.

I will begin to ask you a series of ten questions. Please answer the following questions based only on your experiences and your current role at Children's Hospital Colorado (CHCO).

Again, these questions are based on years of research on hospital and healthcare leadership. It is imperative that you take your time and that we answer all of the questions. Please feel comfortable and confident with your answer. All of the questions are designed to support this research on the preferred leadership styles of hospital administrators at Children's Hospital Colorado (CHCO).

Research Question 1: Explain in detail your role and how you feel individuals respond to your leadership.

Purpose statement 1: Leadership has been defined in various ways by different authors but the most appropriate one in the hospital scenario is the process of influencing the activities of an individual or a group so that they strive willingly towards the achievement of organization goals.

Research Question 2: If your managers were asked to define and rate your leadership skills, how do you think they would reply and why?

Purpose statement 2: Your leadership style is defined as it relates to: Autocratic Leadership, Laissez-Faire Leadership, Democratic Leadership, and Situational Leadership.

- Autocratic Leadership - telling people what to do, when to do it
- Laissez-Faire Leadership - nondirective, passive and inactive
- Democratic Leadership - decision making is shared
- Situational Leadership – leader changes there style, not the follower, to meet the needs of others in the organization based on the situation.

Research Question 3: Please provide an example of how you've demonstrated a leadership skills. Please illustrate your example with a situation.

Purpose statement 3: Based on the traditional definition of leadership: the action of leading a group of people or an organization, please base your answer on assessing yourself.

Research Question 4: Describe how you would handle a situation if you met resistance when introducing a new idea or policy to your service line.

Purpose statement 4: Please base your answer on your relationship with your department as a whole, and not specifically a segment of employees. Please consider your partnership and relationship with other service lines.

"How often does this occur" will accompany each and every question and the answer will be:

Never - sometimes - often - always

Closing:

Thank you for participating and answering these questions. The recorder has been turned off *[turn off recorder]*. Is there anything that you would like to add to our discussion? The information you have provided is an integral part of my research and it will be reviewed accordingly. If there is some clarification that is needed for your answers, may I contact you? If so, what is the best way to reach you? *[Annotate the consent form with remarks]*

Thank you for your participation in this study.

APPENDIX D: INTERVIEW REQUEST

Dear (Hospital Administrator):

I am a doctoral candidate and student at Colorado Technical University accomplishing a Doctorate of Management (DM) degree. My research study asks the question, “What is the preferred leadership style of hospital administrators at Children’s Hospital Colorado”. The purpose of the research may unveil the importance for leaders to know what their main style preferences are so that they can evaluate the likely effectiveness of that style in a given set of circumstances.

The study will include:

- Signing an informed consent form stating you have been fully informed of the research.
- Participating in a 30 minute interview with the researcher of this project.

You will review, sign and date a consent form and participate in an interview. The interview will be conducted at Children’s Hospital Colorado at a location within the hospital pre-determined by Children’s Hospital Human Resources Department. The formal interview will be one-on-one with me and has been approved by Children’s Hospital Colorado. The interview will be conducted between July 1st, 2015 and July 31st, 2015. The attached consent form outlines and acknowledges your participation in this study. Your straight forward responses will be kept confidential and used only for the purpose of this study and for research purposes.

Please reply and respond within 3 business days to confirm your participation and complete the following:

Availability Date(s): _____

Time(s): _____

Location: To be determined by Children's Hospital Colorado Human Resources Department.

Items to bring:

- Consent form (to be signed in person after the interview).
- Any questions that you have about the research

Thank you in advance for your assistance. Your participation in this research will help define leadership styles in Children Hospitals, healthcare organizations and hospital systems across the country.

Everett Costa, Colorado Technical University - DM Candidate 2015

Phone: Cell 303-335-7560

Email: ecostaiii@outlook.com

Attachment: Consent Form

APPENDIX E: INTERVIEW REMINDER

Dear (Hospital Administrator):

Thank you for being a key member of my research and signing the consent form. As a reminder, your interview will take place on (date), at (time), located at (address/room number).

As a reminder the interview will last up to 45 minutes.

Date: _____

Time: _____

Location: _____

I look forward to seeing you on (date), at (time), located at (address/room number). Feel free to call me with any problems or concerns.

Everett Costa, Colorado Technical University - DM Candidate 2015

Phone: Cell 303-335-7560

Email: ecostaiii@outlook.com

Attachment: Consent Form

APPENDIX F: INFORMED CONSENT



Title of Study: What is the preferred leadership style of Hospital Administrators at Children's Hospital Colorado (CHCO)?

Investigator: Everett Costa

Contact Number: 303-335-7560

Purpose of the Study

The purpose of the research is to evaluate the likely effectiveness of leadership styles in a given set of circumstances to determine how far hospital administrators may need to change their leadership style in order to get a better result.

Participants

You have been selected to participate in this research based on the following criteria:

1. The Hospital Administrator has worked at CHCO for more than 5 years as an HA.
2. Leads and manages a service line of more than 10 personnel.
3. Must have fiduciary responsibility.
4. Must report to a CHCO executive.

Participants in the study share their descriptive lived experiences and understanding of leadership styles associated with CHCO.

Procedures

As a selected hospital administrator for this research, you volunteer to be interviewed and participate in this study and you acknowledge that you will be asked to do the following: Provide insight to your leadership style as a service line hospital administrator at Children's Hospital Colorado (CHCO).

By signing the letter of consent, you acknowledge that you are consenting to being a participant in this research. You are aware that the interview has been approved by CHCO and that interview will be up to 45 minutes in length. You will be asked about your leadership preference and leadership style, and your understanding of leading people in a large hospital system, such as Children's Hospital Colorado (CHCO).

Benefits of Participation

There are no known benefits to you that would result from your participation in this research. Benefits of Participation are limited to gaining a better understanding of the research and acknowledging your leadership style based on your perspective and insight of the questions being asked and your current role. More importantly, the research is to evaluate the likely effectiveness of your leadership style in a given set of circumstances to determine how far hospital administrators may need to change their style in order to get a better result.

Risks of Participation

There are no known risks associated with this research. There will be no risk due to the confidentiality of the interview and the nature of the study. All names, numbers, and personal information is the responsibility of the researcher and will remain in the position of the investigator. There are no repercussions as a participant of this study.

Contact Information

Any concerns or questions regarding this study and research can be directed at the principal investigator, Everett Costa. For other questions regarding the rights of research, participant engagement, or any complaints or comments regarding the manner in which the study is being conducted, you may contact the Colorado Technical University, Doctoral Programs, at 719.598.0200. You may also contact, Dr. Alexa Schmitt, CTU Healthcare DM advisor at 412-953-8408.

Voluntary Participation

Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. Your name will be number coded and used for references purposes only. The principal investigator, who is also the researcher, will be the only individual who will know your identity. All field notes, taped recordings, and tape recorded transcripts will be stored in a password protected laptop. The laptop can only be accessed by the principal researcher who holds one password to the laptop. It is CTU policy to destroy all notes and transcriptions 5 years after the completion of the study and dissertation publication. Again, all interviewee information is kept confidential at all times.

Participant Consent

I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been provided to me.

Signature of Participant

Date

Title

Participant Name (Please Print)

APPENDIX G: CODING

The investigator quantified and tabulated the results. The qualitative research was analyzed based on subjective data through textual analysis and manually calculated by hand through field notes coded by finding common objective observations that the investigator made. The researcher explained the purpose of the study and expounded on leadership styles being discussed, such as autocratic leadership, laissez-faire leadership, democratic leadership, and situational leadership styles, and the effect that these styles have on patient care and department success (Dunham, 2000).

Types of leadership styles and coding number associated with each style:

1. Autocratic leadership—telling people what to do and when to do it
2. Laissez-faire leadership—non-directive, passive, and inactive
3. Democratic leadership—shared decision-making
4. Situational leadership—change in leadership style to meet the needs of others in the organization based on the situation

Interviewee answered the questions and the investigator asked, "How often does this occur?" (never - sometimes - often - always). Each answer to a question was given a rating:

- Never—0
- Sometimes—1
- Often—2
- Always—3

At the end of interview, a score was given based on the answer provided. The purpose was to see how consistent participants were with their leadership while gauging the type of leadership style that they possess.

<p>Q1: How do you go about leading a group of people? Please provide a specific example.</p>	<p>"How often does this occur?" never - sometimes - often - always Each one is a give a rating:</p> <ul style="list-style-type: none"> • Never—0 • Sometimes—1 • Often—2 • Always—3
<p>Q2: Describe a time when your manager gave you feedback. What was the situation and outcome? Did this experience cause you to reflect on your leadership style, and in what way?</p>	<p>"How often does this occur?" never - sometimes - often - always Each one is a give a rating:</p> <ul style="list-style-type: none"> • Never—0 • Sometimes—1 • Often—2 • Always—3
<p>Q3: Please provide an example of how you've demonstrated a leadership skill. Please illustrate your example with a situation.</p>	<p>"How often does this occur?" never - sometimes - often - always Each one is a give a rating:</p> <ul style="list-style-type: none"> • Never—0 • Sometimes—1 • Often—2 • Always—3

<p>Q4: How does your leadership style influence others during a crisis? Please provide an example.</p>	<p>"How often does this occur?" never - sometimes - often - always Each one is a give a rating:</p> <ul style="list-style-type: none">• Never—0• Sometimes—1• Often—2• Always—3
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APPENDIX H: LETTER OF PERMISSION

